



Previously Certified Re Entry 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. By being previously certified, you have already passed the education, experience, and examination requirements for certification, making you eligible for recertification.

APPLICATION REQUIREMENTS

- Record of previously being certified by CBRTC
 - Can be confirmed by the CBRTC Executive Assistant, if the Executive Assistant cannot verify previous certification, supporting documents will need to be provided.
- 20 hours of Continued Education Units (2.0 CEUs)
 - Must be directly related to the recreation therapy profession.
 - Must be earned within two years prior to the date of application.

APPLICATION DEADLINES:

- Spring Renewal: May 31st
- Fall Renewal: November 17th

CONTINUED EDUCATION REQUIREMENTS

It is crucial to stay up to date with the latest knowledge and advancements in your field. Earning 20 hours/2.0 CEUs of educational content specific to RT/TR ensures that you are properly maintaining your certification. During the renewal process, CEU courses and content are thoroughly reviewed to ensure that they meet the necessary qualifications and knowledge areas. It's important to note that CEUs not meeting the qualifications can cause delays and potentially lead to certification termination. Make sure to stay on top of your CEU requirements to maintain your certification and keep your skills sharp! If you have any uncertainty about credit for a course, please contact the CBRTC Executive Assistant.

CONTINUED EDUCATION CREDIT

- Only courses taken within the last two years are accepted for credit.
- **Course content must be specific to RT/TR and relate to one or more of the knowledge areas.**
- Safety-related, work-required training, language, and computer courses are not accepted for credit.
- Fully list all courses and the information requested on the CEU form in the application.
- Taking a course without a provider number may not be accepted. You must obtain the provider number and ensure that the courses you are taking come from an accredited education provider.
- CBRTC will ONLY accept courses without a provider number from the following educational partners: CPRS, NRPA, ATRA, BATRA, SmartCEUs Hub, and RecTherapy Today.
- Avoid taking all CEUs from one provider/company; diversity in teachings can foster learning development.
- Avoid taking all CEUs in a 1–2-day period; give yourself time to process and follow up with questions.

ONLINE/IN-PERSON COURSES

- Submit a copy of each certificate or verified document proving CE credit.
- Earn up to 20 hours (2.0 CEU's): (1 hour=0.10 CEU's) (2 hours=0.20 CEU's) (3 hours=0.30 CEU's)
- Each certificate or verified document must include the following:
 - Your first & last name
 - Course title
 - Date
 - Number of CEUs or hours awarded.
 - CE provider name
 - CE provider ID number (*if applicable*)
 - Verifying signature from CE provider/sponsor/instructor.

WRITTEN PUBLICATIONS

- Submit a copy of the written publication.
- Book/journal/thesis: earn up to 10 hours (1 publication=1.0 CEUs)
- Article/newspaper/magazine: earn up to 2 hours (1 publication=0.20 CEUs)
- Co-author publications are not accepted.

PUBLIC SPEAKING

- Submit verified documentation of your presentation.
- Earn up to 4.5 hours (0.45 CEUs): (1 hour presentation=0.15 CEUs) (2 hours=0.30 CEUs) (3 hours=0.45 CEUs)
- Awarded to solo speakers only.
- Repeated topics or sessions are not accepted during each biannual renewal.
- Each verified document must include the following:
 - Your first & last name
 - Title of your presentation
 - Date & location
 - Speaking duration
 - Verifying signature from provider/sponsor/instructor/conference (*your signature is not acceptable verification*)

COLLEGE COURSES

- Submit your official college transcript to verify course work and final grade.
- Earn up to 4.5 hours (4.5 CEUs): (1 unit=1.5 CEUs) (2 units=3.0 CEUs) (3 units=4.5 CEUs)

SUBMITTING PREVIOUSLY CERTIFIED RE-ENTRY APPLICATION

Please make sure to type or write in all the information requested on the application and CEU form clearly, as any forms missing information or are unable to read will be returned. It is important that the application, CEU form, application fee, and all supporting documentation are postmarked by the renewal deadline to avoid the late fee. 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. Renewal applications are reviewed twice per year in June and December by the CBRTC Recertification Review Committee (RRC). During the review period, you may be contacted to remediate any issues with your application. Once your application is accepted by the CBRTC Executive Assistant your certification status will become "eligible" and once it is approved by the committee your status will become "certified" and your payment will be processed. Acknowledgment of your recertification will be mailed to you. If your application is denied and you do not meet the CEU requirements or remediate the issues, your certification will remain "expired".

MAINTAINING CERTIFICATION

Passing the application requirements will recertify 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. At least two months before your certificate expires you will begin to be notified, by email, about applying for 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.

CEU FORM KNOWLEDGE AREA NUMBERS

- #1 Administration & Management
- #2 Disability/Population Characteristics
- #3 Documentation
- #4 Legislation/Patient/Consumer Rights
- #5 History & Philosophy
- #6 Professionalism
- #7 Programming
- #8 Treatment Modalities



Previously Certified Re Entry Application

IDENTIFICATION		
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr. <input type="checkbox"/> Ph.D <input type="checkbox"/> Ed.D <input type="checkbox"/> Other:		
First & Last Name:		Middle Initial:
Mailing Address:		
City:	State:	Zip:
Email:		Phone:
Work Email:		Work Phone:
CBRTC RTC #:	Are you additionally certified? <input type="checkbox"/> CTRS <input type="checkbox"/> No/Other:	

EDUCATION	
Degree:	Graduation Date (M/Y):
Institution:	
Major:	
Specialization:	

EMPLOYMENT													
Are you currently employed in the field? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of years full-time experience:												
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem <input type="checkbox"/> Unemployed (If unemployed, skip to signature)													
Employer:													
Job Title:													
Supervisor Name:	Supervisor Email:												
Employment Level: <input type="checkbox"/> Entry <input type="checkbox"/> Supervisory <input type="checkbox"/> Management <input type="checkbox"/> Administrative <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other													
Employment Setting: <input type="checkbox"/> Clinical <input type="checkbox"/> Community <input type="checkbox"/> Other:													
Employer Service Identification (Check All That Apply):													
<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> College/University Students	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Special Education Students										
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> CVA	<input type="checkbox"/> Mental Health Conditions	<input type="checkbox"/> Sex Offenders										
<input type="checkbox"/> Abused	<input type="checkbox"/> Deaf/Hearing Impairments	<input type="checkbox"/> Oncology	<input type="checkbox"/> Sexually Transmitted Diseases										
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Substance Abuse										
<input type="checkbox"/> Blind/Visual Impairments	<input type="checkbox"/> Forensic/Prisons/Detention	<input type="checkbox"/> Physical Rehab	<input type="checkbox"/> Youth At Risk										
<input type="checkbox"/> Brain/Head Trauma	<input type="checkbox"/> Hospice	<input type="checkbox"/> Public School Students	<input type="checkbox"/> Other:										
Income: (Select your approximate hourly rate of pay. How to calculate: take bi-monthly or monthly gross income and divide it by the number of hours you worked for that pay period and you will get your hourly rate of pay)													
<input type="checkbox"/>	\$5-9	<input type="checkbox"/>	\$21-24	<input type="checkbox"/>	\$35-39	<input type="checkbox"/>	\$50-54	<input type="checkbox"/>	\$65-69	<input type="checkbox"/>	\$85-89	<input type="checkbox"/>	\$95-99
<input type="checkbox"/>	\$10-14	<input type="checkbox"/>	\$25-29	<input type="checkbox"/>	\$40-44	<input type="checkbox"/>	\$55-59	<input type="checkbox"/>	\$70-74	<input type="checkbox"/>	\$75-79	<input type="checkbox"/>	\$100
<input type="checkbox"/>	\$15-20	<input type="checkbox"/>	\$30-34	<input type="checkbox"/>	\$45-49	<input type="checkbox"/>	\$60-64	<input type="checkbox"/>	\$80-84	<input type="checkbox"/>	\$90-94	<input type="checkbox"/>	\$125 +

SIGNATURE	
I hereby certify that all the information provided in my application for re-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 process.	
Signature:	Date:

California Board of Recreation Therapy Certification Payment Authorization Form

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Applicant Name:	RTC#:
Email Address:	

APPLICATION CHARGES (VISA/MASTERCARD) <i>(Includes 5% credit card processing fee)</i>	SELECTION	AMOUNT
RTC Recertification	<input type="checkbox"/>	\$289.00
Late Fee <i>(applies to applications submitted between 12/1-12/31 or 6/1-6/30)</i>	<input type="checkbox"/>	\$55.00
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
RTC Recertification	<input type="checkbox"/>	\$275.00
Late Fee <i>(applies to applications submitted between 12/1-12/31 or 6/1-6/30)</i>	<input type="checkbox"/>	\$55.00
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 838
West Sacramento, CA 95605

**Card Payments: Please submit application and payment form by email to cbrtc.ca@gmail.com*
**Check Payments: Please submit application, payment, and payment form by mail to make payable address.*

