



Recreation Therapist Certified Fact Sheet

GOAL OF CERTIFICATION

Becoming Recreation Therapist Certified (RTC) with the California Board of Recreation Therapy Certification (CBRTC) is essential for recreation professionals as it certifies competence and assures employers and the public of their abilities. It is a testament to their education and experience in administering Recreation Therapy services, making them qualified to provide the best care possible.

APPLICATION REQUIREMENTS

EDUCATION: (All of the Following)

- Baccalaureate or master's degree in recreation therapy, or in recreation with a recreation therapy concentration, or a recreation therapy post-bac certificate meeting the coursework requirements below.
 - Recreation therapy course work for **graduates AFTER December 2014:**
 - Minimum of (5) recreation therapy content courses consisting of at least (3) semester units or (3) quarter units per course.
 - Recreation therapy course work for **graduates BEFORE December 2014:**
 - Minimum of (3) recreation therapy content courses.
- Completion of a minimum of (9) semester units or (12) quarter units of general recreation content coursework.
- Completion of a minimum of (18) semester units or (27) quarter units of related coursework in at least (3) of the course options listed on Page 3-Sample of Qualified Courses. A minimum of (14) semester units or (20) quarter units must be in upper-division courses. The courses must relate to the field of recreation therapy.

EXPERIENCE: (One of the Following)

- Completed 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 (*individual agencies may require more hours*).
- 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.
 - The following also applies to the experience requirements above. (*Except under unusual circumstances approved in advance by CBRTC*)
 - 600 hours must be completed at a single agency.
 - Hours must be earned in a single continuous period for (15+) weeks.
 - Hours must include full-time exposure (30+) hours per week.
- Out of State: Completed the minimum number of internship hours set forth by a recreation therapy agency outside of the state of California under the supervision of a nationally certified recreation therapist.

EXAMINATION DETAILS

Upon being approved to take the CBRTC exam, you have three years to pass and earn certification. It's important to note that a passing score of at least 70% is required, and if you need to retake the exam, there is a \$100 fee per retake. If you are unable to obtain your certification within the 3-year period, you will no longer be eligible to take the CBRTC exam, and you will be required to reapply. You can only reapply for examination once before becoming ineligible for the CBRTC exam. The CBRTC exam is offered in-person twice per year, in Spring (March) and Summer (July). The exam is administered statewide by certified CBRTC Volunteer Proctors at various locations, dates, and times based on availability.

APPLICATION DEADLINES:

- Spring Exam: February 15th
- Summer Exam: June 15th

CERTIFICATION DETAILS

Passing the examination will certify you as an RTC with CBRTC and is valid for two years. To maintain your certification, renewal is required by the expiration date on your certificate. Two months prior to your expiration date, you will be notified

by email about applying for certification renewal. To renew your certificate, a renewal application, payment form, and supporting documentation must be submitted. Supporting documentation includes proof of 20 hours (2.0 CEUs) of continued education courses or equivalent academic credit related to RT. If you are not contacted about renewal or your contact information changes, please notify CBRTC immediately to ensure you are receiving communications about your certification renewal.

SUBMITTING RECREATION THERAPIST CERTIFICATION APPLICATION

The application form, application fee, and all supporting documentation may be submitted at any time and postmarked by the application deadlines to the address indicated on the form. Acknowledgment of acceptance or denial will be sent after processing fees have been paid. If you choose to receive a study guide this will be included with an acceptance letter. All fees are non-refundable. Applicants will receive notice of their eligibility at least fifteen (10) days prior to the examination date.

- Provide all the information requested on the application form. Type or print all information clearly. Be sure to indicate if another name appears on your transcript or diploma.
- Include proof of your degree. Valid proof is submitting a copy of your diploma or an official letter from the university registrar.
- Include proof of your qualifying coursework. Valid proof is submitting your official transcripts. Official transcripts can be submitted by email from parchment or mailed to CBRTC. If you are submitting your transcripts by mail, please allow 4-6 weeks to receive them from the university. When submitting transcripts by mail, they must be submitted unopened/sealed with your application or mailed directly to CBRTC with notice. Internship courses must be verified on the transcript.
- Fully list all courses you believe meet the application requirements. Be sure to include course prefixes (e.g. RLS, PSYC) and course numbers. Writing “see transcript” on the application may not be used in lieu of completing this section. Applications with this notation will be returned. If you list a special course, individual study, or internship course you must submit a letter from the instructor describing the content of the course.
- For applicants completing coursework at out-of-state universities or universities not currently certified by CBRTC must submit a full course description from the university catalog for any course being used to meet certification requirements. All applicants are encouraged to retain course outlines from recreation therapy and general recreation courses in the event there is a question about specific course content.
- For internship and experience hours completed at a CBRTC certified agency your hours must be verified by including a CBRTC “Internship Confirmation Form” or an official letter from the agency. A valid official letter must be on agency letterhead and signed by the agency supervisor, personnel director, or administrator and clearly specify the following: a) dates of the experience, b) total number of hours completed, c) name of your supervisor, and d) the position/title held by the supervising recreation therapist and their current CBRTC and/or NCTRC certification number.
- For internship hours completed at sites not currently certified by CBRTC your hours must be verified by including an official letter from the agency and documentation that the site meets CBRTC agency requirements. A valid official letter must be on agency letterhead and signed by the agency supervisor, personnel director, or administrator and clearly specify the following: a) dates of the experience, b) total number of hours completed, c) name of your supervisor, and d) the position/title held by the supervising recreation therapist and their current CBRTC and/or NCTRC certification number.
- For internship hours completed outside of California your hours must be verified by including an official letter from the agency and your supervisor’s NCTRC certification. A valid official letter must be on agency letterhead and signed by the agency supervisor, personnel director, or administrator and clearly specify the following: a) dates of the experience, b) total number of hours completed, c) name of your supervisor, and d) the position/title held by the supervising recreation therapist and their current CBRTC and/or NCTRC certification number.
- 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.



Sample of Qualified Courses

Recreation Therapy Coursework
Foundations of Recreation Therapy
Introduction to Therapeutic Recreation & Inclusive Recreation
Foundations of Therapeutic Recreation
Recreation Therapy: Treatment & Diagnostic Groups
Recreation Therapy Interventions for People With Physical Conditions
Therapeutic Recreation Techniques
Recreation Therapy Treatment & Program Planning
Therapeutic Recreation: Facilitating Leisure & Wellness
Recreation Therapy in Mental Health
Facilitation Techniques in Therapeutic Recreation
Advanced Recreation Therapy Modalities
Counseling Techniques in Therapeutic Recreation
Recreation Therapy Assessment & Documentation
Therapeutic Recreation Case Management
Recreation Therapy Documentation & Assessment
Therapeutic Recreation Treatment/Program Planning
Advanced Practices in Recreation Therapy (Evidenced Based Practice & Research)
Advanced Therapeutic Recreation Practices
Recreation Therapy Processes
Management of Therapeutic Recreation Services
General Recreation Coursework
Recreation & Leisure in Contemporary Society
Recreation Administration/Management/Leadership
Program Planning Techniques
Travel & Tourism
Introduction to Recreation
Introduction to Leisure Services
Related Coursework
Psychology: Human Growth & Development Across the Lifespan & Abnormal Psychology
Sociology
Biological Sciences: Human Anatomy & Physiology
Special Education: Perception Problems, Guidance & Counseling, Mental Retardation.
Recreation Therapy: Content or skills courses, in addition to the required Recreation Therapy coursework.
Adaptive Physical Education & Creative Arts: Motor Development for the Atypical Child, Structure & Motor Disabilities in Children, Movement Activities for Special Groups, Arts for Exceptional Individuals, Music Therapy, & Adaptive Theater Arts.
Human Services: Treatment & Rehabilitation of the Alcoholic, Independent Living for the Severely Disabled, Medical-Social Aspects of Rehabilitation, American Sign Language, Drugs & Human Health, Law-Human Services to the Client, Human Growth & Development.



Recreation Therapist Certified Application

IDENTIFICATION

Check all that apply: Mr. Mrs. Ms. Mx. Dr. Ph.D Ed.D Other:

First & Last Name: _____ **Middle Initial:** _____

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Work Email: _____ **Work Phone:** _____

of years full-time experience: _____ **# of years part-time experience:** _____ **Check if not yet employed:**

Are you additionally certified? RC CTRS CPRP N/A Other: _____

Ethnicity: (Check all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> South Asian
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other/No Response:

EXPERIENCE

Internship: (Select the option relevant to you)

Completed a minimum of 600 internship hours (individual agencies may require more) at a CBRTC Internship Agency and supervised by a State or Nationally certified recreation therapist

Completed the minimum number of internship hours at a recreation therapy agency outside of the State of California under the supervision of a Nationally certified recreation therapist.

Completed 1,000 hours of paid and/or voluntary experience at a recreation therapy agency. 600 hours must be completed at a CBRTC Internship Agency and supervised by a State or Nationally certified recreation therapist.

Employment: (List qualifying experience only; starting with most recent)

Total # of Hours Completed: _____ **Start Date (M/Y):** _____ **End Date (M/Y):** _____

Company Name: _____

Address:

City: _____ **State:** _____ **Zip:** _____

Supervisor First & Last Name: _____ **CBRTC #:** _____ **CTRS #:** _____

Title: _____

Email: _____ **Phone:** _____

Total # of Hours Completed: _____ **Start Date (M/Y):** _____ **End Date (M/Y):** _____

Company Name: _____

Address:

City: _____ **State:** _____ **Zip:** _____

Supervisor First & Last Name: _____ **CBRTC #:** _____ **CTRS #:** _____

Title: _____

Email: _____ **Phone:** _____

EDUCATION (List highest qualifying education only; see fact sheet for specific requirements)

Degree: _____ **Graduation Date (M/Y):** _____

Institution: _____

Major: _____ **Concentration:** _____

Transcripts Submittal: Emailed from Parchment Mailed with Application Mailed to CBRTC

Advisor First & Last Name: _____

Advisor Email: _____ **Advisor Phone:** _____

Recreation Therapy Coursework:				
Institution	Course Prefix-Number	Course Title	# of Units	Completion Date (M/Y)

General Recreation Coursework:				
Institution	Course Prefix-Number	Course Title	# of Units	Completion Date (M/Y)

Related Coursework:				
Institution	Course Prefix-Number	Course Title	# of Units	Completion Date (M/Y)

SIGNATURE

I hereby certify that all the information provided in my 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 examination process.

Printed Name:

Signature:	Date:
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California Board of Recreation Therapy Certification Payment Authorization Form

Recreation Therapist Certified Application

Applicant Name:
Email Address:

APPLICATION CHARGES (VISA/MASTERCARD)	SELECTION	AMOUNT
RTC Application & Examination	<input type="checkbox"/>	\$205.00
Examination Study Guide	<input type="checkbox"/>	\$35.00
Tax Deductible Donation to CBTRC, Inc. (Optional)	<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
RTC Application & Examination	<input type="checkbox"/>	\$200.00
Examination Study Guide	<input type="checkbox"/>	\$35.00
Tax Deductible Donation to CBTRC, Inc. (Optional)	<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>

