



Agency Internship Site Fact Sheet

GOAL OF CERTIFICATION

The CBRTC has established the following application requirements for agencies that offer internship or work experience opportunities to students in recreation therapy university programs. The certifying criteria has been requested by the Recreation Therapy Section of the California Park and Recreation Society (CPRS) to ensure consistency and quality of training agencies. Students must fulfill one of the following experience requirements to become eligible to take the Recreation Therapist Certified (RTC) exam, offered by the California Board of Recreation Therapy Certification (CBRTC).

- Complete a university internship course meeting a minimum of 600 hours at a CBRTC certified agency and supervised by a state or national certified recreation therapist.
- Complete 1,000 hours of paid and/or voluntary experience supervised by a state or national certified recreation therapist. A minimum of 600 hours must be completed at a CBRTC certified agency.

APPLICATION REQUIREMENTS

PERSONNEL: (All of the following)

- Employed full-time (30+ hours per week)
- Meets requirements of a qualified Recreation Therapist
 - ◆ Certification: All personnel should be Recreation Therapist Certified (RTC) or RTC eligible. If you are applying and only have national certification (CTRS) one staff member must be listed that is certified as an RTC.
 - ◆ Experience: 2+ years of agency employment as a certified Recreation Therapist
- Oversees education & training of student interns
- Direct communication and mentorship of students on a regular basis

AGENCY PROGRAM: (Must provide either supportive agency documents or a detailed summary of the following)

- Mission Statement
- Identification of regulatory bodies
- Identification of services
- Recreation Therapist job duties statement
- Policies & procedures
 - ◆ Clinical Agencies: Assessment, treatment, program methodology, documentation, program administration, discharge planning.
 - ◆ Community Agencies: Assessment, program planning, documentation, program administration.

INTERNSHIP PROGRAM: (The agency must maintain a training program for student interns that includes the following)

- University affiliation contracts
- Offer a minimum of 600 hours/15-week program
- Orientation procedures
- Program objectives
- Internship duties statement
- Outline of assignments
- Training resources
- Outline of communications with universities
- Supervision and evaluation of interns

CERTIFICATION DETAILS

Approval of your application will certify the agency you work for as an internship site for students completing graduation requirements at CBRTC certified universities. Certification is valid for one year and requires annual renewal. Two months prior to your certification expiration date you will be notified by email about submitting renewal application forms. If you are not contacted about renewal, please contact the CBRTC immediately. To renew your certificate a renewal application and renewal payment form must be submitted with supporting documentation, if necessary. At any time, your agencies contact information changes, please notify CBRTC immediately to ensure you are receiving communications about certification renewal.

SUBMITTING AGENCY INTERNSHIP SITE APPLICATION

The application form, application fee, and all supporting documentation may be submitted at any time to the address indicated on the form. Acknowledgement of acceptance or denial will be sent after processing fees have been paid.

- Provide all the information requested on the application form. Type or print all information clearly.
- Provide all the information requested in the agency program requirements. Proof may be submitted by providing either supportive agency documents or a detailed summary using the provided agency program outline.
 - ◆ Mission Statement: Submit an explanation of the agency's culture, values, and ethics.
 - ◆ RT job duties statement: Submit the job description for the agency's Recreation Therapist position.
 - ◆ Assessment: Submit the evaluation tool used regarding the intake of the patient/client.
 - ◆ Treatment: Submit the protocol of care used to meet the needs of patient goals.
 - ◆ Program methodology: For each program that you identify, please indicate its purpose, objectives, and projected outcomes. This may include leisure counseling/education, creative arts, adapted sports, social skills, reality orientation, mobility training, community adjustment, among others.
 - ◆ Documentation: Submit an explanation or documentation of record keeping, notes, attendance records, evaluations, charting, etc.
 - ◆ Program administration: Submit an explanation of program staffing.
 - ◆ Discharge planning: Submit an explanation or documentation of the utilization of community resources and relevant follow-up.
 - ◆ Program planning: Submit documentation of activities and offerings.
- Provide all the information requested in the internship requirements. Proof of the internship program requirements may be submitted by providing either supportive agency documents or a detailed summary using the provided internship program outline.
 - ◆ Orientation procedures: Submit an explanation or documentation of the orientation schedule.
 - ◆ Program objectives: Submit an explanation or documentation of specific objectives, methods, and time frame.
 - ◆ Internship duties statement: Submit the job description for the agency's Internship position.
 - ◆ Outline of assignments: Submit an explanation or documentation of special events, projects, field assignments, case study, weekly outcomes, etc.
 - ◆ Training resources: Submit an explanation or documentation of didactic or educational training resources used.
 - ◆ Outline of communications with Universities: Submit an explanation or documentation of coordination between the agency and universities.
 - ◆ Supervision and evaluation of interns: Submit an explanation or documentation of the supervision and evaluation of interns.
- Submit the application, payment form, and supporting documents to CBRTC. If you are mailing your application, please send it first class in a 9x11 envelope, and do not require signatures or send it as certified mail.

PRECEPTOR

A preceptor is an experienced practitioner who provides supervision during clinical practice and facilitates the application of theory to practice for students and staff learners. An agency may use the supervision of a preceptor when personnel application requirements are not met. An agency is allowed to use a preceptor for two years before no longer being eligible for renewal. To maintain renewal eligibility an agency must select a CBRTC Recreation Therapist Certified candidate for supervision of the internship program. In no case shall a preceptor also serve as the University instructor for any student completing an internship. CBRTC may be able to provide or consult with the agency about securing a preceptor.

DUTIES:

- Applying and renewing for CBRTC agency certification.
- Prepare students and staff for upcoming training programs.
- Establish communications between the agency, the university, and the student prior to program.
- Provide progress reports to students and schedule regular meetings with the agency and university to discuss these reports.
- Authorize verification of mid-term and final student evaluations.
- Document an annual report to submit with the agency's renewal application.

This report should include the following details:

- ◆ Summarize meetings between agency/student/university.
- ◆ Summarize student performance in the training program.
- ◆ List names of students and dates of completion you oversaw.



Agency Internship Site Application

AGENCY IDENTIFICATION

Agency:		
Address:		Phone:
City:	State:	Zip:
Agency Setting: <input type="checkbox"/> Clinical <input type="checkbox"/> Community <input type="checkbox"/> Other:		
Age Groups: <input type="checkbox"/> birth to 2 years <input type="checkbox"/> 3 to 7 <input type="checkbox"/> 8-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> 65+		
# of internship hours required:		# of internship weeks required:
Select Regulating Entities: <input type="checkbox"/> JC <input type="checkbox"/> CARF <input type="checkbox"/> OBRA <input type="checkbox"/> Title 22 <input type="checkbox"/> HIPPA <input type="checkbox"/> Other:		

SERVICE IDENTIFICATION (Check all that apply):

<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> Brain/Head Trauma	<input type="checkbox"/> Hospice	<input type="checkbox"/> Physical Rehab
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> CVA	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Public School & Special Ed Students
<input type="checkbox"/> Abused	<input type="checkbox"/> Deaf/Hearing Impairments	<input type="checkbox"/> Mental Health Conditions	<input type="checkbox"/> Sex Offenders
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Blind/Visual Impairments	<input type="checkbox"/> Forensic/Prisons/Detention	<input type="checkbox"/> Oncology	<input type="checkbox"/> Youth At Risk

CONTACT IDENTIFICATION

First & Last Name:		CBRTC RTC #:
Title:		
Work Email:		Work Phone:

PERSONNEL

ATTENTION: All personnel listed in this section **must be currently CBRTC certified or eligible**, be employed full-time (30+ hours a week) and have been employed full-time in therapeutic recreation for 2+ years. CBRTC eligibility means the person listed has been approved to sit for the CBRTC RTC Exam. Indicate status by completing the information below and submitting proof of certification or proof of eligibility for all personnel listed.
 Line A: List qualified staff member with the primary responsibility for coordinating the student training program.
 Line B-D: List all other qualified staff members who supervise internship students.

First & Last Name	Title	Certification Status	RTC #	# of Yrs.
A:		<input type="checkbox"/> Certified <input type="checkbox"/> Eligible		
B:		<input type="checkbox"/> Certified <input type="checkbox"/> Eligible		
C:		<input type="checkbox"/> Certified <input type="checkbox"/> Eligible		
D:		<input type="checkbox"/> Certified <input type="checkbox"/> Eligible		

Will the agency require the services of a preceptor? No Yes

SIGNATURE

I hereby certify that all the information provided in the application for certification is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or revocation of my certification. I agree to comply with all the regulations and requirements associated with the application and review process.

Signature:	Date:
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Agency Program Outline

PROGRAM OUTLINE: *(Use outline to provide explanation of requirements when supporting documents are not able to be submitted)*

Mission Statement:

Assessment:

Treatment:

Program methodology:

Documentation:

Program administration:

Discharge planning:

Program planning:



Internship Program Outline

PROGRAM OUTLINE: *(Use outline to provide explanation of requirements when supporting documents are not able to be submitted)*

Orientation procedures:

Program objectives:

Outline of assignments:

Training resources:

Outline of communications with Universities:

Supervision and evaluation of interns:

California Board of Recreation Therapy Certification Payment Authorization Form

Agency Application

Agency:
Email Address:

APPLICATION CHARGES (VISA/MASTERCARD)	SELECTION	AMOUNT
Agency Application <i>(Includes 5% credit card processing fee)</i>	<input type="checkbox"/>	\$84.00
Tax Deductible Donation to CBTRC, Inc. <i>(Optional)</i>	<input type="checkbox"/>	\$20.00
Total Payment		\$

METHOD OF PAYMENT: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name on Card:	
Card #:	Exp Date:
Billing Address:	
Signature:	

APPLICATION CHARGES (CHECK/MONEY ORDER)	SELECTION	AMOUNT
Agency Application	<input type="checkbox"/>	\$80.00
Tax Deductible Donation to CBTRC, Inc. <i>(Optional)</i>	<input type="checkbox"/>	\$20.00
Total Payment		\$

METHOD OF PAYMENT: <input type="checkbox"/> Check <input type="checkbox"/> Money Order	Number:
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Make Payable to: CBRTC, Inc. P.O. Box 8568 Citrus Heights, CA 95621
<i>*Card Payments: Please submit application and payment form by email to cbrtc.ca@gmail.com</i> <i>*Check Payments: Please submit application, payment, and payment form by mail to make payable address.</i>

