

*Therapeutic Recreation Certificate*  
**APPLICATION FORM**

Please complete for consideration/admission into the Therapeutic Recreation Certificate Program. Registration approval will be confirmed with you by phone or email.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work phone # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### Educational Background

- University Degree in Recreation Therapy or Recreation and Leisure Services with TR course content  
Please specify \_\_\_\_\_ Grad. Year: \_\_\_\_\_
- College Diploma in Therapeutic Recreation or Recreation and Leisure Services with TR course content  
Please specify \_\_\_\_\_ Grad. Year: \_\_\_\_\_

### Work Experience

- Current Recreation Therapist with 5 – 7 years work experience  
Please specify (attach separate page or resume outlining work history)
- Do you work :    Part-time                       Full-time                       Contract

Name of Organization or Agency: \_\_\_\_\_

How many years experience do you have working as a RT? \_\_\_\_\_

What do you hope to gain by enrolling in this certificate program?

How did you find out about this certificate program?

- |   |   |
|---|---|
| <input type="checkbox"/> Flyer                          | <input type="checkbox"/> Program Brochure |
| <input type="checkbox"/> Continuing Education Catalogue | <input type="checkbox"/> Colleague/Friend |
| <input type="checkbox"/> Mohawk College Website         | <input type="checkbox"/> TRO Website      |
| <input type="checkbox"/> Other Please specify           |   |

**PLEASE RETURN THIS APPLICANT PROFILE TO:**

SUE VATTAY, Program Manager  
MOHAWK COLLEGE  
PO BOX 2034, Hamilton, Ontario, L8N 3T2  
Phone: (905) 575-2158      Fax (905) 575-2094