



## Therapeutic Recreation Associate Certification-TRA/TXC Fact Sheet and Application Form

### Goal of Certification:

The basic purpose of the certification process is to assure the general public and employing agencies of the competence of Therapeutic Recreation/Activities personnel by certifying that they meet the basic and prescribed standards. This certification attests that an individual is qualified by training and experience to conduct and administer therapeutic recreation and/or activity services at an Therapeutic Recreation Associate level.

### Requirements for Certification

#### Track 1

- Associate Degree from an accredited educational institution with a major in therapeutic recreation AND
- Course work must include a minimum of six (6) semester hours of college credit in therapeutic recreation theory and practice, one of the courses must contain an Introduction To Therapeutic Recreation material. Each course must deal exclusively with therapeutic recreation content, AND
- 360 hour Internship/Field placement that is the equivalent of 3 university credit hours earned as part of an academic program.

#### Track 2

- Associate Degree or higher with a major in a related field AND
- Course work must include a minimum of six (6) semester hours of college in therapeutic recreation theory and practice, one of the course must contain an Introduction To Therapeutic Recreation material. Each course must deal exclusively with therapeutic recreation content AND
- Not less than one (1) year full-time work experience (2000 hours) in therapeutic recreation

#### Track 3

- Not less than four (4) years full-time experience (8000 hours) in therapeutic recreation
- Completion of one approved course in Introduction To Therapeutic Recreation\*
- Completion of one approved course in Therapeutic Recreation Program Design\*
- \*(Approved courses are from an accredited university or CTRAC approved provider)
- A minimum of 15 credit hours university coursework related to the CTRAC Body of Knowledge\*\*

**\*\* (If Introduction to Therapeutic Recreation and Therapeutic Recreation Program Design are taken for university credit, those courses count toward this requirement. If taken by a non-university source they do not count toward the 15 hours of university credit)**

#### Track 4

- Not less than four (4) years full-time experience (8000 hours) in therapeutic recreation/activities setting **AFTER** acquiring CTRAC AD/TXC level.
- Completion of one approved course in Introduction To Therapeutic Recreation\*
- Completion of one approved course in Therapeutic Recreation Program Design\*
- \*(Approved courses are from an accredited university or CTRAC approved provider)



**PROFESSIONAL ELIGIBILITY APPLICATION**  
**(Therapeutic Recreation Associate/Texas Certified)**

CTRAC, Inc.  
P.O. Box 682846  
Houston, Texas 77268  
Direct Line: 512-484-7559  
Fax: 281-925-0642

**Examination and Certification Details**

The examination is given four times a year and given at several locations throughout the State. A passing score of 75% is required. The reexamination fee is \$50.00

Certificant's passing the examination are certified and valid for a two-year period and must be renewed. **(Certificant's with a "conditional" status; require additional requirements to be renewed.)** At the time of renewal, an email notice will be sent and submission of two (2.0) continuing education unit's (ceu's), equivalent academic credit, or 20 contact hours is required in order to maintain certification status and \$75.00 renewal fee.

CEU's may be earned by attending 2.0 ceu's/or 20 contact hours in the two (2) year period.

<b>Examination Dates and Application &amp; Fee Deadlines</b>			
<b>JANUARY</b> (Application Deadline: December1 <sup>st</sup> )	<b>APRIL</b> (Application Deadline: March1 <sup>st</sup> )	<b>JULY</b> (Application Deadline: June1 <sup>st</sup> )	<b>OCTOBER</b> (Application Deadline September1 <sup>st</sup> )

**USE ATTACHED PAYMENT FORM and attach with the application**

<b>FEES:</b>	
<p><b>Step 1</b>  Complete application and payment form. DO NOT submit the examination fee at this time examinees application must be reviewed and approved documentation will be emailed/or mailed out to applicants when the sitting fee is required.</p>	<p><b>Step 2</b>  When the application has successfully passed the review process an email will be sent with the application review and examination dates and sites. <b>The examination fee is due and payable if the applicant is eligible for examination. Notice, including a deadline for payment, will be sent.</b> This fee is non-refundable but, may be applied to the next examination cycle if the applicant is unable to take the examination and notify the CTRAC office, not less than (10) working days prior to the examination date.</p>
<b>Application Fee: \$75.00</b>	<b>Examination Sitting Fee: \$50.00</b>
<b>Re-examination fee, or no show: \$50.00</b>	

**The application and examination fees are not refundable.**

**The Renewal Recertification fee** is due biennially (every 2 years) along with proof of two (2) continuing education units/or 20 contact hours upon notice. A certificate holder not receiving a recertification renewal notice should contact the CTRAC office to assure that records are up to date. Be sure to notify the office immediately when you have an address, phone number, and/or name change.

**Application Procedure**

The application form, application fee, and all supporting documentation must be postmarked by the deadline date and to the address indicated on the form. Acknowledgement and an examination study guide will be sent if the application is accepted for processing and the study guide fee have been paid. Applicants will receive notice of their eligibility prior to the examination date.



**Once you have passed the application process, you will have (6) months to take and pass the examination.** After that time, your files will be discarded, you are no longer considered eligible to take the examination and will be required to meet the current standards for certification.



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## Application Requirements

1. **Provide all 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.
2. **Include proof of your certificate of completion** (photocopy) of the certificate, **official** transcripts showing course work, fieldwork and award of completion or an official letter from the university registrar or education agency).
3. **If applicable; arrange for an official transcript(s) to be sent to you or directly to CTRAC**, to verify your coursework. If it is sent to you, do not open it since an official transcript must be sealed. Be sure that the transcript, being sent, is up-to-date and allow four (4) to six (6) weeks for preparation and mailing by the university, college or education agency. Coursework, including fieldwork courses, must be verified on a transcripts/or certificate. All applicants are encouraged to retain course outlines in the event there is a question about specific course content.
4. **Complete application section on qualifying course work.** List all courses, which you believe meet the relate course work requirements. If you list a special course, individual study or fieldwork course to meet the related course work requirement, you must submit a letter from the instructor describing the content of the course. Be sure to include course prefix with the number/or course title. Writing a notation **“See transcript”**, on the application may not be used in lieu of completing this section. Applications with this notation will be returned to the applicant.
5. **Fieldwork/Internship** must be verified on the CTRAC “Agency Field Placement Verification Form. The Agency Field Placement Supervisor section of the form must be complete and notarized. Work experience must be verified by completing the “Employment Information Release and Authorization Form”; signed by an agency official and notarized. This form must clearly specify the following: a) the dates of the experience, b) the total number of hours completed, c) the name of the supervisor, and d) the position/title held by the supervising Recreation Therapist/Therapeutic Recreator and their current certification number.
6. When experiences are in sites that are **NOT** approved by CTRAC, the applicant must submit documentation showing that the experience contained the elements in a therapeutic recreation (clinical, residential, or community-based) setting. Fieldwork/Internship completed in a setting outside the State of Texas, proof of the supervisor’s current certification must also be submitted (copy of certification card). Applicants using such experiences to qualify should contact CTRAC office for further guidelines.
7. **Applicants may file at any time prior to the deadline.** Please allow ample time for preparing the application and supporting materials.
8. Mail form and fee (made payable to CTRAC):  
**CTRAC  
PO Box 682846  
Houston, Texas 77268**



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Date of Application \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_
Name as it appears on Driver's License or SS Card \_\_\_\_\_
(Last) (First) (MI)
Current Full Mailing Address \_\_\_\_\_
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_
Work Phone (include area code) \_\_\_\_\_ Home/or Mobile Phone (include area code) \_\_\_\_\_
Fax Number (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please check appropriate information

- First application for eligibility
Second application for eligibility
Previous certification expired

Level of Certification Applying For:

- Therapeutic Recreation Associate/Texas Certified-Track 1
Therapeutic Recreation Associate/Texas Certified-Track 2
Therapeutic Recreation Associate/Texas Certified-Track 3
Therapeutic Recreation Associate/Texas Certified Track 4

Are you requesting special arrangements due to physical or cognitive impairments?

- Yes
No

If yes, please check the following special arrangements you are requesting. Why needed \_\_\_\_\_

- Reader Separate Room
Double Test Time Extended Test time by 1.5
Large Print

PREFERRED EXAMINATION DATE: (Please check X First Choice ONLY)

JANUARY (Application Deadline December 1st)
APRIL (Application Deadline March 1st)
JULY (Application Deadline June 1st)
OCTOBER (Application Deadline September 1st)

PREFERRED EXAMINATION LOCATION (Please check X First Choice ONLY)

VAN ABILENE
LA GRANGE RIO GRANDE VALLEY AREA

Confidentiality Release (Optional): I agree that CTRAC may release my name and any contact information on record with CTRAC to individuals and/or organization for educational and/or research purposes. By signing this section, I understand that my name and address will be released on mailing labels to requesting organizations, programs, conference, and researches.

Applicant Signature

Date

Check here if you do not wish your name published in the CTRAC Certification Registry.

Fees:

Application Fee: \$75.00

Examination Sitting Fee: \$50.00

- The Application fee (only) must accompany the application. This fee is Non-refundable.
DO NOT submit the examination fee at this time examinees application must be reviewed and approved documentation will be mailed out to applicants when the sitting fee is required.
The Examination fee is due and payable if the applicant is eligible for examination. Notice, including a deadline for payment, will be sent. This fee is not refundable but may be applied to the next examination cycle if the applicant is unable to take the examination and notified the CTRAC office not less than (10) working days to the examination date.
If your check is returned for insufficient funds, an additional fee will be charged \$40.00
Non-Capture of credit card payment, an additional fee will be charged \$30.00.



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**Academic Preparation:** Submit an official academic transcript for each college/university listed below. For those applying (Graduate) transcripts must indicate the date of graduation and the degree awarded. All transcripts must accompany this application. List all courses that relate to the CTRAC Professional Eligibility Standards. Enclose official course outlines for any independent study or special projects course listed below.

College/University Institution	State	Dates Attended	Major	Degree	Degree Date
		To		Yes ___ No ___	
		To		Yes ___ No ___	

**COLLEGE/OR UNIVERSITY QUALIFYING COURSEWORK (Review Fact Sheet for specific requirements)**

Requirements	University/ College	Prefix & Course Number	Course Title	No. Sem.	Units QTR	Date Completed	OFFICE USE
Therapeutic Recreation Content Coursework							
General Recreation Content Coursework							
Supportive Content Coursework							

\*Please use additional pages if necessary.



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**TRACK 4 APPLICANTS "ONLY"**

**Academic Preparation:** List school or institution that granted diploma or GED

High School/or GED Institution	State	Dates Attended	Diploma Received	GED Received	Date
		To	Yes ___ No ___	Yes ___ No ___	
		To	Yes ___ No ___	Yes ___ No ___	

"Certificates of completion" must accompany this application (Review Fact Sheet for specific requirement)

Academic Coursework <small>(A copy of "certificate of completion" of course MUST be attached)</small>	Instructor	Institution	Course Credit <small>If Applicable</small>	Completion Date
CTRAC Education Course for Activity Professional Part I				
CTRAC Education Course for Activity Professional Part II				
<b>OR Completion of the Following</b>				
Modular Education Program for Activity Professionals MEPAP 2 <sup>nd</sup> Edition (MEPAP I)				
Modular Education Program for Activity Professionals MEPAP 2 <sup>nd</sup> Edition (MEPAP I)				
<b>Additional Course Title</b>	<b>Course Prefix</b>	<b>Course Number</b>	<b>Course Credit</b>	<b>Completion Date</b>

\*Please use additional pages if necessary.



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FOR NEW GRADUATES ONLY-Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_
(If 360 hours of Therapeutic Recreation Internship has been completed you do not have to report work experience.)

Field Placement Experience: If you are applying under the "Academic Path", be sure to list the exact name and certification or social security number of the TRS/TXC or CTRS field placement supervisor. Exact and complete dates, weeks and hours must be provided on this application or the field placement experience cannot be evaluated. You must submit a copy of your fieldwork placement time logs if a range of hours per week is provided. The field placement experience must be completed after the majority of required therapeutic recreation/general recreation coursework is completed and verified on your official transcript.

Agency Name \_\_\_\_\_ Agency Telephone Number (include area code) \_\_\_\_\_
Agency Mailing Address \_\_\_\_\_
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_
Certified Supervisor's Name \_\_\_\_\_ Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_
First month/day/year of placement Final month/day/year of placement Total Weeks Hours

Please answer the following:

- 1. Indicate the primary service setting of your field placement experience (check only one):
[ ] Hospital [ ] Partial or Outpatient [ ] Adult Day Care [ ] Assisted Living [ ] Rehabilitation
[ ] Residential/Transitional [ ] Skilled Nursing Facility [ ] Other \_\_\_\_\_
2. Indicate the primary service sector that you worked with during your field placement experience (check only one):
[ ] Psychiatric/Mental Health [ ] Physical Disability [ ] Developmental Disability [ ] Geriatrics
[ ] Other \_\_\_\_\_
3. Indicate the primary level of care that you worked with during your field placement experience (check only one):
[ ] Acute [ ] Sub-Acute [ ] Long Term Care [ ] Home Health [ ] Rehabilitation
[ ] Other \_\_\_\_\_
4. Indicate the primary age group that you worked with during your field placement experience (check only one):
[ ] Youth [ ] Young Adult [ ] Older Adult [ ] Adult [ ] Senior Adult [ ] Other \_\_\_\_\_

Therapeutic Recreation Employment History: List only paid work experiences in therapeutic recreation. There must be evidence in your descriptions that your job responsibilities included the therapeutic recreation experience. List only those work experiences in the past 2 years that qualify for certification. If you had more than one full time job in therapeutic recreation, please copy this page before filling it out and include as many additional pages as needed to document your paid jobs in TR.

Agency Name \_\_\_\_\_ Agency Telephone Number (include area code) \_\_\_\_\_
Agency Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ County \_\_\_\_\_
Applicant's Job Title \_\_\_\_\_
Name of Supervisor \_\_\_\_\_ Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_
First month/day/year of employment Final month/day/year of employment Average Weekly Hours

Job Duties (please describe your job duties in relation to the CTRAC Body of Knowledge.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**APPLICATION CHECK-LIST**

- Completed and signed application
- Unopened College/University transcripts (if applicable) which verify the course work listed on the application.
- Provide a copy of official diploma, official transcript showing award of degree or an official letter from the university register confirming your degree/or certificate.
- Make check or money order payable to CTRAC (see fees section for appropriate amount-application fee only when submitting the application examination fee will be asked for, by letter, after the committee has approved the application.)
- Mail your fee and application to:  
**CTRAC  
P.O. Box 682846  
Houston, Texas 77268**
- Questions/concerns call CTRAC Tuesday & Thursday, unless otherwise indicated on voice message, or e-mail.
- Be sure your application packet is postmarked by the deadline date, or it **will not be reviewed**.
- ALWAYS, ALWAYS, ALWAYS make copies** of all the information for your files.

**ELIGIBILITY QUESTIONS & DECLARATION**

**Mandatory Sections:** In order for the application to be reviewed all sections on this page must be completed and signed.

**ELIGIBILITY QUESTIONS**

Please complete the following questions. A "YES" response to any of the questions posted below requires explanatory documentation relevant to your response. CTRAC must be notified immediately if your response to any of the following questions changes during the period of your active certification.

1. Do you have a disabling condition or addiction to any substance that could impair competent and objective professional performance of therapeutic recreation services and/or jeopardize public health and safety? YES or NO : \_\_\_\_\_
2. At any time, have you been subject to an investigation or disciplinary action by a healthcare organization, professional association, governmental entity or regulatory or licensing agency or authority? YES or NO: \_\_\_\_\_
3. Have you ever been convicted, found or entered a plea of guilty or nolo contendere, or are you presently **being investigated or charged with any felony or misdemeanor** directly relating to therapeutic recreation services or public health and safety? YES or NO: \_\_\_\_\_

Questions #2 and #3 include but are not limited to investigations or disciplinary actions by an employer, state or federal licensing agency, and/or any crimes involving violence, rape, assault, sexual abuse, use or threatened use of a weapon, and/or the prohibited sale, distributing or possession of a controlled substance. On an attached sheet of paper, you must identify all investigations, allegations, charges and outcomes. Attach documentation if available. NOTE: if you are currently imprisoned, on probation or parole or a case is being appealed, CTRAC will deny certification or recertification until 3 years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later.examination, or issuance of a sanction or other decision.

**ACKNOWLEDGEMENT OF CTRAC APPLICATION AND AGREEMENT TO ALL TERMS OF THE**

**DECLARATIONS AGREEMENT:** By signing, I acknowledge and affirm that I have carefully read and understood CTRAC's standards, rules and requirements and that I agree to abide by these terms and to be bound by all of the provisions of the Declarations Agreement above. Applications without a signature will not be reviewed.

**PRINTED NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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FOR TRACK 1 ACADEMIC PATH APPLICATION

Agency Field Placement Verification Form

Directions: Please complete this form after you have completed your field placement using the following method. Applicant and Agency Field Placement Supervisor complete the form and submit it directly to CTRAC. (This requires notarized endorsement)

TRS/TXC or CTRS Agency Field Placement Supervisor Area Code and Phone Number
Agency Name & Address Area Code and Fax Phone 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 SSN (last 4 digits)
Agency City State
First Month/Day/Year of Placement Final Month/Day/Year of Placement Total Weekly Hours Per Week Total Hours

OTE: This section of the form must be completed by the Agency 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:

- 1. Were you the applicant's primary agency field placement supervisor? YES NO
2. Did you provide direct supervision for the applicant during the field placement experience YES NO
3. Were you employed full-time at the agency with 50% of your job responsibilities in therapeutic recreation therapy (not a preceptor or consultant) throughout the applicants entire field placement experience? YES/ NO
4. Did the applicant complete the field placement experience corresponding to the dates, number of weeks and total hours indicated above? YES NO
5. Was this placement for a minimum of 14 consecutive weeks and at least 20 hours per week? YES NO
6. Was the applicant you supervised exposed to opportunities to develop skills related to the therapeutic recreation/recreation therapy process? If no, please explain on a separate sheet 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 CTRAC in reviewing this applicant.

NOTARIZATION OF CTRAC AGENCY FIELD PLACEMENT VERIFICATION FORM AND AGREEMENT TO ALL TERMS (Mandatory Section-To be completed by Agency 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. 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.

Agency Supervisor's Name: Signature:
CTRAC/or NCTRC Certification Number: Date:

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:

Section to be completed by applicant

Section to be completed by Agency Field Placement Supervisor



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FOR TRACK 2-4 EQUIVALENCY PATH APPLICATION

Employment Information Release and Authorization

Directions: Please complete this form using the following method.

Applicant and Human Resource or Personnel Director complete the form and submit it directly to CTRAC.

(This requires notarized endorsement)

Human Resource or Personnel Director

Agency Name Area Code and Phone Number

Agency Address Area Code and Fax Phone Number

Agency City, State, Zip Code Agency Email Address

Applicant Release and Authorization: Permission is hereby granted to furnish as part of my certification requirements to the Consortium of Therapeutic Recreation/Activities Certification (CTRAC), information regarding

First Name Middle/Maiden Name Last name SSN (last 4 digits)

and you are further authorized to provide CTRAC with any additional information contained in my file which may be requested with my certification application.

Signature of Applicant Date

First Month/Day/Year of Placement Final Month/Day/Year of Placement Total Weekly Hours Per Week Total Hours

Section to be completed by applicant

The above name applicant stated that they were employed at your agency as a full-time employee under the job title of with full-time responsibilities in therapeutic recreation/recreation therapy services.

NOTE: This section of the form must be completed by the Human Resources or Personnel Director. If the form is given to you by the applicant, then your signature must be witnessed by an authorized notary.

Verification of Full-Time Work Experience in Therapeutic Recreation/Recreation Therapy: To the best of your knowledge and according to your records, during the dates of employment listed above, was this individual:

- 1. Employed for the above dates, job title and duties: (If no, please provide correct dates of employment and job title on an attached piece of paper.) YES NO
2. Subject to an investigation or disciplinary action, suspension or termination by your organization or other health care organization that directly related to the provision of therapeutic recreation/recreation therapy service and/or public health and safety? YES NO
3. Subject to an investigation or disciplinary action by a government entity or regulatory or Licensing agency or authority that directly related to the provision of therapeutic recreation/recreation therapy services and/or public health and safety. YES NO
4. Investigated, charged or convicted of any felony or misdemeanor directly relating to the Provision of therapeutic recreation/recreation therapy services and/or public health and safety? YES NO

Please describe any YES responses for questions 2 to 4 on an attached piece of paper and include any documentation you believe may be of assistance to CTRAC in reviewing this applicant.

Signature Date

Print Name Job Title

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:

Section to be completed by Employer



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CTRAC APPLICATION PAYMENT FORM

Print all information clearly

Applicants Full Name: \_\_\_\_\_

All fees are non-refundable

CHECK/MONEY ORDER/MONEY GRAM/ CASHIER'S CHECK (\$40 return check fee)	Check that apply	Amount
Therapeutic Recreation Associate Application		\$ 75.00
Therapeutic Recreation Associate Examination (Due and payable, if the applicant is eligible for examination.)		\$ 50.00
Therapeutic Recreation Associate Study Guide		\$ 25.00
CREDIT CARD PAYMENT (fee includes a \$5.00 processing fee) (\$30 non-capture fee)		Amount
Therapeutic Recreation Associate Application		\$ 80.00
Therapeutic Recreation Associate Examination (Due and payable, if the applicant is eligible for examination.)		\$ 55.00
Therapeutic Recreation Associate Study Guide		\$ 30.00
<b>TOTAL AMOUNT TO BE PAID</b>		<b>\$</b>

PAYING BY CREDIT CARD; check which credit card you are using and all information below


 
 

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cardholder #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT BY CHECK/MONEY ORDER/CASHIER CHECK**

*Checks returned by bank for insufficient funds will be charged an additional \$40.00*

*Non-capture payment of credit cards will be charged an additional \$30.00*

*Check/Money Order/Cashier Check Made Payable to CTRAC*

Mail application & Payment form to CTRAC, P.O. Box 682846 Houston, Texas 77268

Attached Check/Money Order/Cashier Check # \_\_\_\_\_ is made in the amount of \$ \_\_\_\_\_

Mail completed application and payment form to CTRAC PO Box 682846 Houston, Texas 77268