APPLICATION INSTRUCTIONS FOR LICENSURE THERAPEUTIC RECREATION SPECIALIST

GENERAL:

An applicant for licensure as a Therapeutic Recreation Specialist must successfully pass the certification examination administered by the National Council for Therapeutic Recreation Specialists.

Applications must be accompanied by appropriate fees, documents and completed forms, which must be received at least 30 days prior to a meeting of the Therapeutic Recreation Specialist Committee.

EXAMINATIONS:

The examination administered by the National Council for Therapeutic Recreation Certification (NCTRC) is recognized as a valid competency examination. Therapeutic Recreation Specialists must submit proof that they passed the NCTRC examination.

EDUCATION:

All applicants for licensure who were certified by NCTRC after July 1, 2009 must submit a transcript of grades verifying completion of an academic program with a baccalaureate degree or higher from an accredited college or university with a major in therapeutic recreation or a major in recreation or leisure with an option and/or emphasis in therapeutic recreation **and** completion of a field experience under the supervision of a CTRS or licensed therapeutic specialist.

OTHER LICENSES:

Evidence of all current or previously issued licenses or certificates to practice as a Therapeutic Recreation Specialist or other medical professional must be verified on FORM #3.

EXTENDED BACKGROUND CHECK:

All applicants for licensure must request an Extended Background Check (EBC) by completing the online EBC Authorization Form.

EVIDENCE OF STATUS

If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under "Acceptable Documents to Establish Evidence of Citizenship" on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must submit the *Evidence of Status Form: Part B* with notarized copies of the documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

SWORN AFFIDAVIT:

If you answer "Yes" to any of the Yes/No questions on the application you must write a statement of explanation, sign it, and have your signature notarized. If you answer "Yes" to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

RENEWALS:

Licenses are renewed biennially by application PRIOR to November 30 for the subsequent 2-year cycle beginning December 1 and ending November 30. The first renewal cycle will end November 30, 2012. Every license issued between November 1, 2010 and November 30, 2012 must be renewed – there is no provision for staggered renewal dates or proration of renewal fees. Un-renewed licenses become inactive as of December 1 and if reactivated after December 1 a late payment fee is assessed in addition to the renewal fee.

TO FACILITATE THE RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.

FEES: (ALL FEES A	RE NON-REFUNDABLE)	
Initial license		\$125.00 (paid on line – do not resubmit) \$100.00 \$115.00
TEMPORARY LET	<u>ΓΕR:</u>	
Applications received Secretary of the State I temporarily until the ne	in the interim between meetings or af Board of Medical Licensure and Supervi	sure provided all requirements for licensure have been met and verified. Iter the deadline for receipt of applications will be considered by the sion who, upon administrative review, may grant permission to practice al Licensure and Supervision. A Therapeutic Recreation Specialist may attion Specialist.
Recreation Specialist examination administer Board must be in re	to a person who has applied for a lice and by the National Council for Therape ceipt of a transcript of grades with a	rizing practice under the direct supervision of a licensed Therapeutic rense and who is eligible to take, and has not previously failed, the peutic Recreation Certification. <i>In order to grant the temporary, the degree posted or a letter from the school verifying that all degree</i> I expire upon notice that the applicant has not passed the examination.
		EGIN UNTIL APPROVED BY THE AL LICENSURE AND SUPERVISION
information supplied l		their content. I swear that the contents of my application are true. All a State Board of Medical Licensure and Supervision. I have read and ceived with my application information.
Date		Printed Name
Signature		
MAIL TH	ESE SIGNED INSTRUCTIONS WIT	TH ALL REQUIRED FORMS AND DOCUMENTS TO:
	Oklahoma State Board of Medical P. O. Box 18256	Licensure and Supervision
0. D. D. D. D. G. M. G.	Oklahoma City, OK 73154-0256	
OR BRING TO:	Oklahoma State Board of Medical 101 NE 51 st Street Oklahoma City, OK 73105	l Licensure and Supervision

TRSINST(8/2011)