

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**THERAPEUTIC RECREATIONAL TECHNICIAN
(TRT), THERAPEUTIC RECREATIONAL SPECIALIST
(TRS), or MASTER THERAPEUTIC RECREATIONAL
SPECIALIST (MTRS)**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a Therapeutic Recreational Therapist (TRT), complete the following in addition to submitting a completed application:

1. Submit a copy of your high school diploma or a copy of your GED equivalent.
2. Use the “Completion of Education for a Therapeutic Recreational Technician” form (*attached to this application*) to submit documentation of meeting the education requirement.

OR

Submit official transcript(s) from an accredited college or university documenting six (6) semester hours or nine (9) quarter hours in therapeutic recreation.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

3. Use the “Verification of Practicum Experience to be a Therapeutic Recreational Technician” form (*attached to this application*) to submit evidence of completion of a supervised practicum by a licensed MTRS or on-site, full-time TRS.
4. Submit an original letter from DOPL’s approved examination provider verifying your passing score on the Utah TRT Theory Examination. For examinations taken prior to January 1, 2008 the approved provider was Thompson Prometric, for examinations take after that date the provider is PSI Examination Services.
5. Submit the attached Utah Therapeutic Recreation Technician Law and Rule Examination with your application.
6. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as a Therapeutic Recreational Specialist (TRS), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of an approved bachelor’s or graduate degree in therapeutic recreation, a bachelor’s or graduate degree with an approved emphasis in therapeutic recreation, or a bachelor’s or graduate degree with approved additional course work in therapeutic recreation after graduation.

***NOTE:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.*

2. Submit a copy of your National Council for Therapeutic Recreation Certification.

OR

Submit an “Affidavit of Supervision for Temporary TRS Licensure” form (*attached to this application*) if applying for a TRS temporary license, which may only be issued if you have registered to take the NCTRC examination. (*See # 7 under “Additional Important Information” below.*)

3. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”
4. Submit an **additional \$50.00** non-refundable application-processing fee if applying for a for TRS temporary license.

***NOTE:** The total fees for a TRS license and a TRS temporary license are \$120.00, which can be submitted in one check or money order, made payable to “DOPL.”*

If you are applying for licensure as a Master Therapeutic Recreational Specialist (MTRS), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of an approved master’s degree.
NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.
2. Submit a copy of your National Council for Therapeutic Recreation Certification, unless you have been licensed in Utah as a TRS for at least two years.

3. Submit a completed “Verification of TRS Experience for Licensure as a Master Therapeutic Recreational Specialist” form (*attached to this application*) if you obtained licensed or certified supervised experience as a TRS in a state other than Utah.
4. Submit a \$70.00 non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your recreational therapy practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - Division of Occupational & Professional Licensing Act
 - General Rules of the Division of Occupational & Professional Licensing
 - Recreational Therapy Practice Act
 - Recreational Therapy Practice Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **TRT Theory Examination:** Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register to take the qualifying examination for licensure as a TRT.
4. **National Council for Therapeutic Recreation Certification (NCTRC):** To request information for national certification, including registering to take the national certification examination, call (845) 639-1439 or go to www.nctrc.org .
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
5. **License Renewal:** All recreational therapy licenses expire May 31 of each odd-numbered year. Unlike many other states, Utah’s license renewal schedule **is not** based on the licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.
7. **Temporary License:** Temporary licenses are issued only for the TRS applicant who is registered to take the NCTRC examination. If you are issued a temporary license, you must work under the supervision of a licensed TRS or MTRS. Upon receiving your NCTRC, it is your responsibility to submit a copy of the NCTRC to DOPL. (*No additional fees are required at this time.*) Once a copy of your NCTRC has been submitted to DOPL, your TRS license will be issued.
8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence.

Address changes can be made online at www.dopl.utah.gov.

9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
11. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

12. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
13. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

- THERAPEUTIC RECREATIONAL TECHNICIAN (TRT)
 THERAPEUTIC RECREATIONAL SPECIALIST (TRS)
 TEMPORARY THERAPEUTIC RECREATIONAL SPECIALIST
 MASTER THERAPEUTIC RECREATIONAL SPECIALIST (MTRS)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -		Maiden Name:		
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

IF YOU ARE APPLYING FOR LICENSURE AS A THERAPEUTIC RECREATIONAL TECHNICIAN (TRT), ANSWER THE FOLLOWING:

Answer “yes” or “no.”

_____ I have attached the “Completion of Education for a Therapeutic Recreational Technician” form documenting my completion of the education requirements.

_____ I have attached official transcripts documenting six semester hours or nine quarter hours in therapeutic recreation.

_____ I have attached the “Verification of Practicum Experience to be a Therapeutic Recreational Technician” form documenting 125 hours of experienced training in therapeutic recreation under the supervision or direction of an MTRS or a TRS.

IF YOU ARE APPLYING FOR LICENSURE AS A THERAPEUTIC RECREATIONAL SPECIALIST (TRS), ANSWER THE FOLLOWING:

Answer “yes” or “no.”

_____ I have attached official transcripts documenting completion of an approved bachelor’s or graduate degree in therapeutic recreation, a bachelor’s or graduate degree with an approved emphasis in therapeutic recreation, or a bachelor’s or graduate degree with approved additional course work in therapeutic recreation after graduation.

_____ I have attached a copy of my National Council for Therapeutic Recreation Certification.

_____ I have applied for National Council for Therapeutic Recreation Certification and have been approved to take the next scheduled certification examination.

IF YOU ARE APPLYING FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST (MTRS), ANSWER EACH OF THE FOLLOWING:

Answer “yes” or “no.”

- _____ I have an earned master’s degree in recreational therapy.
- _____ I have an earned master’s degree with emphasis in recreational therapy.
- _____ I have two years of full-time paid experience in recreational therapy as a licensed Therapeutic Recreational Specialist (TRS).
- _____ I have two years of full-time paid experience in recreational therapy in another state while certified by NCTRC.
- _____ I have attached my official transcript(s) documenting my master’s degree.

IF YOU ARE APPLYING FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST (MTRS), DOCUMENT YOUR COURSEWORK AS EXPLAINED BELOW:

Provide the course names and numbers documenting a minimum of 9 semester hours or 12 quarter hours of upper division or graduate level course work in **recreational therapy** completed as part of your master’s degree program.

Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____
Course Name:	_____	Number:	_____	Credits:	_____

IF YOU ARE APPLYING FOR LICENSURE AS AN MTRS, DOCUMENT AT LEAST TWO YEARS OF PROFESSIONAL EXPERIENCE WHILE LICENSED AS A TRS OR CERTIFIED BY NCTRC: (Use additional sheets if necessary.)

List most recent position first.

1. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: from ___/___/___ to ___/___/___
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

2. Position: _____
Organization: _____
Address: _____
Telephone Number: _____
Inclusive Dates of Experience: from ___/___/___ to ___/___/___
Hours Worked Each Week: _____ Total Hours Worked: _____
Primary Responsibilities and Activities: _____

RECREATIONAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

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10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Do you currently have any criminal action pending?

(Continued on the next page.)

22. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

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COMPLETION OF EDUCATION FOR A THERAPEUTIC RECREATIONAL TECHNICIAN

TO BE COMPLETED BY THE SUPERVISOR:

Name of Applicant: _____

Name of MTRS Instructor: _____

Instructor License Number: _____ Instructor Phone Number: _____

Facility Name where Education was Conducted: _____

Facility Address where Education was Conducted: _____

City: _____ State: _____ Zip: _____

Describe the educational setting (*private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility, or other*):

Dates applicant was attending educational training: from ___/___/___ to ___/___/___

This document is to attest that the applicant has successfully completed 90 hours or 6 semester hours of educational training in therapeutic recreation under the Section R156-40-102 (2) of the Recreational Therapy Practice Act Rules.

MTRS Signature: _____ Date: ___/___/___

NOTE: *If you are an out-of-state supervisor, you must also attach a copy of your state license and current resume.*

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VERIFICATION OF PRACTICUM EXPERIENCE TO BE A THERAPEUTIC RECREATIONAL TECHNICIAN

TO BE COMPLETED THE SUPERVISOR:

Name of Applicant: _____

Name of Supervisor: _____

Supervisor License Number: _____ Phone Number: _____

Address Where Experience was Conducted: _____

City: _____ State: _____ Zip: _____

Describe your employment setting (*private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility, or other*):

Dates applicant was employed with this agency: from ___/___/___ to ___/___/___

Were both you and the applicant working in the same employment setting where the experience hours were obtained? Yes No If No, please explain: _____

What were the dates of the supervision: from ___/___/___ to ___/___/___

(Hours must be completed within 9 months.)

How many face-to-face consultation hours were conducted? (*10 hrs. minimum required.*) _____

This document is to attest that the applicant has successfully completed 125 hours of experienced training in therapeutic recreation under my supervision, as set forth in Section R156-40-102 (3) of the Utah Recreational Therapy Practice Act Rules.

Signature of MTRS / TRS: _____ Date: ___/___/___

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AFFIDAVIT OF SUPERVISOR FOR TEMPORARY TRS LICENSURE

TO THE TRS OR MTRS SUPERVISOR: Complete this form and return it to the applicant for submission with his/her application for a TRS temporary license. Do not begin supervision until the applicant has been approved for a temporary license.

Name of Applicant to be Supervised: _____

Name of Employing Facility: _____

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Facility Telephone Number: _____

Name of TRS or MTRS Supervisor: _____

License Number of TRS or MTRS Supervisor: _____

Telephone Number of Supervisor: _____

As the TRS or MTRS supervisor, I attest to the following:

1. I have read the Recreational Therapy Practice Act and Rules and understand my responsibilities as a supervisor.
2. I have verified that the applicant has met all the requirements for licensure except passing the NCTRC Examination.
3. I have verified that the applicant has been approved to sit for the NCTRC Examination.
4. I will ensure that the applicant, when approved for temporary license, works under my supervision as defined in R156-40-102(7).
5. I understand that it is unlawful to permit the applicant to continue to engage in recreational therapy services under my supervision on an expired temporary license.
6. I understand that I am responsible for the recreational therapy services performed by the temporary TRS and I will approve the treatment plans as well as any modifications to the treatment plans.

Signature of Supervisor: _____ Date: ____/____/____

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VERIFICATION OF TRS EXPERIENCE FOR LICENSURE AS A MASTER THERAPEUTIC RECREATIONAL SPECIALIST

TO BE COMPLETED BY THE SUPERVISOR:

Name of Applicant: _____

Applicant's License Number: _____ State: _____

Is the applicant a TRS or a CTRS (*by NCTRC*)?

Name of Supervisor: _____

Employer Work Address: _____

Employer Phone Number: _____

Dates applicant was employed with this agency: from ___/___/___ to ___/___/___

How many hours per week did the applicant work? _____ part-time full-time

Describe the duties and responsibilities of the TRS: _____

Were both you and the applicant working in the same employment setting where the experience hours were obtained? Yes No If No, please explain: _____

What were the dates of the supervision: from ___/___/___ to ___/___/___

Is the applicant currently employed with agency? Yes No

If No, is the applicant re-hirable? Yes No

This document is proof that the applicant has been actively engaged in legal practice as a licensed CTRS and/or TRS with the State of Utah. The applicant has completed 4,000 hours of paid experience as a TRS or Certified TRS by NCTRC.

Signature of Supervisor: _____ Date: ___/___/___

NOTE: If you are an out-of-state supervisor, you must attach a copy of your state license and resume.

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UTAH
THERAPEUTIC RECREATION TECHNICIAN
LAW and RULE EXAMINATION

(Only required for TRT license.)

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed

Recreation Therapy Practice Act, 58-40 - <http://dopl.utah.gov/laws/58-40.pdf>
 Recreation Therapy Practice Act Rules, R156-40 - <http://dopl.utah.gov/laws/R156-40.pdf>

Answer	Question
	1. A TRT applicant is required to have taken an educational course which includes which of the following: a. theories and concepts of recreation therapy b. medical and psychiatric terminology c. the therapeutic recreation process d. all of the above
	2. Which of the following accurately describes the Therapeutic Recreational Process: a. assess, evaluate, management of services, plan, implement b. evaluate, management of services, assess, plan, implement c. assess, plan, implement, evaluate, management of services d. none of the above
	3. Which of the following does not qualify as “unprofessional conduct”: a. failing to keep or maintain a recreational therapy treatment plan b. using or being under the influence of intoxicating beverages while performing recreational therapy c. using prescription medication d. making sexual advances towards a patient
	4. To receive a license to practice as a TRT, an applicant must have which of the following: a. a high school diploma or GED equivalent b. 1,000 hours of prior experience c. good moral character d. both a and c
	5. True or False – A TRT may not perform assessments.
	6. True or False – A TRT may not prescribe an initial treatment plan, but can modify a treatment plan without supervision.
	7. An approved in-state 90 hour education course for a TRT is under the supervision of a: a. TRS b. CTRS c. MTRS d. TRT with 5 years of experience

(Continued on the next page.)

	<p>8. The TRT license must be renewed every:</p> <ol style="list-style-type: none"> 1 year 2 years 3 years 4 years
	<p>9. An approved practicum for licensure as TRT shall include:</p> <ol style="list-style-type: none"> 125 hours field work experience minimum of 10 hours of face to face supervision Training in the TR process All of the above
	<p>10. True or False – A licensed TRT may modify a treatment plan as long as it was written by a licensed TRS or MTRS.</p>
	<p>11. A licensed TRT may perform all the following tasks, except:</p> <ol style="list-style-type: none"> Gather data for the purpose of assessment and treatment planning Formulate a treatment plan as long it is done with the treatment team Facilitate interventions from the treatment plan Document treatment outcomes
	<p>12. True or False – “Supervision” means full-time, on-site oversight by a MTRS or TRS of the recreation therapy services offered.</p>
	<p>13. All the following are required by professional supervision of the TRT by the MTRS or TRS except:</p> <ol style="list-style-type: none"> reviewing the recreation therapy intervention performed by the TRT demonstrating periodic review and evaluation of ongoing documentation providing & facilitating the interventions written on the treatment plan reviewing and evaluating adherence to the standards of the profession. reviewing the recreation therapy program according to administrative and governing regulations
	<p>14. “TRT” means a person licensed as a:</p> <ol style="list-style-type: none"> Technician of Recreation Therapy Therapeutic Recreation Technician Titled Recreation Therapist Trained Recreational Technician
	<p>15. In order to be issued a TRT license an applicant is required to have a High School Diploma or a GED equivalent, complete an approved therapeutic recreation course or six semester hours or nine quarter hours from a college or university and:</p> <ol style="list-style-type: none"> have good moral character submit an application and have paid the required fee pass an approved examination All of the above