



PROFESSIONAL ELIGIBILITY APPLICATION
(Therapeutic Recreation Associate/Texas Certified)

CTRAC, Inc.
14005 Walters Rd. Ste. 955
Houston, Texas 77014
Direct Line: 832-680-6172
Fax: 844-927-0457

FOR TRACK ONE ACADEMIC PATH APPLICATION (ONLY)

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 _____
FirstMonth/Day/Year of Placement _____ FinalMonth/Day/Year of Placement _____ Total Weekly _____ Hours Per Week _____ Total Hours _____

NOTE: 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/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 YES ___ NO ___ of weeks and total hours indicated above.
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 NCTR 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