

FOR ACADEMIC PATH APPLICANTS ONLY

National Council for Therapeutic Recreation Certification Professional Eligibility Application

Field Placement Verification Form

Directions: Please complete this form after you have completed your field placement using one (1) of the following methods.

Option 1: Applicant and Field Placement Supervisor complete the form and submit it directly to NCTRC (This option requires notarized endorsement)

Option 2: Applicant completes the upper portion of the form and submits it directly to NCTRC (This option does not require the notarized endorsement)

CTRS Field Placement Supervisor

Area Code and Phone Number

Agency Name & Address

Area Code and Fax Number

Agency City, State, Zip Code

Agency Email Address

Verification of Field Placement: The individual listed below has indicated the completion of the field placement in therapeutic recreation/recreation therapy. Please verify this field placement experience by answering the questions provided and signing the verification statement at the end of this form.

First Name	Middle/Maiden Name	Last Name	Social Security Number	
Agency		City	State	
/	/	/	X =	
First month/day/year of placement	Final month/day/year of placement	Total Weeks	Hours per week	Total Hours

NOTE: This section of the form must be completed by the Field Placement Supervisor. If the form is given to you by the applicant, then your signature must be witnessed by an authorized notary.

Verification of Field Placement Experience in Therapeutic Recreation/Recreation Therapy: To the best of your knowledge and according to your records, please answer the following questions regarding your supervision of the applicant listed above:

- Did the applicant complete the field placement experience corresponding to the dates, number of weeks and total hours indicated above? YES ____ NO ____
- Was this placement for a minimum of 12 consecutive weeks? YES ____ NO ____
- Were you the applicant's primary field placement supervisor? YES ____ NO ____
- Did you provide direct supervision for the applicant during the field placement experience? YES ____ NO ____
- Were you employed full-time at the agency with 50% of your job responsibilities in therapeutic recreation/recreation therapy (not a preceptor or consultant) throughout the applicants field placement experience? YES ____ NO ____
- Was the applicant you supervised exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas? If no, please explain on a separate sheet of paper. YES ____ NO ____

Please describe any NO responses for questions 1 to 6 on an attached piece of paper and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.

PLEASE READ AND SIGN THE VERIFICATION STATEMENT ON THE BACK OF THIS PAGE →

Verification Statement:

During the field placement experience, the applicant I supervised was exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas as listed below:

- A. Professional Roles and Responsibilities:** establish/maintain therapeutic relationship; maintain safe/therapeutic environment; participate in in-service training/staff development; adhere to professional standards/code of ethics; maintain knowledge of current TR/RT standards.
- B. Assessment:** request/secure referrals; obtain/review pertinent information; select/develop assessment methods; conduct assessments; analyze/interpret results; integrate/record/disseminate results.
- C. Planning Interventions and/or Programs:** discuss results of assessment; develop/document individualized intervention plan; develop/select intervention/approaches; develop/select protocols; utilize activity/task analysis; select modifications/assistive technology.
- D. Implementing Interventions and/or Programs:** implement individual/group sessions; use leadership/facilitation techniques; monitor/address safety; observe person served for response to intervention; monitor effectiveness of individual/group intervention.
- E. Evaluate Outcomes of the Interventions and/or Programs:** evaluate changes in functioning; determine effectiveness of individualized intervention plan; revise individualized intervention plan; evaluate need for termination of services; determine effectiveness of modalities/programs.
- F. Documenting Intervention Services:** record behavioral observations; document occurrences relating to risk management; document modalities for program effectiveness.
- G. Working with Treatment and/or Service Teams:** provide TR/RT information to team members; communicate information regarding person served; coordinate/integrate intervention plan; develop/provide collaborative services.
- H. Organizing Programs:** maintain equipment/supply inventory; plan/coordinate support services; maintain program budget/expense records; develop/distribute schedules.
- I. Managing TR/RT Services:** comply with standards/regulations; conduct needs assessment; prepare/update written plan of operation; recruit/train/educate/supervise/evaluate staff; prepare annual budget; support research programs/projects; prepare summary reports of TR/RT services.
- J. Public Awareness and Advocacy:** establish network with organizations/advocates; advocate for rights for persons served; provide education to the community; promote marketing/public relations.

NOTARIZATION OF NCTRC FIELD PLACEMENT EXPERIENCE RECORD RELEASE FORM AND AGREEMENT TO ALL TERMS (Mandatory Section-To be completed by Field Placement Supervisor):

I understand that by signing below, I am verifying that the student I supervised was exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process as defined by the current NCTRC National Job Analysis Task Areas. I further understand that if any information I have supplied is determined to be incorrect, it can affect my certification status now and in the future.

Your signature must be in the presence of a notary public, sworn to under oath and penalty of perjury; and must be affixed with an official notary seal. Forms without a notary seal will not be accepted.

Supervisor's Name: _____ Supervisor's Signature: _____

NCTRC Certification Number: _____ Date: _____

Your Job Title during Field Placement Experience: _____

Notary Public of the State of _____; County of _____. On this ____ day of _____, 20____, the individual personally appeared before me and stated under oath and penalty of perjury that the information contained in this application is true and correct and that the individual agrees to abide by the terms and conditions identified in this application.

Notary Signature _____ SEAL:

My Commission Expires: _____