



January 2012

National Council for Therapeutic Recreation Certification® (NCTRC®)

**Information for the Certified Therapeutic Recreation Specialist®
And New Applicants**

Certification Standards

Part II: NCTRC Exam Information



The National Council for Therapeutic Recreation Certification®, NCTRC® and the Certified Therapeutic Recreation Specialist® (CTRS®) credential are accredited by the National Commission for Certifying Agencies (NCCA).

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Preface

This booklet is from the complete *NCTRC Certification Standards: Part II – NCTRC Exam Information*. Materials included focus on the Prerequisites for Certification and Recertification, Exam Information, the Exam Content Outline, and Exam References.

There are four other booklets which make up the complete set of *NCTRC Certification Standards*. The booklets were created to provide specific information for various users of the NCTRC Certification Standards. The other parts are:

- ❑ **Part I: Information for New Applicants**
- ❑ **Part III: Recertification and Reentry**
- ❑ **Part IV: NCTRC Disciplinary Standards and Process**
- ❑ **Part V: NCTRC National Job Analysis**

All candidates for NCTRC certification and CTRS certificants are responsible for reading and understanding the complete *NCTRC Certification Standards*. These booklets were designed as an additional aide to specific areas of standards and application processes.

NCTRC Certification Standards are updated periodically. Candidates are responsible for making sure they have the most current information and that they meet the current standards when they apply for certification. The most current *NCTRC Certification Standards* can be found at www.NCTRC.org. **The date of this publication is January 2012.**

NCTRC NONDISCRIMINATION POLICY

It is the policy of NCTRC, its Board of Directors, committee members, and staff to comply with all applicable laws, which prohibit discrimination in employment or service provision because of a person's race, color, religion, gender, age, disability, national origin, or because of any other protected characteristic.

NCTRC TRADEMARK NOTICE

"NCTRC®", "National Council for Therapeutic Recreation Certification®", "CTRS®", and "Certified Therapeutic Recreation Specialist®" are the registered trademarks of the National Council for Therapeutic Recreation Certification. Unauthorized use of any NCTRC trademark or confusingly similar mark is strictly prohibited.

NCTRC does not warrant or guarantee the provision of competent services by CTRSs; NCTRC certification helps to demonstrate the certificant has met the requirements for the profession.

NCTRC CONFIDENTIALITY POLICY

NCTRC does not release names and contact information on record to individuals and/or organizations for educational and/or research purposes without the expressed written permission of the applicant/certificant. When the release is authorized, the names and addresses are printed on mailing labels as requested by organizations sponsoring educational programs, conferences and special research studies.

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Introduction

The National Council for Therapeutic Recreation Certification® (NCTRC®) encourages applications from all qualified individuals interested in becoming a Certified Therapeutic Recreation Specialist. While NCTRC cannot warrant an individual’s abilities in professional practice, certification will help identify the individual who possesses the necessary knowledge for competent practice in therapeutic recreation.

Please read this booklet of *NCTRC Certification Standards* thoroughly. If you have any questions about the NCTRC certification process or the information contained in this part of the *NCTRC Certification Standards*, please contact NCTRC at (845) 639-1439. NCTRC’s national office is open Monday through Friday from 9:00 a.m. to 5:00 p.m. eastern time. Internet access is available at www.NCTRC.org or you can reach NCTRC by sending an email to nctrc@NCTRC.org.

STOP! If you are not a CTRS, a Reentry candidate, or an individual with Professional Eligibility this booklet does not pertain to you. Please obtain PART I: Information for New Applicants for the CTRS before proceeding further. If you are a new applicant for the CTRS credential you will need to apply for Professional Eligibility first. Part of your Professional Eligibility application will be your registration for the NCTRC Exam.

Application Deadlines:

Applications for Professional Eligibility are accepted throughout the year. However, there are deadlines for filing applications for Professional Eligibility before each exam. The NCTRC Exam is offered three times a year during a five (5) day testing window for the months of January, May and October. The following list provides the scheduled deadlines and exam dates for the next series of test administrations:

- ❑ February 1 for the May exam
- ❑ July 1 for the October exam
- ❑ October 1 for the January exam

Applicants must gain NCTRC eligibility to be seated for the NCTRC exam. Eligibility is valid for five years from the date of issue provided the individual files an annual maintenance application and fee. The Professional Eligibility Annual Maintenance Application and fee must be postmarked to NCTRC by the required issued date (May 1 or November 1) or the professional eligibility will become inactive. Applicants with inactive status will need to reinstate their professional eligibility prior to registering for the NCTRC exam. Reinstatement to active professional eligibility status can be achieved at any time during the five-year professional eligibility cycle by paying the current reinstatement fee plus any delinquent annual maintenance fees. Reinstatement to active status may not occur following expiration of the five-year eligibility cycle. Professionally eligible applicants must pass the exam to receive the CTRS credential.

Please be certain to submit a completed application. If your application is incomplete it will be returned to you and your requested test date may be postponed until the next available test period. Send all application materials to NCTRC by return-receipt mail. All materials submitted to NCTRC as part of the Professional Eligibility Application process will become the property of NCTRC and cannot be returned. A processing fee will be charged if the applicant requests to have his/her application returned prior to the review process. Candidates should retain a copy of the Professional Eligibility Application and all materials sent to NCTRC.

Please keep address and telephone information current throughout your application process. To change an address or day-time phone number send a letter, email or fax to NCTRC with the updated address/phone information and include your social security number on all correspondence.

Prerequisites

GENERAL

NCTRC's voluntary credentialing program evaluates the educational and experiential qualifications of therapeutic recreation professionals. As a condition of eligibility for NCTRC certification and recertification, each candidate agrees to the following:

- **To Comply with ALL NCTRC Standards, Policies and Procedures.** NCTRC may deny certification or recertification, revoke certification or recertification, or issue other sanctions when a candidate does not comply with any of NCTRC's *Certification Standards* including these *Prerequisites*.
- **To Adhere to NCTRC Application and Notification Requirements.** Each candidate for CTRS certification must truthfully complete and sign the appropriate application provided by NCTRC. Candidates and certificants must notify NCTRC in writing within sixty (60) days of any change in name, address, telephone number, and any facts bearing on eligibility, certification, recertification, or reentry. Each individual bears the burden of showing and maintaining compliance at all times. Candidates and certificants must provide NCTRC with confirmation of compliance with NCTRC requirements as requested by NCTRC. In order to confirm receipt of communication required by NCTRC, Candidates should use certified mail, return receipt requested, or other verifiable method of delivery for communications to NCTRC.
- **To Report Pending Litigation, Sanctions, and/or Criminal Convictions.** Candidates must notify NCTRC within sixty (60) days of any civil or criminal indictment or charge pending before a state or federal regulatory agency or judicial body, including but not limited to the following actions to the extent such actions relate to therapeutic recreation or public health and safety: investigation of any civil or criminal action; filing of any civil or criminal charge; indictment or litigation; conviction; plea of guilty; plea of no contest (*nolo contendere*); or investigation or disciplinary action by a health care organization, professional organization, or other private or governmental body.
- **To Respect the Property of NCTRC.** The examinations, certificates, certification cards, logo, emblem, and the name "National Council for Therapeutic Recreation Certification," the designation "Certified Therapeutic Recreation Specialist," and abbreviations relating thereto are all the exclusive property of NCTRC and may not be used in any way without the express prior written consent of NCTRC. In the event of suspension, limitation, revocation, or resignation from NCTRC, or as otherwise requested by NCTRC, each individual shall immediately relinquish, refrain from using, and correct at his or her expense any outdated or other inaccurate use of NCTRC's certificate, certification card, logo, emblem, the name "NCTRC," the designation "Certified Therapeutic Recreation Specialist," "CTRS," and related abbreviations.
- **To Authorize the Release of Information by NCTRC.** The individual candidate or certificant agrees that NCTRC and its officers, directors, committee members, employees, agents, and others may communicate any and all information relating to the candidate's application, certification, and review thereof including, but not limited to, pendency or findings of violations of NCTRC's *Certification Standards*, to state and federal authorities, licensing boards, employers, other certificants, and others.
- **To Waive Claims Against NCTRC.** Each candidate and certificant agrees that he or she waives, releases, discharges, and exonerates NCTRC, its officers, directors, employees, committee members, panel members and agents, and any other persons authorized by NCTRC for any action taken pursuant to the NCTRC *Certification Standards* and policies and procedures from any and all claims or liability, including, but not limited to, claims or liability arising out of: (i) the furnishing or inspection of documents, records and other information; and (ii) any investigation, review, or decision regarding an application or certification made by NCTRC.

Examination Information

The NCTRC testing program commenced in 1990 with the adoption of a 200 item written exam. The NCTRC Exam is based on the NCTRC Job Analysis of the Certified Therapeutic Recreation Specialist, which assures the test specifications and the exam are related to the practice of therapeutic recreation. Since 1990, the NCTRC exam has evolved through several phases to its current computer-based Mastery Testing (CMT) format.

NCTRC subcontracts the exam administration to Prometric, a global leader in technology-enabled testing and assessment services for academic, professional, government, corporate and information technology markets. Prometric delivers standardized tests for 350 clients, in 26 languages, over the Web or through a global network of testing centers in 134 countries. Pro-

metric's corporate headquarters is based in Baltimore, Maryland and the company employs 3,000 employees worldwide.

Exam Dates

The NCTRC National Certification Exam is administered at Prometric Testing Centers across the United States, Canada and Puerto Rico. The NCTRC Exam is offered three times a year during a five (5) day testing window for the months of January, May and October.

PROMETRIC TESTING CENTERS

Prometric is NCTRC's partner for delivery of computer-based tests. Prometric provides a well-established network of computer testing centers capable of administering exams. Up-to-date Prometric Test Center locations are published on the web-site www.2test.com. These centers are subject to change without notice. All Prometric Test Centers are connected electronically through an advanced telecommunication network to assure standardization of transmission quality and timeliness. The test sites are required to comply with regulations governing the Americans with Disabilities Act (ADA).

Special Arrangements

Any individual who has a physical or cognitive impairment or limitation that prevents him/her from taking the exam under standard testing conditions may request special testing arrangements. When submitting application/registration forms, include a separate letter describing:

- The candidate's disability or special need,
- The adaptations the candidate is requesting, and
- Documentation from a physician or other appropriate diagnostic authority confirming the diagnosis of a disability and prescribing appropriate and necessary accommodations.

Documentation from a physician or appropriate authority (e.g., psychologist, vocational specialist, etc.) is required to confirm the candidate's special needs and testing adaptation request. This documentation must be mailed with the exam registration form to NCTRC. There is no extra charge for making these arrangements.

The special accommodations available are but not limited to:

- Reader
- Marker/Writer
- Sign language interpreter for instructions
- Separate room
- Double test time (*please read "About Taking the Exam with Special Arrangements" in the following section*)
- Extended time by 1.5 (*please read "About Taking the Exam with Special Arrangements" in the following section*)
- Other accommodations upon request.

Candidates approved for special arrangements must call the Special Conditions Coordinator at the Prometric Candidate Services Contact Center (CSCC) at the toll-free number 1-800-967-1139 to schedule their appointment for exam administration. Local centers may not schedule appointments for candidates approved to receive special accommodations.

INTRODUCTION TO COMPUTERIZED TESTING

You will not need extensive computer experience to use computer-based testing. Computer-based testing with Prometric:

- provides a brief on-line computerized tutorial to guide you on how to use the computer to take the exam;
- presents a computer workstation equipped with a mouse (desktop, hand-operated device for selecting answers and other options from your computer screen);
- allows you to mark questions as a reminder to review them later;
- continuously tracks and displays time remaining for your convenience;
- provides a score report immediately upon completion of your exam; and

-
- provides a fully trained proctor during your exam for technical assistance (not related to exam content).

ABOUT THE TUTORIAL

At the beginning of your exam, you will be provided with a brief computerized tutorial. The purpose of the tutorial is to familiarize you with selecting answers, using the testing features such as "Item Review" "Previous" "Next" and "Mark," as well as to familiarize you with the mouse and the overall operation of the keyboard. You do not need to be concerned with which answers you select during the tutorial as these items are not scored. Once you exit from the tutorial, you may not return to it.

ABOUT TAKING THE EXAM

The NCTRC examination is a variable-length examination. During the administration of the examination, each group of questions (section) is timed separately. The base test is completed by all candidates and consists of 90 questions for which you have 86 minutes. You are permitted to move back and forth within the base test, but the base test may not be reviewed once it has been exited. Upon completion of the base test of 90 questions, you will receive (a) a passing score ending the exam; (b) a failing score ending the exam; or (c) a score that falls in a range that is neither failing nor passing and you will move to another section. This process of determining pass or fail will be the same during each testlet.

The additional sections are called "testlets", each containing 15 questions and lasting for 14 minutes. You are permitted to move back and forth within each testlet, but each testlet may not be reviewed once it has been exited. At the end of each testlet, the same scoring as at the end of the base test will occur and the examination will either end or continue. If you receive the base test and all testlets (total 180 questions), you will have a maximum of 3 hours of seat time. Candidates should answer each question presented, marking any questions you would like to review should time permit in each section. To maximize your time and to assure that you do not exit each section in error before answering all of the questions in each section, you should complete each section before reviewing marked questions. To continue the development of each NCTRC examination, experimental nonscored questions are presented in the course of the variable-length examination.

About Taking the Exam with Special Arrangements

Taking the exam with Extended Time:

The NCTRC CTRS Examination is a variable length examination. The base test is completed by all candidates and consists of 90 questions for which you will receive 129 minutes. Upon completion of the base test of 90 questions, you will receive (a) a passing score ending the exam; (b) a failing score ending the exam; or (c) a score that falls in the range that is neither failing nor passing and will allow you to move on to another section. The additional sections are called "testlets", each containing 15 questions and lasting for 21 minutes. At the end of each testlet, the same scoring decision as used at the end of the base test will occur and the exam will either end or continue. If you receive the base test and all testlets (6), then you will receive a maximum of 4.5 hours of seat time.

Taking the exam with Double Time:

The NCTRC CTRS Examination is a variable length examination. The base test is completed by all candidates and consists of 90 questions for which you will receive 172 minutes. Upon completion of the base test of 90 questions, you will receive (a) a passing score ending the exam; (b) a failing score ending the exam; or (c) a score that falls in the range that is neither failing nor passing and will allow you to move on to another section. The additional sections are called "testlets", each containing 15 questions and lasting for 28 minutes. At the end of each testlet, the same scoring decision as used at the end of the base test will occur and the exam will either end or continue. If you receive the base test and all testlets (6), then you will receive a maximum of 6 hours of seat time.

Scheduling Your Examination Appointment

AUTHORIZATION TO TEST

Upon confirmation of your registration eligibility by NCTRC, NCTRC will notify Prometric. Prometric will mail to your attention an Authorization to Test (ATT). Please review your name and address information on the ATT carefully to ensure that it is accurate. Your name, as it appears on this ATT, **must exactly match** the name that appears on your government issued photo identification. If this information is incorrect please contact NCTRC immediately.

You will need your ATT to schedule an appointment to take the NCTRC exam. Once you register for the exam you will receive a confirmation email from Prometric. You are highly encouraged to bring a copy of the confirmation email to the test center.

PROCEDURE FOR SCHEDULING YOUR NCTRC EXAM

You may take the NCTRC exam at any Prometric Testing Center provided there is space available. When you receive your ATT, visit www.Prometric.com/NCTRC or call Prometric at 1-888-999-3926 to make your appointment. Do not call until you receive your ATT. Have your ATT available when you make your call. The Prometric Testing Center staff will ask you to supply your name, telephone number and your authorization number from your ATT. You will also be asked for your preference for date of testing at a Prometric Testing Center.

If your first choice of date is unavailable, you will be offered an alternative that is as close to your first choice as possible.

Make a note of when and where you have been scheduled for the examination. Confirmation of your appointment will be sent to you by Prometric. If you arrive at the test center on the wrong date and time, you will not be able to reschedule your appointment and you will forfeit your test fee. Be sure to ask for directions to the Prometric Testing Center, if you need them.

Your appointment must be scheduled at least 48 hours prior to the test date.

Note: Candidates approved for special accommodations must call 1-800-967-1139 to schedule their appointment for administration.

PROCEDURES FOR SCHEDULING VIA INTERNET

- You may schedule your appointment via the Internet by going to: www.Prometric.com/NCTRC.
- Select Start , choose your country and state. Select Next. You will then get the opening page regarding scheduling your appointment. Continue by following the instructions.
- If you require Special Needs Accommodations, you cannot schedule your test via the Internet. Please call the Special Accommodations Department in the Candidate Services Contact Center at 1-800-967-1139 to schedule your examination.

PROCEDURES FOR CHANGING OR CANCELING YOUR NCTRC APPOINTMENTS

- If you need to reschedule your appointment, you must do so by noon of the second business day before the appointment. For example, to reschedule an examination for Tuesday, you must notify the test center or the CSCC by noon on the Saturday before the Tuesday appointment. Call the test center where you are scheduled or the toll-free number 1-888-999-3926. Notification must be left directly with the administrator at the test center. DO NOT leave a message on the answering machine; it does not constitute official notification.
- If you need to cancel your appointment, you must contact NCTRC at (845) 639-1439 directly within 48 hours of the exam appointment.
- Special needs candidates must call the Special Conditions Coordinator at (800) 967-1139 to cancel.
- A cancellation does not automatically insure a withdrawal refund.
 - If you withdraw prior to the test registration roster being sent to the testing company, you may receive a 100% refund of the exam fee. The request for test withdrawal must be sent to NCTRC in writing via fax, email or postal carrier.
 - A request for a test withdrawal received after the final test registration roster has been sent to the testing company will result in a 50% refund provided that you have not made an appointment at a testing center. If you have made an appointment then you must both cancel the appointment by noon two days prior to the appointment date and provide a written request for a refund from NCTRC with the same time frame to qualify for a 50% withdrawal refund.
 - If you fail to arrive for your test appointment or cancel without giving at least two business days notice, you will forfeit the entire examination fee and your ATT will be invalidated.
- Examination withdrawal refunds will be issued following the completion of the testing window.

Personal Identification and Examination Security

Prometric is committed to a strong, secure, testing environment for all candidates visiting one of its test centers. Over the past few years, Prometric has made several significant investments to further strengthen security in our test centers, including a global roll-out of digital video recorders and enhancements to biometrics at certain centers.

Because of the importance of the NCTRC exams, numerous security measures will be enforced during the test administrations. Strict candidate identification requirements have been established.

IDENTIFICATION REQUIREMENTS

- You should always use the same form of your name. Do not change the spelling and do not change the order of your name.
- If you need to contact Prometric for any assistance, use the same form of your name that is on your NCTRC registration form.
- When you arrive at the test center, you will be required to present your ATT and one form of valid, government issued photo and signature bearing identification. Expired ID's will not be accepted. You will not be admitted to the examination without the proper identification and your ATT. If you arrive without proper ID, you will not be allowed to test and will be considered a "no-show", and your exam fee will be forfeited.
- If your name has changed since you registered for the examination, you will need to bring documentation of this change (e.g., a marriage license) with you for identification purposes.

Acceptable forms of identification (**which must include your signature and photograph**) are: current (valid) driver's license, employee identification card, state identification card, or a current (valid) passport. Your ID photo must be current and look like you. Your signature on the ID must match your signature on the Test Center roster when you check-in. The spelling of your name on your ID must match the Test Center's record and your ATT.

ADDITIONAL PRECAUTIONS

You will be observed at all times while taking the examination. This observation will include direct observation by test center staff as well as video and audio monitoring of your examination session.

ON THE DAY OF THE EXAMINATION

The staff at each Prometric Testing Center follows designated procedures to ensure that the operation of the test center meets the NCTRC criteria for standardized testing. Plan to arrive at the Prometric Testing Center at least 30 minutes before your scheduled testing time. If you arrive 30 minutes after your scheduled appointment, you may be required to forfeit your appointment. If you forfeit your appointment, you will be required to register again. Waiting areas at the Prometric Testing Centers are small. Friends or relatives who accompany you to the test center will not be permitted to wait in the test center or contact you while you are taking the examination.

The following activities will occur when you arrive at the Prometric Testing Centers for your appointment:

1. You must present your ATT and one form of valid, government issued photo and signature bearing identification. Your ATT will be collected at the Prometric Testing Centers.
2. You will be asked to sign in at the center. Your signature will be compared to your identification that you present. You will be asked to sign your name every time you enter or leave the testing area within the center.
3. You will be required to leave your personal belongings outside the testing room. Secure storage will be provided. However, you should keep your government issued identification with you at all times. If you leave the testing room for any reason, you will be required to show the test administrator your identification to be readmitted to the room. Storage space is small, so candidates should plan appropriately. Do not take large bags, textbooks, notebooks, or any other unnecessary items to the test center. Prometric Testing Centers assume no responsibility for candidates' personal belongings.
4. As of July 1, 2011 Prometric TCAs began using hand-held metal detector wands to scan all candidates in the AP&C Test Centers in the United States and Territories. All candidates are scanned prior to each entry into the test room, including returns from breaks. Candidates are still required to turn their pockets out, and the scan is done immediately afterward. The purpose of the wand scan is to take an additional step in identifying any prohibited devices that a candidate might attempt to take into the testing room. Prometric's Security Department conducted a pilot of this program in 2010 using the wands for a period of five months. Approximately 60,000 candidates were scanned during that time. Ultimately, the wand was found to be a strong deterrent and operationally effective. Based on the results of the pilot, Prometric decided to move forward with this program and has deployed hand-held metal detectors to all US Test Centers.
5. In addition to this message, information about wand scanning has been added to Prometric's standard Test Center Regulations Form. This form is posted on Prometric's website and is given to all candidates to read prior to check-in. The scan will be done in full view of the TCA DVR camera so it will be recorded, and any candidate complaints or escalations can be properly investigated. All candidates will be required to submit to the scans. Any candidates refusing to be scanned will not be permitted to test. Please rest assured that the metal detectors do not affect pregnancies, pacemakers, or other medical equipment that's connected to the body.
6. The test administrator will give you a short orientation and will then escort you to a computer terminal. You must remain in your seat during the examination, except when authorized to leave by a test center staff member.

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7. At the beginning of the exam, you will be required to signify your assent to the terms and conditions of the Confidentiality and Conduct Agreement.
 8. The test administrator will provide you with a packet of scratch paper that may be replaced as needed during testing. You may not take your own scratch paper or pencil to the examination, nor may you remove the scratch paper from the testing room during breaks. Scratch paper must be given to the test administrator upon completion of your test.
 9. Raise your hand to notify the test administrator if you:
 - believe you have a problem with your computer
 - need more scratch paper
 - need to take a break
 - need assistance for any reason
 10. Disposable earplugs will be available from the administrator.
 11. The clock will continue to run and will not be turned off for unplanned, unscheduled breaks. If there is a power outage, the time will stop counting down. The test will resume at the point where it left off when power is restored.
 12. After your examination is finished, you will be asked to complete a brief, computer-delivered questionnaire about your testing experience.
 13. The test administrator will collect all scratch paper. Removing scratch paper from the test center is considered an act of misconduct.
 14. If you have any additional comments, you are encouraged to send your comments directly to Prometric/NCTRC, 1501 S. Clinton Street, 14th Floor, Baltimore, MD 21224.
 15. Dress comfortably for the exam.

Please Note: On rare occasions, technical problems and weather emergencies may require rescheduling of a candidate's examination. If delays are extended more than 30 minutes past a scheduled appointment, the candidate will be offered the opportunity to reschedule without cost.

CONFIDENTIALITY AND CONDUCT AGREEMENT

"The contents of NCTRC's Exams are copyrighted, proprietary, and confidential. Disclosure or reproduction of any portion of a NCTRC Exam to any individual or entity for any purpose whatsoever is prohibited. Such activity will result in the invalidation of test scores and may result in civil and/or criminal prosecution.

You can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, or your scores might be canceled if there is substantial reason to believe through proctor observations, statistical analysis, and/or other evidence that your score may not be valid or that you were engaged in collaborative, disruptive, or other unacceptable behavior during the administration of this examination."

TEST CENTER REGULATIONS

To ensure that all candidates' results are earned under comparable conditions and represent fair and accurate measurement, it is necessary to maintain a standardized testing environment. The following regulations are strictly enforced. No papers, books, food, or purses are allowed in the testing room. No eating, drinking, or use of tobacco is allowed in the testing room.

GROUNDS FOR DISMISSAL

Any candidate who does not have positive identification, who uses unauthorized aids, or who does not follow the testing procedures can be dismissed from the test center. NCTRC may choose to have the test scores of such candidates canceled. A candidate who is believed to be engaging in misconduct and does not heed the administrator's warning to discontinue the behavior may be dismissed from the test center. All of the following behaviors are considered to be misconduct:

- giving or receiving unauthorized assistance of any kind
- using any unauthorized aids
- attempting to take the examination for someone else
- failing to follow testing regulations or the instructions of the test administrator
- creating a disturbance of any kind
- removing or attempting to remove examination questions and/or responses (in any format) or notes about the examination from the testing room
- tampering with the operation of the computer or attempting to use it for any function other than taking the examination

CANDIDATE MISCONDUCT

NCTRC examinations serve an important public function, and no misconduct will be tolerated. Before test scores are canceled for misconduct, the candidate is notified and given an opportunity to provide additional information. If during the administration of an examination, a test administrator believes misconduct is taking place, certain options shall be available to the test administrator.

- A test administrator may dismiss a candidate from the test and file a report with Prometric stating the action and the reasons for dismissal.
- A test administrator may choose not to dismiss the candidate from the test; however, under such circumstances the test administrator will file an irregularity report with Prometric describing his or her observations.
- In either event, when a test administrator reports to Prometric that a candidate might have committed misconduct during an examination, that candidate's test record is reviewed by Prometric and NCTRC.
- Prometric and NCTRC have the right to question any test score whose validity is in doubt because the score may have been obtained unfairly. Prometric first undertakes a confidential review of the circumstances giving rise to the questions about score validity. If there is sufficient cause to question the score, Prometric will refer the matter to NCTRC. NCTRC expects all individuals to cooperate in any NCTRC investigation or any investigation carried out by the NCTRC authorized testing service.
- NCTRC reserves the right to cancel any examination scores if, in the sole opinion of NCTRC, there is adequate reason to question its validity. NCTRC, in its discretion, will (i) offer the individual an opportunity to take the examination again at no additional fee, or (ii) provide review, hearing, and determination of validity of the examination, pursuant to the filing of appropriate requests to NCTRC's Standards Review Committee and Standards Hearing Committee.
- **Copyright.** All proprietary rights in the examinations, including copyright and trade secret, are held by the National Council for Therapeutic Recreation Certification. In order to protect the integrity of the examinations and to assure the validity of the scores that are reported, candidates must adhere to strict guidelines regarding proper conduct in handling these copyrighted, proprietary examinations. Any attempt to reproduce all or part of an examination is strictly prohibited by law. Such an attempt includes, but is not limited to: removing materials from the examination room; aiding others by any means in reconstructing any portion of an examination; or selling, distributing, receiving, or having unauthorized possession of any portion of an exam. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should also be noted that examination scores might be invalidated in the event of this type of suspected breach.

Reporting Test Results

Candidates will receive an unofficial pass or fail score notification at the test center. The score notification will be available on the computer screen and not in written format. Official written score reports will be mailed from Prometric at the conclusion of the testing window. Passing candidates receive a score report with PASS indicated. The exam is designed as a knowledge competency test and is not intended to distinguish among scores above the passing point. Therefore, no scores are reported for passing candidates. This policy is established as a safeguard against misuse of the exam scores of passing candidates. If a candidate does not pass the examination, the score report will indicate that the candidate was unsuccessful in achieving the required passing scaled score. The score report of those who do not pass will indicate a scaled score between 20 and 54 along with diagnostic indicators for the four content areas included in the exam. The diagnostic indicators are intended to help identify areas of strength and weakness; they are not to be used for pass/fail determination because this would lead to unreliable decisions.

The diagnostic indicators are as follows:

<i>Rating</i>	<i>Indication</i>
<i>1</i>	The candidate's score is below the level of minimum competency.
<i>2</i>	The candidate's score is at or above the minimum acceptable competency level.

Each candidate, regardless of the length of the examination, receives a test that conforms to the content outline for the test appearing in these Certification Standards and is given sufficient opportunity to demonstrate possession of the knowledge required to practice as a minimally competent entry-level CTRS. Matching the above scale of indicators to the content areas of the exam will aid the candidate in further preparation for future exam.

A duplicate copy of the score report is available by sending a letter of request to Prometric along with a fee of \$10.00 payable to Prometric.

NOTE: AN ELIGIBLE CANDIDATE WHO DOES NOT PASS THE TEST MAY REGISTER TO TAKE THE NEXT SCHEDULED TEST.

Exam Content Outline

The NCTRC Job Analysis documents the knowledge and skills used in therapeutic recreation practice. The job responsibilities represent the core components of current Therapeutic Recreation practice. The exam content below is based on the knowledge areas of the job analysis study.

Test Content

Content Areas	Number of Test Items (Testlet)	Final Percentage
Foundational Knowledge	5	33.3%
A. Background	1	
B. Diagnostic Groupings	3	
C. Theories and Concepts	1	
Practice of TR/RT	7	46.7%
A. Strategies and Guidelines	1	
B. Assessment	2	
C. Documentation	2	
D. Implementation	2	
Organization of TR/RT	2	13.3%
A. TR Service Delivery	1	
B. Administrative Tasks	1	
Advancement of the Profession	1	16.7%
Total	15	100%

I. Foundational Knowledge (33.3%)

A. Background

1. Human growth and development throughout the lifespan
2. Theories of human behavior and theories of behavior change
3. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)
4. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
5. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, International Classification of Functioning {ICF})
6. Principles of group interaction, leadership, and safety

B. Diagnostic Groupings

1. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
2. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
3. Senses and related impairments (e.g., vision, hearing)
4. Psychology and related impairments (e.g., mental health, behavior, addictions)

C. Theories and Concepts

1. Normalization, inclusion, and least restrictive environment
2. Architectural barriers and accessibility
3. Societal attitudes (e.g., stereotypes)
4. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
5. Relevant guidelines and standards (e.g., federal and state regulatory agencies)
6. Theories of play, recreation and leisure
7. Social psychological aspects of play, recreation and leisure
8. Leisure throughout lifespan
9. Leisure lifestyle development

II. Practice of Therapeutic Recreation/Recreation Therapy (46.7%)

A. Strategies and Guidelines

1. Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
2. Models of TR/RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
3. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
4. Standards of practice for the TR/RT profession
5. Code of ethics in the TR/RT field and accepted ethical practices with respect to

culture, social, spiritual, and ethnic differences

B. Assessment

1. Current TR/RT/leisure assessment instruments
2. Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
3. Other sources of assessment data (e.g., records or charts, staff, support system)
4. Criteria for selection and/or development of assessment (e.g. purpose, reliability, validity, practicality, availability)
5. Implementation of assessment
6. Behavioral observations related to assessment
7. Interview techniques for assessment
8. Functional skills testing for assessment
9. Sensory assessment (e.g., vision, hearing, tactile)
10. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
11. Social assessment (e.g., communication/interactive skills, relationships)
12. Physical assessment (e.g., fitness, motor skills function)
13. Affective assessment (e.g., attitude toward self, expression)
14. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)

C. Documentation

1. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
2. Interpretation of assessment and record of person served
3. Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM)
4. Methods of writing measurable goals and behavioral objectives

D. Implementation

1. Nature and diversity of recreation and leisure activities
2. Selection of programs, activities and interventions to achieve the assessed needs of the person served
3. Purpose and techniques of activity/task analysis
4. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
5. Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, asser-

tiveness training, stress management, social skills, community reintegration)

6. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)
7. Leisure education/counseling

III. Organization of Therapeutic Recreation/Recreation Therapy Service (13.3%)

A. TR Service Design

1. Program design relative to population served
2. Type of service delivery systems (e.g., health, leisure services, education and human services)
3. Role and function of other health and human service professions and of interdisciplinary approaches
4. Documentation procedures for program accountability, and payment for services
5. Methods for interpretation of progress notes, observations, and assessment results of the person being served

B. Administrative Tasks

1. Evaluating agency or TR/RT Service program
2. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
3. Components of agency or TR/RT Service plan of operation
4. Personnel, intern, and volunteer supervision and management
5. Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
6. Facility and equipment management
7. Budgeting and fiscal responsibility

IV. Advancement of the Profession (6.7%)

1. Historical development of TR/RT
2. Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)
3. Professionalism: professional behavior and professional development
4. Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)
5. Advocacy for persons served
6. Legislation and regulations pertaining to TR/RT
7. Professional standards and ethical guidelines pertaining to the TR/RT profession
8. Public relations, promotion and marketing of the TR/RT profession
9. Methods, resources and references for maintaining and upgrading professional competencies

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|---|---|
| 10. Professional associations and organizations | and interpret research for advancement of the TR/RT profession |
| 11. Partnership between higher education and direct service providers to provide internships and to produce, understand | 12. Value of continuing education and in-service training for the advancement of the TR/RT profession |

How is Your Score Determined

The passing score was established via a systematic procedure (Passing Score Study) that employed the judgment of a representative group of Certified Therapeutic Recreation Specialists from across the country with the assistance of Prometric. This group of CTRSs recommended to NCTRC a standard of what a minimally competent entry-level recreational therapist needs to know about the tested content to obtain a passing score. The final decision regarding the passing score was made by NCTRC Board of Directors and will be applied to the test you are administered.

For the NCTRC exam, there is one reported pass/fail decision score. A total scale score of at least 55 is needed to pass the exam. Scores are determined by converting the number of questions answered correctly (i.e., each correct question is worth the same) to a scaled score that ranges from approximately 20 to beyond 55. The number of questions administered to each candidate along with the number answered correctly is taken into account in computing the scaled score.

A scale score is neither the number of questions answered correctly nor the percentage of questions answered correctly. A scale score is a transformed raw score (the number of examination questions answered correctly given the length of the examination taken). To interpret any examination score, a uniform frame of reference is required. Scale scores provide that frame of reference based on the standard adopted by NCTRC of the amount of knowledge necessary to pass without regard to the specific exam form or version taken.

EXAM SCORE INFORMATION:

RELIABILITY: Reliability refers to the consistency of the exam scores. Exam scores can be inconsistent due to a variety of factors depending on the condition of the test taker, the kind of exam given, situational factors external to the exam, and/or the way a particular exam is scored. Reliability also refers to the degree to which exam scores are free from errors of measurement. Errors of measurement can occur when an exam taker may perform differently on one occasion than on another for reasons that may or may not be related to the purpose of the exam. A person may try harder, be more tired or anxious, have greater familiarity with the content of questions on one exam form than on another, or simply guess correctly on more questions on one occasion than on another.

Another kind of reliability involves the consistency with which exams with cut scores are classified as either passing or failing. For these and other reasons, a person's score will not be perfectly consistent from one occasion to the next.

The concept of reliability is expressed as a reliability coefficient. Reliability coefficients range from 0 (absence of reliability) to 1 (perfect reliability). In the past, the reliability for the total exam score (content consistency) has been about .90 for the total score. The reliability of how consistently candidates were classified as either passing or failing has been about .83. The score reliabilities for the seven content areas have ranged from a low of .47 to a high of .68; the consistency of classifying examinees to one of the three diagnostic levels has ranged from .79 to .86 for the seven content area diagnostic scores.

STANDARD ERROR OF MEASUREMENT: Since no measure of exam performance is perfectly accurate, it might be asked, "How accurate is my scaled score?" This question is not directly answerable, since it requires knowing what the candidate's score should be (the true score). The true score can never be known. The difference between the actual exam score and the true exam score is the "error of measurement" associated with a particular form of the exam. Since a person's score will vary from one exam form to another, it would be convenient to estimate the amount of variation one can expect for any given exam form. Such an estimate can be calculated and is called the standard error of measurement (SEM). If an exam could measure the elements of the subject matter without error, the value of the SEM associated with that exam would be zero.

WHAT EQUATING DOES: Exam developers attempt to make each new form (edition) of the exam equal in difficulty to previous forms. However, difficulty level varies somewhat from one exam form to another. Equating makes mathematical adjustments to scores on one form of the exam so that scores on that exam are comparable to scores on any other form of the exam.

AN ILLUSTRATION OF EQUATING: Suppose we have two individuals, the candidate and a friend, and both are equal in mathematical ability. Both take a mathematics exam. Both exams are intended to cover the same type of mathematics questions; however, the exam the candidate takes is more difficult than the one the friend takes. The candidate answered 135 questions correctly on the exam. The friend answered 140 questions correctly on his/her exam. It obviously would not be accurate or fair to conclude, on the basis of the exam scores, that the candidate was not as skilled in mathematics as the friend was. The difference in the exam scores was not due to one's mathematical abilities, because our first assumption was that the candidate and the friend were of equal ability. The difference in the scores was because one exam form was harder than the other was. Equating allows us to determine that a 135 on the exam that the candidate took represents the same level of mathematical

knowledge, skills and abilities as a score of 140 on the exam the friend took.

THE PURPOSE OF SCALING: Scaling allows scores to be reported on a common scale. Instead of having to remember that a 135 on the exam the candidate took is equivalent to a 140 on the exam that the friend took, we can use a common scale and report the score as a scaled score of 60. Since we know that the friend's score of 140 is equal to the score of 135, the friend's score would also be reported as a scaled score of 60.

COMPLAINTS

Candidates with complaints or comments about Prometric Testing Centers facilities and/or supervision, examination content, or any other matter related to the testing program should complete the exit evaluation questionnaire on the computer at the test center or write to:

Prometric/NCTRC
1501 S. Clinton Street, 14th Floor
Baltimore, MD 21224

EXAM REFERENCES

NCTRC provides a reference list of the major therapeutic recreation literature (*See page 18*) that was available as reference material in the development of the national exam for CTRS certification.

TO PREPARE TO TAKE THE NCTRC CERTIFICATION EXAM

1. Review the Exam Content Outline. The percentage of the total examination allotted to each major content area is indicated in parentheses.
2. Review the list of exam references for further information.
3. Take the sample test to become familiar with the nature of the individual exam questions.
4. Go to www.NCTRC.org for additional resources and study aids on computer based testing.

2007 NCTRC Job Analysis Job Tasks and Knowledge Areas for the Certified Therapeutic Recreation Specialist

A benchmark for any profession is its ability to routinely monitor its own practice through an ongoing process of self-regulation. Paramount to this process is the establishment of a credentialing program that enabled the profession to safeguard consumers by stating who is competent to practice. The establishment of a valid job analysis is essential to the integrity of a credentialing program and an exam program.

In 2007, NCTRC completed its third comprehensive Job Analysis Study. The list of tasks below are the current tasks performed by the Certified Therapeutic Recreation Specialist. These job tasks represent the therapeutic recreation process. The knowledge base for therapeutic recreation practice forms the basis of the NCTRC exam content and is used to evaluate pre-service and continuing education for therapeutic recreation.

Job Tasks of the Certified Therapeutic Recreation Specialist

Professional Roles and Responsibilities

1. Establish and maintain therapeutic relationship with person served
2. Create and maintain a safe and therapeutic environment
3. Maintain CTRS credential
4. Participate in in-service training and staff development
5. Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards

6. Enhance professional competence through additional credentials and/or contribution to TR/RT field (e.g., professional presentations, research, attending conferences)
7. Adhere to professional standards of practice and code of ethics
8. Participate in quality improvement process (e.g., exit interviews, customer service satisfaction, peer reviews)
9. Participate in agency/professional committees

Assessment

10. Request and secure referrals from professionals or other sources
11. Obtain and review pertinent information about person served (e.g., records or charts, staff, support system)

12. Select and/or develop assessment methods based on needs of the person served and setting (e.g., interview, observation, task performance, established instruments)
13. Conduct assessments using selected methods to determine physical, social, affective, cognitive, leisure, and/or lifestyle functioning
14. Analyze and interpret results from assessments
15. Integrate, record, and disseminate results gathered to appropriate individuals (e.g., person served, treatment team)

Planning Interventions and/or Programs

16. Discuss results of assessment and involve the person served or appropriate others (e.g., parent or legal guardian, support system, treatment team, service providers) in the design of individualized intervention plan
17. Develop and document individualized intervention plan with goals, objectives, evaluation criteria, and discharge/transition plan
18. Develop and/or select interventions and approaches to achieve individual and/or group goals
19. Develop and/or select protocols for individual or group session
20. Utilize activity and/or task analysis prior to interventions/programs
21. Select adaptations, modifications and/or assistive technology

Implementing Interventions and/or Programs

22. Explain the purpose and outcomes of the intervention/program and steps to be followed to the person served
23. Implement individual and/or group sessions, protocols, and/or programs
24. Use leadership and facilitation techniques to maximize therapeutic benefit (e.g., role-modeling, reflective listening)
25. Monitor and address safety concerns throughout the intervention/program
26. Observe person served for response to intervention/program and note important data (e.g., interaction with others, group, or therapist)
27. Monitor effectiveness of individual and/or group intervention/program plans and make modifications as needed

Evaluate Outcomes of the Interventions and/or Programs

28. Evaluate changes in functioning of the person served
29. Determine effectiveness of individual intervention plan and adjust as needed
30. Revise individualized intervention plan as necessary with input from the person served and appropriate

others (e.g., parent or legal guardian, support system, treatment team, service providers)

31. Evaluate individual's need for additional, alternative or termination of services
32. Determine effectiveness of protocols, modalities, and/or programs for targeted groups

Documenting Intervention Services

33. Record behavioral observations, progress, functioning, and intervention outcomes of the person served
34. Document unusual occurrences, accidents and incidents relating to risk management
35. Document protocols, modalities and/or program effectiveness

Working with Treatment and/or Service Teams

36. Provide information to team members concerning the range of available TR/RT services
37. Communicate information regarding person served to team members in a timely and appropriate manner (e.g., behavioral changes, functional status)
38. Coordinate or integrate intervention plan with other service providers for the person served (e.g., care planning)
39. Develop and provide collaborative services with other team members as necessary (e.g., co-treatment)

Organizing Programs

40. Maintain equipment and supply inventory
41. Plan and coordinate support services (e.g., transportation, housekeeping, dietary)
42. Maintain program budget and expense records
43. Develop and distribute schedules (e.g., programs, special events, programming changes)

Managing TR/RT Services

44. Comply with standards and regulations (e.g., government, credentialing, agency, professional)
45. Conduct an initial and/or on-going organizational needs assessment for TR/RT service delivery (e.g., populations served, internal and external resources)
46. Prepare and update comprehensive TR/RT written plan of operation (e.g., programs, risk management, policies and procedures)
47. Confirm that programs are consistent with agency mission and TR/RT Service philosophy and goals
48. Recruit, train, educate, supervise, and evaluate professionals, paraprofessionals and/or volunteers (e.g., plan in-service training, develop staffing schedules)
49. Provide staff development and mentorship

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50. Develop, implement and/or maintain TR/RT internship program in accordance with legal requirements and professional guidelines
 51. Prepare, implement, evaluate, and monitor TR/RT service annual budget
 52. Support research programs or projects
 53. Prepare and report quality improvement data
 54. Write summary reports of TR/RT Services

Public Awareness and Advocacy

55. Establish and maintain network with organizations and advocates (e.g., community agencies, universities, allied health professions)
56. Advocate for rights for persons served (e.g., access, inclusion, independence, transportation)
57. Provide education to the community (e.g., explanations of purpose of program/interventions; initiating opportunities to expand community awareness of value of TR/RT; organization of TR/RT service)
58. Promote the agency, TR/RT services and the profession through marketing and public relations

Required Knowledge Areas for the Certified Therapeutic Recreation Specialist

Foundational Knowledge

1. Theories of play, recreation and leisure
2. Social psychological aspects of play, recreation and leisure
3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
4. Human growth and development throughout the lifespan
5. Theories of human behavior and theories of behavior change
6. Leisure throughout lifespan
7. Leisure lifestyle development
8. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, International Classification of Functioning)
9. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
10. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
11. Senses and related impairments (e.g., vision, hearing)

12. Psychology and related impairments (e.g., mental health, behavior, addictions)
13. Normalization, inclusion, and least restrictive environment
14. Architectural barriers and accessibility
15. Societal attitudes (e.g., stereotypes)
16. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
17. Relevant guidelines and standards (e.g., federal and state regulatory agencies)
18. Principles of group interaction, leadership, and safety
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

Practice of Therapeutic Recreation/Recreation Therapy

20. Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
21. Models of TR/RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
23. Standards of practice for the TR/RT profession
24. Code of ethics in the TR/RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences
25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
26. Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, availability)
27. Implementation of assessment
28. Behavioral observations related to assessment
29. Interview techniques for assessment
30. Functional skills testing for assessment
31. Current TR/RT/leisure assessment instruments
32. Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
33. Other sources of assessment data (e.g., records or charts, staff, support system)
34. Interpretation of assessment and record of person served
35. Sensory assessment (e.g., vision, hearing, tactile)
36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
37. Social assessment (e.g., communication/interactive skills, relationships)
38. Physical assessment (e.g., fitness, motor skills function)
39. Affective assessment (e.g., attitude toward self, expression)

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40. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
 41. Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM)
 42. Nature and diversity of recreation and leisure activities
 43. Purpose and techniques of activity/task analysis
 44. Leisure education/counseling
 45. Selection of programs, activities and interventions to achieve the assessed needs of the person served
 46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
 47. Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)
 48. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)

Organization of Therapeutic Recreation/Recreation Therapy Service

49. Program design relative to population served
50. Type of service delivery systems (e.g., health, leisure services, education and human services)
51. Methods of writing measurable goals and behavioral objectives
52. Role and function of other health and human service professions and of interdisciplinary approaches
53. Documentation procedures for program accountability, and payment for services
54. Methods for interpretation of progress notes, observations, and assessment results of the person being served
55. Evaluating agency or TR/RT Service program

DEFINITION OF TERMS

Given the diversity and varied settings in which TR/RT services are practiced, it becomes a challenge to select terminology that is inclusive of the entire profession. The list provided here represents terms chosen to describe aspects of practice and the persons served. These terms are broad-based and can be applied to all settings and populations served. The intent here is to “include” rather than “exclude” any aspect of the profession.

Therapeutic Recreation/Recreation Therapy: all references to TR/RT in this document are intended to be used interchangeably.

Persons Served: a patient, client, consumer, participant or resident.

Individualized Intervention Plan: an individualized plan of care or intervention for a person served by a qualified TR/RT professional (CTRS) based on assessed strengths and needs, and includes goals, objectives and intervention strategies aimed at fostering desirable and necessary outcomes.

Treatment/Service Teams: also referred to as “intervention team”, and “multidisciplinary, interdisciplinary, transdisciplinary team”. A treatment team is a group of qualified professionals who provide individual and collective treatment to address the needs of a specific individual receiving service.

Standards of Practice: statements of professional expectations for service delivery in order to assure systematic provision of recreation therapy services. Such statements are set by the organizations representing the specific profession.

56. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
57. Components of agency or TR/RT Service plan of operation
58. Personnel, intern, and volunteer supervision and management
59. Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
60. Facility and equipment management
61. Budgeting and fiscal responsibility

Advancement of the Profession

62. Historical development of TR/RT
63. Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)
64. Professionalism: professional behavior and professional development
65. Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)
66. Advocacy for persons served
67. Legislation and regulations pertaining to TR/RT
68. Professional standards and ethical guidelines pertaining to the TR/RT profession
69. Public relations, promotion and marketing of the TR/RT profession
70. Methods, resources and references for maintaining and upgrading professional competencies
71. Professional associations and organizations
72. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the TR/RT profession
73. Value of continuing education and in-service training for the advancement of the TR/RT profession

Inclusion: a planning process in which individuals with disabilities have the opportunity to participate fully in all community activities offered to people without disabilities. Inclusion requires providing the necessary framework for adaptations, accommodations and supports so that individuals can benefit equally from an experience.

Outcomes: observed changes in an individual's health status and functional abilities as a result of services. Outcomes must be measurable, achievable, documented, meaningful, and linked to professional intervention.

Standards of Knowledge, Skills and Abilities for the CTRS:

1. possess knowledge of the theories and concepts of therapeutic recreation, leisure, social psychology, and human development as related to the nature and scope of health and human service delivery systems and the ability to integrate these in a variety of settings.
2. possess an essential knowledge of the diversity of the populations including diagnostic groups served within the therapeutic recreation process, including etiology, symptomatology, prognosis, treatment of conditions and related secondary complications. Possess a basic understanding of and ability to use medical terminology.
3. have a thorough understanding of the assessment process utilized within therapeutic recreation practice including, but not limited to, purpose of assessment, assessment domain (including cognitive, social, physical, affective, leisure, background information), assessment procedures (including behavioral observation, interview, functional skills testing, a general understanding of current TR/leisure assessment instruments, inventories and questionnaires and other sources of commonly used multidisciplinary assessment tools, including standardized measures), selection of instrumentation, general procedures for implementation and the interpretation of findings.
4. have a basic understanding of the published standards of practice for the profession of therapeutic recreation and the influence that such standards have on the program planning process.
5. possess detailed knowledge of the intervention planning process, including program or treatment plan design and development, programming considerations, types of programs, nature and scope of interventions, and selection of programs to achieve the assessed needs and desired outcomes of the person served.
6. possess basic knowledge related to the implementation of an individual intervention plan, including theory and application of modalities/interventions and facilitation techniques/approaches.
7. have a fundamental knowledge of methods for documenting and evaluating persons served, programs, and agencies.
8. possess a broad understanding of organizing and managing therapeutic recreation services including, but not limited to, the development of a written plan of operation and knowledge of external regulations, resource management, components of quality improvement, as well as basic understanding of staff/volunteer management.
9. be able to identify and understand the components of professional competency within the realm of therapeutic recreation practice, including requirements for certification, ethical practice, public relations, and the general advancement of the profession.
10. possess fundamental knowledge of how the TR process is influenced by diversity and social environment.
11. possess fundamental knowledge of assistive devices/equipment and activity modification techniques.
12. possess fundamental knowledge of group interaction, leadership, and safety.

NCTRC Exam Reference List

The following list includes the major therapeutic recreation literature that was available as reference material in the development of the exam items for the national exam for CTRS. NCTRC does not wish to give the impression that these resources are definitive sources for test item development. The resources were used as supportive documentation and reference materials to commonly held practice knowledge. Therefore, please note that NCTRC does not endorse any of these documents. Nor are these references comprehensive. Rather, they are provided as illustrative materials actually referenced in the exam development process and NCTRC recognizes other worthwhile references exist.

American Psychiatric Association (1994). *Diagnostic & Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: American Psychiatric Association.

American Therapeutic Recreation Association. (2000). *Standards for the Practice of Therapeutic Recreation & Self-Assessment Guide*. Alexandria, VA: ATRA.

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- American Therapeutic Recreation Association. (1990). Code of Ethics. Hattiesburg, MS: ATRA.
- American Therapeutic Recreation Association. (1996). Recreational Therapy: The Next Generation of Reimbursement. Hattiesburg, MS: ATRA.
- Anderson, L., & Kress, C. (2003). Inclusion: Including People with Disabilities in Park and Recreation Opportunities. State College, PA: Venture..
- Austin, D.R. (2001). Glossary of Recreation Therapy and Occupational Therapy. State College, PA: Venture Publishing.
- Austin, D.R. (1991). Therapeutic Recreation: Processes and Techniques (2nd ed.). Champaign, IL: Sagamore Publishing.
- Austin, D.R. (1997). Therapeutic Recreation: Processes and Techniques (3rd ed.). Champaign, IL: Sagamore Publishing.
- Austin, D.R. (1999). Therapeutic Recreation: Processes and Techniques (4th ed.). Champaign, IL: Sagamore Publishing.
- Austin, D.R. (2004). Therapeutic Recreation: Processes and Techniques (5th ed.). Champaign, IL: Sagamore Publishing.
- Austin, D.R., & Crawford, M.E. (1991). Therapeutic Recreation: An Introduction. Englewood Cliffs, NJ: Prentice Hall.
- Austin, D.R., & Crawford, M.E. (1996). Therapeutic Recreation: An Introduction (2nd ed.). Needham Heights, MA: Allyn & Bacon.
- Austin, D.R., & Crawford, M.E. (2001). Therapeutic Recreation: An Introduction (3rd ed.). Needham Heights, MA: Allyn & Bacon.
- Austin, D.R., Dattilo, J., & McCormick, B. (2002). Conceptual Foundations for Therapeutic Recreation. State College, PA: Venture Publishing.
- Brasile, F., Skalko, T., & burlingame, j. (1998). Perspectives in Recreational Therapy: Issues of a Dynamic Profession. Ravensdale, WA: Idyll Arbor.
- Buettner, L.M., & Martin, S.L. (1995). Therapeutic Recreation in the Nursing Home. State College, PA: Venture Publishing.
- Buettner, L., & Fitzsimmons, S. (2003). Dementia Practice Guidelines for Recreation Therapy: Treatment of Disturbing Behavior. Alexandria, VA: ATRA.
- Bullock, C., & Mahon, M (1997). Introduction to Recreation Services for People with Disabilities: A Person Centered Approach. Champaign, IL: Sagamore Publishing.
- Bullock, C., & Mahon, M (2000). Introduction to Recreation Services for People with Disabilities: A Person Centered Approach (2nd ed.). Champaign, IL: Sagamore Publishing.
- burlingame, j., & Blaschko, T.M. (1990). Assessment Tools for Recreational Therapy. Ravensdale, WA: Idyll Arbor.
- burlingame, j., & Blaschko, T.M. (1997). Assessment Tools for Recreational Therapy (2nd ed.). Ravensdale, WA: Idyll Arbor.
- burlingame, j., & Blaschko, T.M. (2002). Assessment Tools for Recreational Therapy (3rd ed.). Ravensdale, WA: Idyll Arbor.
- Carter, M.J., Van Andel, G.E., & Robb, G.M. (1994). Therapeutic Recreation: A Practical Approach. Prospect Heights, IL: Waveland Press.
- Carter, M.J., Van Andel, G.E., & Robb, G.M. (1995). Therapeutic Recreation: A Practical Approach (2nd ed.). Prospect Heights, IL: Waveland Press.
- Carter, M.J., Van Andel, G.E., & Robb, G.M. (2003). Therapeutic Recreation: A Practical Approach (3rd ed.). Prospect Heights, IL: Waveland Press.
- Carter, M.J. (1991). Designing Therapeutic Recreation Programs in the Community. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Carter, M.J., & LeConey, S. (2004). Therapeutic Recreation in the Community: An Inclusive Approach (2nd ed.). Champaign, IL: Sagamore Publishing.
- Coyle, C.P., Kinney, W.B., Riley, B., & Shank, J.W. (1991). Benefits of Therapeutic Recreation: A Consensus View.

-
- Ravensdale, WA: Idyll Arbor.
- Dattilo, J. (1994). *Inclusive Leisure Services: Responding to the Rights of People with Disabilities*. State College, PA: Venture Publishing.
- Dattilo, J. (1999). *Leisure Education Program Planning: A Systematic Approach* (2nd ed.). State College, PA: Venture Publishing.
- Dattilo, J. (2000). *Facilitation Techniques in Therapeutic Recreation*. State College, PA: Venture Publishing.
- Dattilo, J., & Murphy, W.D. (1987). *Behavior Modification in Therapeutic Recreation*. State College, PA: Venture Publishing.
- Edginton, C.R., Hanson, C.J., Edginton, S.R., & Hudson, S.D. (1998). *Leisure Programming: A Service-Centered and Benefits Approach* (3rd ed.). Boston, MA: WCB McGraw-Hill.
- Faulkner, R. (1991). *Therapeutic Recreation Protocols for Treatment of Substance Addictions*. State College, PA: Venture Publishing.
- Grote, K., Hasl, M., Rider, K., & Mortenson, M. (1995). *Behavioral Health Protocols for Recreational Therapy*. Ravensdale, WA: Idyll Arbor.
- (1996). *Guide for the Uniformed Data Set for Medical Rehabilitation*. Buffalo, NY: SUNY at Buffalo.
- Hawkins, B.A., May, M., & Rogers, N. (1996). *Therapeutic Activity Intervention with the Elderly: Foundations and Practices*. State College, PA: Venture Publishing.
- Hogberg, P., & Johnson, M. (1994). *Reference Manual for Writing Rehabilitation Therapy Treatment Plans*.
- Howe-Murphy, R., & Charboneau, B.G. (1987). *Therapeutic Recreation Intervention: An Ecological Perspective*. Englewood Cliffs, NJ: Prentice Hall Inc.
- Idyll Arbor. (2001). *Therapy Dictionary* (2nd ed.). Ravensdale, WA: Idyll Arbor.
- Iso-Ahola, S. E. (1980). *The Social Psychology of Leisure and Recreation*. Dubuque, IA: W. C. Brown Company.
- Kennedy, D., Smith, R., & Austin D. (1991). *Special Recreation: Opportunities for Persons with Disabilities* (2nd ed.). Dubuque, IA: Wm. C. Brown Publisher.
- Kraus, R., & Shank, J. (1992). *Therapeutic Recreation Service: Principles and Practices* (4th ed.). Madison IL: Brown & Benchmark Publishing.
- Kraus, R. (1998). *Recreation and Leisure in Modern Society* (5th ed.). Sudbury, MA: Jones & Bartlett.
- Kraus, R., & Curtis, J. (1990). *Creative Management in Recreation, Parks and Leisure Services* (5th ed.). St. Louis, MO: Times Mirror/Mosby College Publishing.
- Lawson, L., Coyle, C., & Ashton-Shaeffer, C. (2001). *Therapeutic Recreation in Special Education*. Alexandria, VA: ATRA.
- Malkin, M.J., & Howe, C.Z. (1993). *Research in Therapeutic Recreation: Concepts and Methods*. State College, PA: Venture Publishing.
- Mannell, R.C., & Kleiber, D.A. (1997). *A Social Psychology of Leisure*. State College, PA: Venture Publishing.
- McGuire, F.A., Boyd, R.K., & Tedrick, R.E. (1999). *Leisure and Aging: Ulyssean Living in Later Life* (2nd ed.). Champaign, IL: Sagamore Publishing.
- McGuire, F.A., Boyd, R.K., & Tedrick, R.E. (2004). *Leisure and Aging Ulyssean Living in Later Life* (3rd ed.). Champaign, IL: Sagamore Publishing.
- Melcher, S. (1999). *Introduction to Writing Goals and Objectives*. State College, PA: Venture Publishing.
- Mobily, K., & MacNeil, R. (2002). *Therapeutic Recreation: Nature of Disabilities*. State College, PA: Venture Publishing.
- National Council for Therapeutic Recreation Certification. (2008). *NCTRC Certification Standards, Part I-V*. New City, NY: NCTRC
- National Therapeutic Recreation Society. (1994). *Standards of Practice for Therapeutic Recreation Services and Anno-*

-
- tated Bibliography. Alexandria, VA: NTRS/NRPA.
- National Therapeutic Recreation Society. (1999). Code of Ethics and Interpretive Guidelines. Alexandria, VA: NTRS/NRPA.
- O'Morrow, G.S., & Carter, M.J. (1997). Effective Management in Therapeutic Recreation Service. State College, PA: Venture Publishing.
- O'Morrow, G.S., Carter, M.J. (2006). Effective Management in Therapeutic Recreation Service. (2nd ed.). State College, PA: Venture Publishing, Inc.
- O'Morrow, G.S., & Reynolds, R.P. (1989). Therapeutic Recreation: A Helping Profession (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Peterson, C.A., & Stumbo, N.J. (2000). Therapeutic Recreation Program Design: Principles and Procedures (3rd ed.). Boston, MA: Allyn & Bacon.
- Peterson, C.A., & Stumbo, N.J. (2004). Therapeutic Recreation Program Design: Principles and Procedures (4th ed.). San Francisco, CA: Pearson, Benjamin Cummings Publishing.
- Peterson, C.A., Stumbo, N.J. (2009). Therapeutic Recreation Program Design: Principles and Procedures (5th ed.) Boston, MA: Allyn & Bacon.
- Porter, H, Burlingame, j. (2006). Recreational Therapy Handbook of Practice: ICF-Based Diagnosis and Treatment. Enumclaw, WA: Idyll Arbor, Inc.
- Riley, B. (1991). Quality Management: Applications for Therapeutic Recreation. State College, PA: Venture Publishing.
- Robertson, T, Long, T. (2008). Foundations of Therapeutic Recreation. Champaign, IL: Human Kinetics.
- Russell, R. (2001). Leadership in Recreation. New York, NY: McGraw-Hill Publishing.
- Schlein, S.J., Ray M.T., & Green F.P. (1997). Community Recreation and People with Disabilities (2nd ed.). Baltimore, MD: Paul H. Brooks.
- Shank, J., & Coyle, C. (2002). Therapeutic Recreation in Health Promotion and Rehabilitation. State College, PA: Venture Publishing.
- Skalko, T.K. (1998). Idyll Arbor's Medical Abbreviations for the Health Professions. Ravensdale, WA: Idyll Arbor.
- Skalko, Mitchell, Kaye & Dalton. (1994). Basic Guide to Physical and Psychiatric Medications for Recreational Therapy. Alexandria, VA: ATRA.
- Smith, R.W., Austin, D.R., & Kennedy, D.W. (1996). Inclusive & Special Recreation Opportunities for Persons with Disabilities (3rd ed.). Madison, IL: Brown & Benchmark Publishing.
- Smith, R.W., Austin, D.R., Kennedy, D.W., & Hutchison, L. (2005). Inclusive & Special Recreation Opportunities for Persons with Disabilities (5th ed.). New York, NY: McGraw Hill.
- Stumbo, N.J. (1997). Leisure Education: More Goal-Oriented Activities. State College, PA: Venture Publishing.
- Stumbo, N.J. (2002). Client Assessment in Therapeutic Recreation Services. State College, PA: Venture Publishing.
- Stumbo, N.J. (2003). Client Outcomes in Therapeutic Recreation Services. State College, PA: Venture Publishing.
- Stumbo, N.J. (2001). Professional Issues in Therapeutic Recreation: On Competence and Outcomes. Champaign, IL: Sagamore Publishing.
- Sylvester, C., Voelkl, J., & Ellis, G. (2001). Therapeutic Recreation Programming: Theory & Practice. State College, PA: Venture Publishing.
- Wilhite, B., & Keller, M.J. (1992). Therapeutic Recreation: Cases and Exercises. State College, PA: Venture Publishing.
- Wilhite, B., & Keller, M.J. (2000). Therapeutic Recreation: Cases and Exercises (2nd ed.). State College, PA: Venture Publishing.
- Winslow, R.M., & Halberg, K.J. (1992). The Management of Therapeutic Recreation Services. Arlington, VA: NRPA.