

Work Experience Supervision Verification Form



OVERVIEW: This form is to be used by the Applicant and CTRS® Work Experience Supervisor to indicate completion of Paid Professional Work Experience by an applicant. Applicant must meet current employment or completion of paid professional work experience in accordance with current NCTRC Certification Standards.

ELIGIBILITY: For Applicants who have completed paid professional work experience. The completed form may be uploaded to the Professional Eligibility Application at **MY NCTRC LOGIN** or emailed to nctrc@nctrc.org.

CTRS Work Experience Supervisor:

Mailing Address:

City: State/Province: Postal Code: Country:

Applicant's Name:

Agency:

Mailing Address:

City: State/Province: Postal Code: Country:

Work Experience Start Date: Work Experience End Date:

VERIFICATION OF WORK EXPERIENCE

The CTRS Work Experience Supervisor must complete the following information regarding the applicant listed above as required for the processing of the application for NCTRC Professional Eligibility. Applicant may upload completed form to the Professional Eligibility Application (form may also be submitted via fax, email or mailed to NCTRC upon completion). Please refer to the NCTRC Certification Standards when completing this form.

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| 1. Were you the applicant's work experience supervisor during the minimum of 1500 hours of paid work experience? | Yes | No |
| 2. Did the required paid work experience use the therapeutic recreation process as defined by the NCTRC National Job Analysis Study? | Yes | No |
| 3. Did you provide supervision for a minimum of one hour for every ten hours of the applicant's employment for a total of no less than 150 hours? The supervisory structure for the paid professional work experience is at the discretion of the applicant and agency supervisor. | Yes | No |
| 4. Were you an active CTRS on the first day of the applicant's paid professional work experience? | Yes | No |

Please describe any "NO" responses for questions 1 to 4 below and include any documentation you believe may be of assistance to NCTRC in reviewing this applicant.

PLEASE READ AND SIGN THE VERIFICATION STATEMENT BELOW.

VERIFICATION STATEMENT

During the work experience, the applicant I supervised was exposed to opportunities to develop skills related to the therapeutic recreation process as defined by the [NCTRC National Job Analysis Study](#). 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.

Signature

Date

Printed Name

NCTRC Certification Number

IMPORTANT INFORMATION: CTRSs Work Experience Supervisors who document their involvement as a supervisor of paid professional work experience are eligible to use supervision hours to earn continuing education credit toward CTRS recertification.

The completed **Work Experience Supervision for Continuing Education** form may be uploaded to the Recertification - Education and Professional Experience application at **MY NCTRC LOGIN** or emailed to nctrc@nctrc.org.