



Recreation Therapist Certified Application

SAMPLE

IDENTIFICATION		
Check all that apply: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" 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: Jane Doe	Middle Initial: M.	
Mailing Address: 123 Main Street		
City: Anytown	State: CA	Zip: 91234
Email: Janedoe@gmail.com	Phone: (123) 456-7890	
Work Email: Janedoe@job.com	Work Phone: (222) 333-4444	
# of years full-time experience: 10	# of years part-time experience: 2	Check if not employed: <input type="checkbox"/>
Are you additionally certified? <input type="checkbox"/> CTRS <input checked="" type="checkbox"/> No/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 checked="" type="checkbox"/> Other/No Response	
Do you require accommodations? <input checked="" type="checkbox"/> Yes (if selected, please complete page 3) <input type="checkbox"/> No		

EXPERIENCE		
Internship: (Select the option relevant to you)		
<input checked="" type="checkbox"/>	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.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	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.	
Agency: (List qualifying internship experience)		
Total # of Hours Completed: 600	Start Date (M/Y): 01/24	End Date (M/Y): 06/24
Company Name: Agency name		
Address: 123 Maple St	City: Candytown	State: CA
Supervisor First & Last Name: John Doe	CBRTC #: 1234-T	CTRS #:
Email: JohnD@agency.com	Phone: (800) 123-1234	
Employment: (List most recent qualifying work experience)		
Start Date (M/Y): 07/24	End Date (M/Y):	
Company Name: Work place		
Title: Therapeutic Recreation		
Address: 123 Maple St	City: Candytown	State: CA
Supervisor First & Last Name: John Doe	CBRTC #: 1234-T	CTRS #:
Email: JohnD@agency.com	Phone: (800) 123-1234	

EDUCATION (List highest qualifying education only; see fact sheet for specific requirements)		
Degree: Bachelor of Arts	Graduation Date (M/Y): 06/24	
Institution: California State University Long Beach		
Major: Recreation Therapy	Concentration: Therapeutic Recreation	
Transcripts Submittal: <input checked="" type="checkbox"/> Emailed from Parchment <input type="checkbox"/> Mailed with Application <input type="checkbox"/> Mailed to CBRTC		
Advisor First & Last Name: John Smith		
Advisor Email: Johnsmith@csulb.org	Advisor Phone: (310) 221-2222	

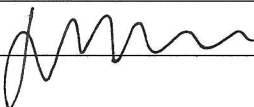
SAMPLE

COURSEWORK				
Recreation Therapy Coursework: (Graduated after 2014 (15) semester units, graduated before 2014 (9) semester units)				
Institution	Course Prefix-Number	Course Title	Units	Semester
CSULB	RA 123	Foundations of RT	3	Spring 21
CSULB	RA 246	Treatment & Diagnostics	3	Fall 20
CSULB	RA 357	RT Interventions	3	Spring 21
CSULB	RA 153	RT Processes	3	Fall 20
CSULB	RA 267	RT in Mental Health	3	Fall 22

Internship Coursework: (If applicable)				
Institution	Course Prefix-Number	Course Title	Units	Semester
CSULB	RA 777	Internship in RT	4	Spring 24

General Recreation Coursework: (9 semester units or 12 quarter units)				
Institution	Course Prefix-Number	Course Title	Units	Semester
CSULB	RA 456	Travel & Tourism	3	Spring 24
CSULB	RA 789	Program Planning	3	Fall 23
CSULB	RA 321	Intro to Recreation	3	Fall 23
CSULB	RA 753	Rec Administration	3	Spring 24

Related Coursework: (18 semester units or 27 quarter units, 14 semester units or 20 quarter units must be in upper-division courses)				
Institution	Course Prefix-Number	Course Title	Units	Semester
CSULB	RA 762	Adv. RT Modalities	3	Spring 24
CSULB	RA 987	Management in RT	3	Spring 24
CSULB	PSYC 124	Development Lifespan	3	Fall 20
CSULB	SOC 111	Intro to Sociology	3	Fall 20
CSULB	EDUC 24	Guidance & Counseling	3	Spring 21
CSULB	RA 333	Leisure Services	3	Spring 21
CSULB	PSYC 134	Abnormal Psychology	3	Spring 22
CSULB	EDUC 444	Child Development	3	Spring 22
CSULB	PSY. EDU	Structure & Motor Dev	3	Fall 23
CSULB	RA 143	Counseling Techniques	3	Fall 23

SIGNATURE	
<p>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.</p>	
Printed Name: Jane Doe	
Signature: 	Date: 01/01/2025



P.O. Box 838 West Sacramento CA, 95605 • 661.538.1332 • cbrtc.ca@gmail.com • www.cbrtc.org

California Certification Promotes Pride & Excellence in the Profession – EST. 1954

Recreation Therapist Certified Accomodations Form

SAMPLE

Our mission: The California Board of Recreation Therapy Certification is committed to inclusivity and provides a range of access services to ensure an equal testing opportunity for all examinees with disabilities, regardless of whether temporarily or permanently disabled.

Examples of accomodations include:

- Setting Accomodations: All facilities are ADA accessible and we strive to ensure a quiet space. Changes may relate to preferential seating.
- Timing Accomodations: These accomodations include time extensions, allotted breaks, or medication during the examination.

Documentation Guidelines

The California Board of Recreation Therapy Certification (CBRTC) request documentation regarding your current limitations and their impact on your testing environment. We require the following documents:

- Developmental: Medical Provider Form/ Letterhead from Medical Provider
- Learning: Most recent learning disability assessment/ evaluation
- Physical/ Medical: Medical Provider Form/ Letterhead from Medical Provider
- Psychological: Medical Provider Form/ Letterhead from Medical Provider

*Any documents submitted to your most recent University may apply. Please submit them with your application.

ACCOMODATIONS	
Will you require accomodations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Please select: <input type="checkbox"/> Setting Accomodation <input checked="" type="checkbox"/> Timing Accomodation
Which documentation did you submit?	
<input type="checkbox"/> Developmental (Medical Provider Form/ Letterhead from Medical Provider) <input checked="" type="checkbox"/> Learning (Most recent learning disability assessment/ evaluation) <input type="checkbox"/> Physical (Medical Provider Form/ Letterhead from Medical Provider) <input type="checkbox"/> Psychological (Medical Provider Form/ Letterhead from Medical Provider)	
Will you submit documents from your most recent University?	
<input checked="" type="checkbox"/> Yes, please describe: <u>University approved accomodations, doctor / psychologist letter head</u> <input type="checkbox"/> No	

California Board of Recreation Therapy Certification

Payment Authorization Form

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Applicant Name: Jane Doe
Email Address: janedoe@gmail.com

APPLICATION CHARGES (VISA/MASTERCARD) <i>(Includes 5% credit card processing fee)</i>	SELECTION	AMOUNT
RTC Application & Examination	<input checked="" type="checkbox"/>	\$205.00
Tax Deductible Donation to CBTRC, Inc. <i>(optional)</i>	<input type="checkbox"/>	
Total Payment		\$

METHOD OF PAYMENT: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Name on Card: Jane Doe	
Card #: 1234 5678 9000 4321	Exp Date: 06/28
Billing Address: 123 Main Street Anytown CA 91234	
Signature:	

APPLICATION CHARGES (CHECK/MONEY ORDER)	SELECTION	AMOUNT
RTC Application & Examination	<input type="checkbox"/>	\$200.00
Tax Deductible Donation to CBTRC, Inc. <i>(optional)</i>	<input type="checkbox"/>	
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 the application and payment form by email to cbrtc.ca@gmail.com
 *Check Payments: Please submit the application, payment, and payment form by mail to the make payable address.

