



CTRAC Certified Reinstatement Policy

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 prescribed standards. This certification attests that an individual is qualified by training and experience to conduct and administer therapeutic recreation and/or activity services. Professionals previously certified have already met the qualifications for certification, in order to become recertified the following requirements must be completed and approved.

- **2.0 CEU's/20 Contact hours earned must be related to the Therapeutic Recreation/Activity profession**
- **2.0 CEU's/20 hours MUST BE DATED WITHIN 2 YEARS**; for exact dates email info@ctractexas.org
- **1 contact hour =0.1 CEU. 10 contact hours=1.0 CEU 20 contact hours=2.0 CEU.**
- **CORRESPONDENCE AND ON-LINE LEARNING COURSES limited to 1.0 CEU or 10 contact hours.**
- CEU's submitted to CTRAC for recertification that are not approved for Therapeutic Recreation/Activities based conference/workshop; the ie.; description, purpose, and objectives, from the program of the session being submitted must accompany the CEU document.
- **WRITTEN PUBLICATION** (books, articles, thesis, dissertations)
 - **Proof** must be submitted and applied once.
 - Limit 1.0 CEU's or 10 contact hours for **approved author** of current published textbook/ Thesis & Dissertation during the 2-year cycle.
 - Authored published articles (co-author not accepted) in professional magazines, newspapers related to the field during the cycle may not exceed .2 CEU's or (2 contact hours).
- **PRESENTING A WORKSHOP OR GUEST LECTURE**
 - Awarded to solo speakers only
 - Minimum length 1 hour/maximum length 5 hours
 - 2 hours of preparation for every 1 hour of delivery or presentation
For the presentation; example 1 hour=.2 2 hours=.4 3 hours .6
 - Repeating sessions or topics is not accepted during each 2-year renewal cycle
 - Must have written proof to include; date, time, location, number of hours, session title and verified signature; will not accept your signature as verification

**CONSORTIUM FOR THERAPEUTIC RECREATION/ACTIVITIES CERTIFICATION, INC
REINSTATEMENT APPLICATION**



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

- **ATTACH COPIES OF CEU documentation and put in order of how they are listed on form**
- **CEU certificate/verification must include the following information (see example form below):**

1	CEU Provider # (sessions/workshops provided by ATRA/TRAPS/CTRAC/NCCAP/THCA NOTE: "Optional or Meets Body of Knowledge" stated on certificate not accepted)
2	Session Title
3	Location/Date/Time & Name of Provider of workshop/institute/conference
4	Length of each session (1 hr/1.5 hrs./2 hrs/3 hrs etc.)
5	Verifying signature (monitor/person sponsoring the workshop/institute)
6	Your name on each of your CEU documents/certificates with number of CEU's/Contact hours awarded.
7	Number of CEU's or Contact hours awarded.

CTRAC Body of Knowledge Areas:

1. Advancement of Therapeutic Recreation/Activities Profession	5. Clients Served with Challenges
2. Documentation	6. Therapeutic Development Program and Implementation
3. Human Development	7. Treatment Modalities
4. Management and Leadership	

COMPLETED COLLEGE/UNIVERSITY COURSES, attach a copy of the transcript to verify coursework and final grade/audit credit & course title. Academic equivalents will be counted as follows.

College University Quarter System

1 unit	1.0 CEU's	10 hours
2 units	2.0 CEU's	20 hours
3 units	3.0 CEU's	30 hours
4 units	4.0 CEU's	40 hours

FEE (see payment information page 3)

REINSTATEMENT DEADLINES

You may send your application and fee in at any time; however, your application will not be reviewed until the CTRAC Credential Review Committee meets in **March, June, September, or December**. The application and fee must be received no later than the following:

Spring Deadline	Summer Deadline	Fall Deadline	Winter Deadline
March 1st (CEU's must fall within previous 2 yrs.) Call or email office for specific dates	June 1st (CEU's must fall within previous 2 yrs.) Call or email office for specific dates	September 1st (CEU's must fall within previous 2 yrs.) Call or email office for specific dates	December 1st (CEU's must fall within previous 2 yrs.) Call or email office for specific dates

Application must be reviewed and approved by the CTRAC Credential Review Committee



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Previously Certified Expiration Month: JANUARY APRIL JULY OCTOBER

Date of Application _____ Certification Number _____

Name _____

Current Full Mailing Address _____

City _____ State _____ Zip/Postal Code _____ County _____

Work Phone (include area code) _____ Home Phone (include area code) _____

Mobil Number _____ Fax Number(include area code) _____ E-Mail Address _____

(Print Clearly)

LEVEL OF REINSTATEMENT APPLYING FOR:	CTRAC REINSTATEMENT OPTIONS:
<input type="radio"/> Therapeutic Recreation Specialist/Texas Certified (TRS/TXC) <input type="radio"/> Therapeutic Recreation Associate/Texas Certified (TRA/TXC) <input type="radio"/> Activity Director/Texas Certified (AD/TXC)	<p>List the areas of Reinstatement Requirements you have completed on this page.</p> <input type="radio"/> Continuing Education and Professional Experience Continuing Education (A minimum of 20 hours from within CTRAC Body of Knowledge and completed within the last two years.) <ul style="list-style-type: none"> <input type="radio"/> Continuing Education Conference and Workshops <input type="radio"/> Academic Courses <input type="radio"/> Professional Publication/Presentations
<p>ADDITIONAL CERTIFICATIONS:</p> <p>Additional Current Certification (check all that apply)</p> <input type="radio"/> CTRS <input type="radio"/> RTC <input type="radio"/> ACC <input type="radio"/> ADC	<p>CHECK WHICH APPLIES TO YOUR POSITION:</p> <input type="radio"/> Entry Level <input type="radio"/> Supervisory <input type="radio"/> Management <input type="radio"/> Administrative <input type="radio"/> Educator <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> N/A <input type="radio"/> Other; (Briefly explain)

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, conferences, and researchers.

Applicant Signature _____ Date _____

REINSTATEMENT FEES: (Please check the year(s) of inactivity)

<input type="radio"/> \$125.00 1 st Year (Day 61 to Day 365 post renewal date)	<input type="radio"/> \$175.00 2 nd Year (Day 366 to Day 730 post renewal date)	<input type="radio"/> \$225.00 3 rd Year (Day 731 to Day 1095 post renewal date)	<input type="radio"/> \$275.00 4 th Year (Day 1096 to Day 1460 post renewal date)
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- The Application fee must accompany the application. This fee is Non-refundable.
- Reinstatements are accepted years 1-4 with required reinstatement fees.
- If your check is returned for insufficient funds, an additional fee will be charged \$40.00.
- Non-capture of credit card payments will be charged an additional \$30.00
- Payment Options: Credit Card, Personal Check, Money Order, Company Check.

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LIST ALL CORRESPONDENCE/ONLINE/WEBINAR COURSES

TITLE OF SESSION	SESSION OR WORKSHOP SPONSOR	CEU PROVIDED NAME & #	DATE	CTRAC BODY OF KNOWLEDGE CODES	# CEU'S/OR CONTACT HOURS AWARDED	CTRAC USE
EXAMPLE: Bandz	TR Summit	CTRAC #1111-15	1/1/15	6, 7	.8 CEU's	

LIST CEU'S EARNED AS A SPEAKER (ie; workshop/institute/or guest lecturer) Awarded to solo speakers only. Minimum length 1 hour/maximum length 8 hours. Include CEU's allotted for preparation time for the presentation; ie; 1 hour= .2 hours, 2 hours= 4 hours, 3 hours=6 hours, 4 hours=8 hours (Must provide written proof.)

TITLE OF SESSION	DATE OF SESSION	LOCATION	# OF HOURS	CTRAC USE

CEU'S EARNED FOR A PUBLICATIONS (Books, articles, thesis, dissertations, related to the field) Approved author of current published textbook/Thesis & Dissertation during the 2-year cycle limited to 1.0 CEU's or 10 contact hours. Authored published articles (co-author not accepted) in a professional magazine or newspaper related to the field during the 2-year cycle and may not exceed .2 CEU's or 2 contact hours. Proof of publications must be submitted and can be applied only once during the 2-year cycle.

TITLE OF TEXTBOOK/THESIS/ARTICLE	DATE OF PUBLICATION	TEXTBOOK/ARTICLE/THESIS	PUBLISHER	CTRAC USE

UNIVERSITY/COLLEGE COURSE WORK (Academic coursework MUST RELATE TO FIELD & ATTACH AN OFFICIAL TRANSCRIPT OF COMPLETED COURSE)

TITLE OF COURSE	UNIVERSITY/COLLEGE	# OF UNITS	DATE	CTRAC BODY OF KNOWLEDGE CODES	CTRAC USE

MANDATORY SECTION: In submitting this CTRAC Reinstatement application, I attest that I have completed (total of 20 contact hours or more required)
 _____ hours of continuing education, relating to the CTRAC Body of Knowledge
 _____ hours of academic coursework, relating to the CTRAC Body of Knowledge
 _____ hours of publications & presentations (no more than 10 hours can be earned in these areas), relating to the CTRAC Body Knowledge



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PROFESSIONAL/or VOLUNTEER EXPERIENCE

The following information must be completed for your Reinstatement based upon your past two years of employment. If you have more than one experience in the last two years, attach additional experiences using the same format. Please answer each question below.

Please indicate your place of employment during the last two years.

Agency Name _____ Agency Phone (include area code) _____

Agency Address _____ City/State _____ Zip Code/County _____

Employment From _____ / _____ / _____ To _____ / _____ / _____

1. Please check the box that best describes your current employment status:

- I work full time in Therapeutic Recreation/or Activities (at least 32 hours per week).
- I work full time at my agency, but only part time in Therapeutic Recreation/or Activities
- I work only part-time in Therapeutic Recreation/or Activities (less than 32 hours per week).
Number of hours per week in Therapeutic Recreation/or Activities _____
- I do not work in Therapeutic Recreation/or Activities.
- I am not employed.
- Other _____

2. Client/Consumer Population(s) Served (check all that apply):

<input type="checkbox"/>	Abused	<input type="checkbox"/>	College/University Students	<input type="checkbox"/>	Hospice Care	<input type="checkbox"/>	Sex Offenders
<input type="checkbox"/>	Acute Care	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	Aged	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Special Education Students
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	Forensic/Prisons/Detentions	<input type="checkbox"/>	Oncology	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Blind/Visual Impairments	<input type="checkbox"/>	Head Trauma/Injury	<input type="checkbox"/>	Physical Rehab	<input type="checkbox"/>	Youth at Risk
<input type="checkbox"/>	CVA	<input type="checkbox"/>	HI/Deaf	<input type="checkbox"/>	Public Schools Students	<input type="checkbox"/>	Other:

APPLICATION CHECK-LIST

- Completed and signed application
- Copy(ies) of CEU's (2.0 CEU's/ or 20 Contact Hours) Documents
- Make check, money order or company check payable to CTRAC
- Mail your fee and application to:
CTRAC, Inc.
P.O. Box 682846
Houston, Texas 77268
- Questions/concerns call CTRAC Tuesdays & Thursdays 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:** _____



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- 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.

DECLARATIONS-CTRAC PROCESSING AGREEMENT

CTRAC agrees to process your application subject to your agreement to the following terms and conditions.

- 1. To be bound by and in compliance with all CTRAC Certification Standards and rules relating to eligibility, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of education and experiential requirements, the satisfaction of recertification requirements, compliance with CTRAC.
- 2. To authorize CTRAC to disclose, publish and/or release, in the sole discretion of CTRAC, any information regarding your certification or recertification application or status and any final or pending disciplinary decision to state licensing boards or agencies, other health-care organizations, professional associations, employers or the public.
- 3. To hold CTRAC harmless and to waive, release and exonerate CTRAC, its officers, directors, employees, committee members, and agents from any claims that you may have against CTRAC arising out of CTRAC's review of your application or eligibility for certification, renewal, recertification or reinstatement, conduct of the 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: _____

CTRAC OFFICE USE ONLY	
Date Received	Paid by Check # _____ Amount \$ _____
	Paid by Money Order # _____ Amount \$ _____
Application is complete incomplete	Mail out Recertification Renewal Form no later than: / ____ /
Reviewed by: RRC / /	CTRAC: Approved Recertified Conditional approval-further information required <input type="checkbox"/> Denied



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CTRAC RENEWAL PAYMENT FORM

Must be completed and return with form(s)



	Check that apply	Amount
CHECK/MONEY ORDER/MONEY GRAM/ CASHIER'S CHECK (\$40 return check fee)		
CTRAC Recertification Fee(all levels)		\$ 75.00
CTRAC Reinstatement Fee(all levels-Day 61-Day 1460 post renewal date)- Enter the amount for years of inactivity		\$
CTRAC Extension Fee		\$ 50.00
CTRAC California "Certified" Transfer		\$ 75.00
CTRAC Personal Leave of Absence		\$ 50.00
CTRAC Recertification LATE FEE (includes the renewal fee of \$75.00)		\$ 100.00
CREDIT CARD PAYMENT (fee includes a \$5.00 processing fee) (\$30 non-capture fee)		
		Amount
CTRAC Recertification Fee(all levels)		\$ 80.00
CTRAC Reinstatement Fee(all levels-Day 61-Day 1460 post renewal date)- Enter the amount for years of inactivity		
CTRAC Extension Fee		\$ 55.00
CTRAC California "Certified" Transfer		\$ 80.00
CTRAC Personal Leave of Absence		\$ 55.00
CTRAC Recertification LATE FEE (includes the renewal fee of \$75.00)		\$ 105.00
CTRAC Replacement Certificate		\$ 25.00
Change of Marital Status		\$ 25.00
TOTAL AMOUNT TO BE PAID		\$

PAYMENT INFORMATION

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 of credit card payments 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