



**PROFESSIONAL ELIGIBILITY APPLICATION**  
(Therapeutic Recreation Specialist/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 _____	Lastname _____	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 _____	

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 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