



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Master Therapeutic Recreation Specialist

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____



UTAH DEPARTMENT
OF COMMERCE

Division of Professional Licensing

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?

2. Yes No Do you CURRENTLY have **any criminal action active or pending**?

3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?

4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **police report(s)**
- **court record(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified a Master Therapeutic Recreation Specialist license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.



MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

-
- 1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:**
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
- 2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:**
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
- 3. Is any action pending against you now by:**
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
- 4. Yes No Have you been named as a defendant in a malpractice suit?**
-
- 5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?**
-

If you answered "YES" above, you must submit a complete narrative of the circumstances and a [National Practitioner Data Bank](#) report outlining all professional liability claims made against your license and any settlements paid by or on your behalf.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead, from the authority that held the records, indicating that the information is no longer available.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: (if available) _____



Lawful Work Experience

SUPERVISION REQUIREMENTS

A **Master Therapeutic Recreation Specialist** is required to complete 4,000 hours of paid experience. This required work experience may be in Utah, as a licensed Therapeutic Recreation Technician or outside of Utah, in a paid position practicing recreational therapy, certified by NCTRC as a Certified Therapeutic Recreation Specialist. Each Supervisor must complete a separate form. The hours on all forms must total **4,000**.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

TRS License Number: _____ Date Issued: _____

The applicant is a : Licensed TRS Certified TRS (by NCTRC)

SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Name of Establishment: _____

Supervisor Name: _____
First Middle Last

License Type: _____ License Number: _____ State of Issue: _____

Phone: (_____) _____ - _____ Email: _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

_____ **TOTAL OF ALL HOURS** performed under this supervisor.

Yes No Did the supervisee meet the expectations of supervision with regard to the quality of work performed? **If no**, submit an explanation of performance, to B7@Utah.gov.

Yes No Did the supervisor and supervisee work at the same place of employment? **If no**, submit an explanation, detailing how supervision was performed, to B7@Utah.gov.

Is the applicant still employed? Yes No If no, is applicant re-hirable? Yes No
If not re-hirable, submit an explanation, to B7@Utah.gov

ATTESTATION:

I certify that the applicant for licensure as a Master Therapeutic Recreation Specialist has successfully completed the above hours of supervised experience at the facility listed above and that the experience meets the requirements outlined in Utah Admin. Rule R156-40-302a(1).

I further certify that the applicant is qualified and competent to practice as an Advanced Substance Use Disorder Counselor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Supervisor: _____ Date: _____

NOTE: *If you are an out-of-state supervisor, you must also attach a copy of your state license or NCTRC Certification, and current resume.*



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$70.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires. Any police reports, Court Reports, Personal Narratives and/or other Documents can be emailed to B7@Utah.gov
- A copy of your [National Council for Therapeutic Recreation Certification](#).
- Official transcripts documenting completion an approved graduate (Masters, Ed.D., or Ph.D.) degree in recreational therapy or a graduate degree with an approved emphasis in recreational therapy as defined by [Utah Admin. Rule R156-40-102\(1\)](#).
- Verification of lawful work experience form (Page 4).

NOTE: *Each supervisor must complete a separate form.
Hours from all forms must total or exceed 4,000.*

LICENSURE BY ENDORSEMENT

If you are currently licensed in *good standing* as a Master Therapeutic Recreation Specialist in [a state, territory, or district of the United States deemed equivalent to a Utah license](#) and have at least one year of licensed experience, you may apply for **Licensure by Endorsement**. In addition to the items required by all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a **jurisdiction** designated by the Division as equivalent to Utah. Please see [our website](#) for additional information regarding approved states.

Note: *If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.*

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114**

If you have questions, please contact the Division at 801-530-6628 or by email at b7@Utah.gov.