



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

- Therapeutic Recreation Technician Therapeutic Recreation Specialist
 Master Therapeutic Recreation Specialist

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Note: All Division notices and communication will be sent to this email

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Driver License

or State ID Card: _____
State of Issue License/ID Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

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 all supporting document(s) are true and correct, 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, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- 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.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a therapeutic recreation technician or specialist license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

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

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
3. Is any action pending against you now by:
 Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____
4. Yes No Have you been named as a defendant in a malpractice suit?
Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?
5. Yes No

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

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.

PROFESSIONAL EDUCATION

***Note:** If applying as a TRT, you must list your High School/GED program in addition to the facility where your TRT training was completed. "Degree Received" may be left blank if no degree was conferred.

Name of School: _____ Location: _____
Date Enrolled: _____ Date of Graduation/Completion: _____ Degree Received: _____
Name of School: _____ Location: _____
Date Enrolled: _____ Date of Graduation/Completion: _____ Degree Received: _____

VERIFICATION OF TRT EDUCATION

Only TRT Applicants need to submit this form. All sections of this form should be completed by the MTRS Instructor.

Section 1: Student Information

Full Legal Name: _____
First *Middle* *Last*

Mailing Address: _____
Street/PO Box *City* *State/Zip*

Section 2: Education Information

Name of MTRS Instructor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box *City* *State/Zip*

Telephone Number: _____ **Email:** _____

Describe the educational setting (*private practice, governmental entity, school, licensed health facility, non-profit, etc*):

Dates of Attendance: _____ to _____
MM/DD/YYYY *MM/DD/YYYY*

This document is to attest that the applicant has successfully completed 90 hours or 6 semester hours of educational training in therapeutic recreation as outlined in Section R156-40-302a(3) of the Recreational Therapy Practice Act Rules.

Signature of MTRS Instructor: _____ **Date:** _____

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

VERIFICATION OF TRT PRACTICUM EXPERIENCE

Only TRT Applicants need to submit this form.

Section 1: *To be completed by the applicant.*

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

Section 2: *To be completed by the MTRS or TRS supervisor.*

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Describe the employment setting (*private practice, governmental entity, school, licensed health facility, non-profit, etc*):

Were both you and the applicant working in the same employment setting where the experience hours were obtained?

Yes No, please explain: _____

How many face-to-face consultation hours were conducted? _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

This document is to attest that the applicant has successfully completed 125 hours of experienced training in therapeutic recreation, including a minimum of 20 hours of direct face to face supervision of programming in , documentation and treatment intervention completed over a duration of not more than nine months as outlined in Section R156-40-302b(3) of the Recreational Therapy Practice Act Rules.

Signature of MTRS or TRS Supervisor: _____ **Date:** _____

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

AFFIDAVIT OF SUPERVISION FOR TEMPORARY TRS

Temporary licensure is an optional license for TRS applicants only. Once approved, individuals may practice under the supervision of a TRS or MTRS while waiting to take the NCTRC Examination. This form only needs to be completed by individuals applying for temporary licensure. See the checklist at the end of this application for additional instructions.

Section 1: To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

- I understand that I must meet all requirements except passing the NCTRC examination before applying for a TRS and Temporary TRS license.
- I understand that I must have registered for the NCTRC examination prior to applying for the TRS and Temporary TRS license.
- I understand that a temporary license may be issued for only 120 days and cannot be renewed.
- I understand that I must practice under the supervision of a Utah Licensed TRS or MTRS, and that I cannot begin practice until the temporary license has been issued and must cease working once it expires.

Signature of Applicant: _____ **Date:** _____

Section 2: To be completed by the supervising TRS/MTRS:

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

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

- I have read the Recreational Therapy Practice Act and Rules and understand my responsibilities as a supervisor.
- I have verified that the applicant has met all the requirements for licensure except passing the NCTRC Examination.
- I have verified that the applicant has been approved to sit for the NCTRC Examination.
- I will ensure that the applicant, when approved for temporary license, works under my supervision as defined in R156-40-102(12).
- 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.
- 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 MTRS or TRS Supervisor: _____ **Date:** _____

Please return this form to the applicant to submit with their application. Do NOT begin supervision until the applicant has been approved for a temporary license.

VERIFICATION OF TRS EXPERIENCE

Only MTRS Applicants need to complete this form.

NOTE: You must have each employer complete a separate form, and the hours from all forms must total 4,000.

Section 1: To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **Is the applicant a :** TRS CTRS (by NCTRC)

Section 2: To be completed by the supervisor.

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

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, please explain: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

This document is to attest that the applicant has been actively engaged in legal practice as a licensed CTRS and/or TRS in the State of Utah. The applicant has completed the hours of paid experience as a TRS or CTRS by NCTRC listed above.

Signature of Supervisor: _____ **Date:** _____

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

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required for all applications:

- \$70.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires.
- Documentation of a two-hour suicide prevention training course.

LICENSURE BY ENDORSEMENT

If you are currently licensed as a TRT or TRS in an [approved jurisdiction](#), you may apply for Licensure by Endorsement. In addition to the items required by All Applicants, submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a [jurisdiction](#) designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved jurisdictions.

THERAPEUTIC RECREATIONAL TECHNICIAN

In addition to the items listed for all applications, you must submit the following to complete your application:

- Copy of your GED, high school diploma, or transcripts
- Verification of TRT Education and Verification of TRT Practicum Experience forms found in this application
- Pass the Utah TRT Theory Examination. See the exam information page at www.dopl.utah.gov/rec for more information

THERAPEUTIC RECREATIONAL SPECIALIST

In addition to the items listed for all applications, you must submit the following to complete your application:

- 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. **AND**
- A Copy of your National Council for Therapeutic Recreation Certification. For more information, contact NCTRC directly (www.nctrc.org). **See Temporary TRS if you are applying prior to passing the NCTRC.*

TEMPORARY THERAPEUTIC RECREATIONAL SPECIALIST

If applying for **Temporary TRS**, in addition to the items required for all applicants and TRS "Licensure by Application" above, you must submit:

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- In lieu of your NCTRC, submit the "Affidavit of Supervision for Temporary TRS" form found in this application.

MASTER THERAPEUTIC RECREATIONAL SPECIALIST

In addition to the items listed for all applications, you must submit the following to complete your application:

- Official transcripts documenting completion of an approved master's degree.
- A Copy of your National Council for Therapeutic Recreation Certification. For more information, contact NCTRC directly (www.nctrc.org).
- Verification of TRS Experience form **NOTE:** You must have each employer complete a separate form, and the hours from all forms must total 4,000.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, feel free to contact the Division via the phone or fax listed below, or via our direct email address, B8@utah.gov. **We will NOT accept applications or payments via email.**