



CBRTC Renewal Fact Sheet

GOAL OF CERTIFICATION

Maintaining your certification with the California Board of Recreation Therapy Certification (CBRTC) as a Recreation Therapist Certified (RTC) assures employers and the public that you are qualified by education and experience to conduct and administer professional and therapeutic recreation services.

MAINTAINING CERTIFICATION

To maintain your certification, renewal is required by the expiration date on your certificate. Renewal applications are first reviewed by the CBRTC Executive Assistant and then approved by the CBRTC Recertification Review Committee (RRC) on a specific date. During this review period, you may be contacted to remediate any issues with your application. After your application passes review, your payment will be processed, and an acknowledgment of renewal will be emailed to you. However, if your application is denied and you do not meet the CEU requirements or remediate the issues, your certification will be terminated. If you are not contacted about renewal, or your contact information changes, please notify CBRTC immediately to ensure you are receiving communications about certification renewal.

RENEWAL CHECKLIST:

- Type or write in ALL information requested on the application AND CEU form clearly. **Any documents missing information or is unclear will be returned.**
- If emailing: Send ONE COMBINED PDF with all forms and CEU certificates.
- If mailing: Send FIRST CLASS in a 9x11 envelope. **DO NOT REQUIRE SIGNATURES OR SEND AS CERTIFIED MAIL.**

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 and avoid termination.

RENEWAL DEADLINES

- **Spring Renewal: May 18, 2026**
- **Fall Renewal: November 17, 2026**

RENEWAL TYPES

- BIENNIAL RENEWAL
 - Valid certification as a RTC by CBRTC
 - Completed 20 hours of Continued Education Units (2.0 CEUs)
- ANNUAL RENEWAL
 - Applied for an extension during the following year.
 - Valid certification as a RTC by CBRTC
 - Completed 20 hours of Continued Education Units (2.0 CEUs)
- EXTENSION
 - Valid certification as a RTC by CBRTC
 - Did not complete 20 hours of Continued Education Units (2.0 CEUs) and want to continue being certified.
 - Cannot apply for extension consecutively. After applying for an extension, you have one year to earn 2.0 CEUs before certification is terminated and recertification is required.
 - Applying for more than two extensions as a certificate holder may result in the rejection of future extension renewals and certification would be terminated and recertification is required.
- PROFESSIONAL LEAVE OF ABSENCE (PLOA)
 - Valid certification as a RTC by CBRTC
 - Did not complete 20 hours of Continued Education Units (2.0 CEUs) due to caring for family/medical reasons.
 - Can apply for PLOA for up to 3 renewal cycles/6 years before certification is terminated and recertification is required.

CERTIFICATION TERMINATION FORM:

If you are unable to renew or no longer need certification, please complete the certification termination form, and return to CBRTC by email.



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. CEUs not meeting the qualifications can cause delays and potentially lead to certification termination.

CONTINUED EDUCATION CREDIT

- Only courses taken within the last two years are accepted for credit.
 - o **Spring Renewal: July 1, 2024- June 30, 2026**
 - o **Fall Renewal: January 1, 2025- December 31, 2026**
- 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, Healthy Solutions, 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 45 hours (4.5 CEUs): (1 unit=1.5 CEUs) (2 units=3.0 CEUs) (3 units=4.5 CEUs)
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CEU FORM KNOWLEDGE AREA NUMBERS

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



June 2026 CBRTC Renewal Application

Complete all information below. Incomplete applications will be returned and are subject to late fees/expiration.

RENEWAL TYPE <i>(Please check one):</i>	
<input type="checkbox"/>	Biannual Renewal <i>(Completed 2.0 CEUs- Renew again in 2028)</i>
<input type="checkbox"/>	Annual Renewal <i>(Completed 2.0 CEUs and applied for extension within the last year-Renew again in 2028)</i>
<input type="checkbox"/>	Extension <i>(Did not meet CEU requirements- Renew again in 2027)</i>
<input type="checkbox"/>	PLOA <i>(Did not meet CEU requirements due to Personal Leave of Absence- Renew again in 2028)</i>
REASON FOR PLOA <i>(Please check one):</i> <input type="checkbox"/> Medical <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Natural Disasters/Local Emergency <input type="checkbox"/> Other:	

IDENTIFICATION <i>(Please complete all information required below):</i>		
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 Name:	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:	

EMPLOYMENT <i>(Please complete all required information below):</i>													
Are you currently employed in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of years full-time experience:	# of years part-time experience:										
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem <input type="checkbox"/> Unemployed <i>(If unemployed, skip to signature)</i>												
Employer:													
Job Title:													
Supervisor Name:		Supervisor Email:											
Employment Level: <input type="checkbox"/> Entry <input type="checkbox"/> Supervisory <input type="checkbox"/> Management <input type="checkbox"/> Educator <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"/> Education <input type="checkbox"/> Other:													
Employer Service Identification <i>(Check all that apply):</i>													
<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: <i>(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.)</i>													
<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"/>	\$80-84	<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"/>	\$85-89	<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"/>	\$75-79	<input type="checkbox"/>	\$90-94	<input type="checkbox"/>	\$125 +

SIGNATURE	
<i>I hereby certify that all the information provided in my application for renewal 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 renewal process.</i>	
Signature:	Date:



California Board of Recreation Therapy Certification Payment Authorization Form

June 2026 CBRTC Renewal Application

Applicant Name:	RTC#:
Email Address:	Date:

APPLICATION CHARGES (VISA/MASTERCARD) <i>(Includes 5% credit card processing fee)</i>	SELECTION	AMOUNT
Biannual Renewal	<input type="checkbox"/>	\$155.00
Annual Renewal <i>(applied for extension within the last year)</i>	<input type="checkbox"/>	\$0.00
Extension Renewal <i>(Includes a one-year renewal fee)</i>	<input type="checkbox"/>	\$255.00
PLOA Renewal	<input type="checkbox"/>	\$105.00
Late Fee <i>(applies to applications submitted later than May 18, 2026)</i>	<input type="checkbox"/>	\$75.00
Postage Fee <i>(applies if you would like a hard-copy certificate mailed)</i>	<input type="checkbox"/>	\$5.00
Tax Deductible Donation to CBTRC, Inc. <i>(optional, please enter amount)</i>	<input type="checkbox"/>	
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
Biannual Renewal	<input type="checkbox"/>	\$150.00
Annual Renewal <i>(applied for extension within the last year)</i>	<input type="checkbox"/>	\$0.00
Extension Renewal <i>(includes a one-year renewal fee)</i>	<input type="checkbox"/>	\$250.00
PLOA Renewal	<input type="checkbox"/>	\$100.00
Late Fee <i>(applies to applications submitted later than May 18, 2026)</i>	<input type="checkbox"/>	\$75.00
Postage Fee <i>(applies if you would like hard-copy certificate mailed)</i>	<input type="checkbox"/>	\$5.00
Tax Deductible Donation to CBTRC, Inc. <i>(optional, please enter amount)</i>	<input type="checkbox"/>	
Total Payment		\$

METHOD OF PAYMENT: <input type="checkbox"/> Check <input type="checkbox"/> Money Order	Number:
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<p>Make Payable to: CBRTC, Inc. P.O. Box 838 West Sacramento, CA 95605</p>
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**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.

PAYMENTS WILL REFLECT AS CPRS ON BANK STATEMENTS



CBRTC Certification Termination Form

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:

CBRTC RTC#:

Are you additionally certified? CTRS No/Other:

CHECK ONE OR MORE OF THE FOLLOWING REASONS:

No longer working as a Recreation Therapist

Retired

Obtaining another degree

Out on disability

Caring for a loved one(s)

Too expensive

Too challenging to obtain CEUs

Other:

ADDITIONAL COMMENTS:

SIGNATURE

I hereby certify that all the information provided is accurate and complete to the best of my knowledge. I agree to comply with all the regulations and requirements associated with the recertification process if at any point I would like to become recertified.

Signature:

Date: