



Therapeutic Recreational Technician

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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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**
- **court record(s)**
- **police report(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:** _____

Profession: _____ **License Number:** _____

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



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) _____

SUICIDE PREVENTION TRAINING (REQUIRED)

I certify that I have completed a required two-hour suicide prevention training course, that was provided by an accredited college or university, a county, state, or federal agency, or a professional association, society or organization representing a licensed profession.

In addition, I further certify that the course was relevant to recreational therapy and covered suicide concepts and facts, suicide risk assessment, crisis intervention, and first aid, evidence-based intervention for suicide risk, continuity of care and follow-up services for suicide risk; and/or therapeutic alliances for intervention in suicide risk.

With your licensing application, submit to the Division evidence of course completion, as required by [Utah Admin. Rule R156-40-302a](#).

Signature: _____ Date: _____



Verification of Therapeutic Recreational Technician Education

APPLICANT INFORMATION: (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last
Address: _____ City: _____ State: _____ Zip: _____

EDUCATION: (TO BE COMPLETED BY THE SUPERVISING INSTRUCTOR)

Name of Facility: _____
Address: _____ City: _____ State: _____ Zip: _____
Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

- Theories and Concepts of Recreational Therapy:** _____
- The Therapeutic Recreation Process:** _____
- Characteristics of Illness and Disability and Their Effects on Leisure:** _____
- Medical and Psychiatric Terminology**
(including psychiatric, pharmacology, gerontology, and abbreviations): _____
- Ethics:** _____
- Role and Function of Other Health and Human Service Professionals**
(including: agencies, medical specialists and allied health professionals): _____
- Health and Safety:** _____
- TOTAL HOURS OF ALL TRAINING:** _____

TRAINING MUST BE GREATER THAN 90 HOURS

ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed the educational hours listed above under my supervision. The educational hours meet requirements of a program of education and training as outlined in [Utah Admin. Rule R156-40-302a\(3\)](#).

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

Signature: _____ Date: _____

Printed Name: _____ License Number: _____

Phone: (_____) _____ – _____ Email: _____



Approved Therapeutic Recreation Technician Practicum

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

PRACTICUM INFORMATION: (TO BE COMPLETED BY THE EMPLOYER.)

Name of Supervisor: _____

MTRS CTRS License Number: _____

Dates of Practicum: _____ to _____ Total Practicum hours _____

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Describe the applicant's duties: *(attach additional form if needed)*

Was applicant employed by facility? Yes No

If yes, the applicant was: Part Time Full Time (mark one)

If yes, is the applicant still employed by facility? Yes No

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain:

ATTESTATION:

By signing below, I certify that the applicant has successfully completed 125 hours of supervised training in therapeutic recreation, including a minimum of 20 hours of direct face to face supervision of programming in, documentation and treatment intervention completed over a duration of not more than nine months as outlined in [Utah Admin. Rule R156-40-302b\(3\)](#). I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

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

Signature of Supervisor: _____ Date: _____



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 \(3\)\(k\)](#)).

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
- Verification of Therapeutic Recreational Technician Education form (Page 5)
- Verification of Approved Therapeutic Recreation Technician Practicum (Page 6)
- Submit evidence of Suicide Prevention Training completion with this application.

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.