



2007 NCTRC Job Analysis Report

NCTRC Report on the International
Job Analysis of Certified
Therapeutic Recreation Specialists

2007 JA Report



This report outlines the rationale, procedures and findings of the 2007 NCTRC Job Analysis Study. The job analysis study was conducted by NCTRC in consultation with Thomson Prometric, Lawrenceville, New Jersey. Thomson Prometric is recognized as a global leader in occupational testing and exam development and currently serves as the test administrator for the NCTRC exam program.

*The purpose of the job analysis study was to identify the tasks and knowledge that are important for competent performance by entry-level CTRSs. The study was conducted to answer the essential question: "What are the important **job tasks** related to competent practice and what **knowledge and skills** are essential for competent performance?" The findings of the job analysis study serve as the basis of the NCTRC International Certification Exam and inform the CTRS about content areas for continuing education.*

Rationale

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 which enables the profession to safeguard consumers by determining who is competent to practice.

The establishment of a valid job analysis is essential to the integrity of a credentialing program and its associated exam program. The job analysis translates practice into a usable format for test development. It delineates the important tasks and knowledge deemed necessary for competent practice. A well conducted job analysis helps insure that a certification exam is job related and thus has content validity. The process directly links the content of the certification exam to field-identified important job tasks (Oltman & Rosenfield, 1997). Therefore, the job analysis process is an essential component in establishing the content validity of a credentialing exam (Standards for Educational and Psychological Testing, 1999).

Methods

A variety of methods exist for the completion of a job analysis. The most accepted practice is to use multiple sources of job information and then check for agreement among CTRS subject matter experts. The process is enhanced by the inclusion of large numbers of subject matter experts who represent the diversity of relevant areas of expertise and practice.

Within the current study, several different sources of information about entry-level practice were considered, with the most significant being the 1997 NCTRC Job Analysis Inventory (Riley, 1997). This comprehensive inventory of 141 job related tasks and knowledge areas was reviewed by the Task Force Committee which was composed of nine CTRS subject matter

experts. Members of the Task Force Committee represented the diversity of settings, populations, and levels of service found in therapeutic recreation practice across the United States and Canada. After careful analysis, the Task Force Committee modified the original job analysis inventory to reflect current practice, keeping in mind the skills necessary for competent performance and protection of the consumer.

Based upon the work of the Task Force Committee, Thomson Prometric developed a draft inventory survey, complete with rating scales and demographic questions. More specifically, the survey consisted of five (5) sections:

1. Background and General Information
2. Task Rating
3. Knowledge Rating
4. Recommendation for Test Content
5. Comments

The survey was pilot-tested using a sample of 18 CTRS subject matter experts. After minor modification, the survey was then sent to the entire population of active CTRSs (N=10,790) via email or postal mail. The survey results were used to guide the development of test specifications and content-valid examinations.

Summary of Findings: Demographics

Of the 10,790 Certified Therapeutic Recreation Specialists invited to participate in the survey, a total of 4,667 (43.3%) individuals submitted completed surveys. The largest reported job profile was that of Recreation Therapist (43.6%) in a hospital work setting (40.0%) and certified for 10 or more years (47.2%). Results by self-description indicated that respondents varied with respect to gender (female, 86.5%; and male, 13.5%), racial/ethnic background (white, 90.0%; and other, 10.0%), and age (under 35, 50.0%; and 36 and over, 50.0%). All U.S. states and most Canadian provinces were represented within the study.

A more complete summary of demographic results is presented in **Table 1**.

Summary of Findings: Task Domains

With regard to the 10 task domains, respondents were asked to rate each of the 58 job responsibility statements using a five-point scale (“0”= of no importance to “4”= very important). Within the final analysis, a mean importance rating of 2.5 to 4.0 (moderate to very important) was established to identify those tasks or professional responsibilities that were to be included in the test development process. The 58 task statements with corresponding means and standard deviation values appear in **Table 2**. Some of the statements have been abbreviated to accommodate

the display of data. In addition to the statements, mean scores (higher scores = more important) and standard deviations (small scores = more agreement) are provided.

The top-rated job tasks according to corresponding means and standard deviations are presented in **Table 3**. Clearly noted within the top-rated job tasks are individual tasks from the designated domain areas of *Assessment, Planning Interventions and/or Programs, Evaluating Outcomes of the Interventions and/or Programs*, and *Documenting Intervention Services*. Significant representation from these domain areas, along with job tasks from the domain area of *Professional Roles and Responsibilities*, clearly underscore the importance of the therapeutic recreation process within TR/RT practice.

Summary of Findings: Knowledge Domains

With regard to the four established knowledge domains, respondents were asked to rate each of the 73 knowledge areas using a five-point scale (“0”= of no importance to “4”= very important). As with the job tasks, a 2.5 importance rating criterion was established for consideration of acceptance. The knowledge areas are presented in **Table 4**.

The knowledge areas with the highest importance ratings according to corresponding means and standard deviations are listed in **Table 5**. The overwhelming majority of the top listed knowledge areas were from the defined domain area of *Practice of Therapeutic Recreation/ Recreation Therapy*. This finding, once

Table 1
Summary of Demographic Findings

Gender			Primary Service Setting			Primary Population Served		
Female	4036	(86.5%)	Hospital	1807	(40.0%)	Behavioral/mental health	1422	(37.0%)
Male	628	(13.5%)	Skilled Nursing Facility	822	(18.2%)	Geriatric	1075	(28.0%)
Missing	3		Residential/transitional	548	(12.1%)	Physical medicine/disabilities	842	(21.9%)
Ethnic Background			Parks/recreation organization	312	(6.9%)	Developmental disabilities	504	(13.1%)
White (non-Hispanic)	4194	(90.0%)	Outpatient/day treatment	262	(5.8%)	Missing	46	
Black/African American	263	(5.6%)	Academic	168	(3.7%)	Primary Age Group Served		
Asian/Pacific Islander	75	(1.6%)	Disability support organization	144	(3.2%)	Adults/Older Adults	1423	(36.7%)
Hispanic/Latino	74	(1.6%)	School	133	(2.9%)	Adults	759	(19.6%)
Multi-racial/Multi-ethnic	40	(0.9%)	Day care setting	111	(2.5%)	Older Adults	553	(14.2%)
Native American/Alaskan Native	7	(0.2%)	Private practice	95	(2.1%)	All age groups	504	(13.0%)
East Indian	6	(0.1%)	Correctional institution	83	(1.8%)	Adolescents	275	(7.1%)
Missing	8		Professional organization	31	(0.7%)	Pediatrics/Adolescents	275	(7.1%)
Years Certified			Missing	151		Pediatrics	92	(2.3%)
Less than 1 year	284	(6.0%)	Primary Level of Care			Missing	8	
1-3 years	619	(13.3%)	Long-term care	966	(24.9%)	Regional Representation		
4-6 years	809	(17.4%)	Rehabilitation care	759	(19.6%)	Northeast	911	(19.6%)
7-9 years	752	(16.1%)	Acute care	727	(18.8%)	East North Central	944	(20.3%)
10 or more years	2199	(47.2%)	Community	648	(16.7%)	West North Central	513	(11.0%)
Missing	4		Combination of settings	491	(12.7%)	South Atlantic	961	(20.7%)
Current Role			Sub-acute care	200	(5.2%)	West South Central	535	(11.5%)
Recreation Therapist	2033	(43.6%)	Habilitation	57	(1.5%)	West	722	(15.6%)
Recreation Therapist/Supervisor	1063	(22.8%)	Home health care	25	(0.6%)	Canada & Others	62	(1.3%)
Not currently employed in TR	590	(12.6%)	Missing	16		Missing	19	
Recreation Therapist/Admin.	294	(6.3%)						
Recreation Leader/Programmer	264	(5.7%)						
Administrator	235	(5.0%)						
Educator	188	(4.0%)						

Table 2
Job Task Domains

No.	Job Task Domains	Mean	SD	No.	Job Task Domains	Mean	SD
Professional Roles and Responsibilities				30.	Revise individualized intervention plan	3.7	0.6
1.	Establish/maintain therapeutic relationship	3.8	0.4	31.	Evaluate need for termination of services	3.6	0.6
2.	Create/maintain a safe/therapeutic environment	3.9	0.4	32.	Determine effectiveness of modalities/programs	3.5	0.6
3.	Maintain CTRS credential	3.6	0.7	Documenting Intervention Services			
4.	Participate in in-service training/staff development	3.5	0.6	33.	Record behavioral observations	3.7	0.5
5.	Maintain knowledge of current TR/RT standards	3.5	0.7	34.	Document occurrences relating to risk management	3.8	0.5
6.	Enhance professional competence	3.1	0.8	35.	Document modalities for program effectiveness	3.5	0.7
7.	Adhere to professional standards/code of ethics	3.8	0.5	Working with Treatment and/or Service Teams			
8.	Participate in quality improvement process	3.2	0.7	36.	Provide TR/RT information to team members	3.6	0.6
9.	Participate in agency/professional committees	3.0	0.8	37.	Communicate information regarding person served	3.8	0.5
Assessment				38.	Coordinate/integrate intervention plan	3.6	0.6
10.	Request/secure referrals	3.1	0.9	39.	Develop/provide collaborative services	3.6	0.6
11.	Obtain/review pertinent information	3.7	0.5	Organizing Programs			
12.	Select/develop assessment methods	3.7	0.6	40.	Maintain equipment/supply inventory	3.2	0.7
13.	Conduct assessments	3.7	0.5	41.	Plan/coordinate support services	3.0	0.9
14.	Analyze/interpret results	3.7	0.6	42.	Maintain program budget/expense records	3.3	0.8
15.	Integrate/record/disseminate results	3.6	0.6	43.	Develop/distribute schedules	3.4	0.7
Planning Interventions and/or Programs				Managing TR/RT Services			
16.	Discuss results of assessment	3.6	0.6	44.	Comply with standards/regulations	3.8	0.5
17.	Develop/document individualized intervention plan	3.7	0.6	45.	Conduct needs assessment	3.3	0.8
18.	Develop/select interventions/approaches	3.7	0.5	46.	Prepare/update written plan of operation	3.2	0.8
19.	Develop/select protocols	3.4	0.7	47.	Confirm programs are consistent with agency mission	3.4	0.7
20.	Utilize activity/task analysis	3.2	0.8	48.	Recruit/train/educate/supervise/evaluate staff	3.5	0.7
21.	Select modifications/assistive technology	3.6	0.6	49.	Provide staff development/mentorship	3.4	0.7
Implementing Interventions and/or Programs				50.	Develop/implement internship program	3.3	0.8
22.	Explain purpose/outcomes of the intervention	3.4	0.7	51.	Prepare annual budget	3.2	0.8
23.	Implement individual/group sessions	3.6	0.6	52.	Support research programs/projects	2.8	0.9
24.	Use leadership/facilitation techniques	3.6	0.6	53.	Prepare/report quality improvement data	3.0	0.9
25.	Monitor/address safety	3.7	0.5	54.	Prepare summary reports of TR/RT Services	2.9	0.9
26.	Observe person served for response to intervention	3.7	0.5	Public Awareness and Advocacy			
27.	Monitor effectiveness of individual/group intervention	3.7	0.5	55.	Establish network with organizations/advocates	3.3	0.8
Evaluate Outcomes of the Interventions/Programs				56.	Advocate for rights for persons served	3.5	0.7
28.	Evaluate changes in functioning	3.8	0.5	57.	Provide education to the community	3.3	0.8
29.	Determine effectiveness of individualized intervention plan	3.7	0.5	58.	Promote marketing/public relations	3.2	0.8

*Complete version of the NCTRC Job Task Domains is available online at www.NCTRC.org

Table 3
Top Job Tasks

No.	Tasks	Mean	S. D.
2.	Create/maintain a safe/therapeutic environment	3.9	0.4
1.	Establish/maintain therapeutic relationship	3.8	0.4
7.	Adhere to professional standards/code of ethics	3.8	0.5
28.	Evaluate changes in functioning	3.8	0.5
34.	Document occurrences relating to risk management	3.8	0.5
37.	Communicate information regarding person served	3.8	0.5
44.	Comply with standards/regulations	3.8	0.5
11.	Obtain/review pertinent information	3.7	0.5
12.	Select/develop assessment methods	3.7	0.6
13.	Conduct assessments	3.7	0.5
14.	Analyze/interpret results from assessment	3.7	0.6
17.	Develop/document individualized intervention plan	3.7	0.6

*Complete version of the NCTRC Job Tasks is available online at www.NCTRC.org

Table 5
Top Knowledge Areas

No.	Knowledge Areas	Mean	S. D.
9.	Cognition and related impairments	3.8	0.5
12.	Psychology and related impairments	3.7	0.5
27.	Implementation of assessment	3.7	0.5
34.	Interpretation of assessment	3.7	0.6
36.	Cognitive assessment	3.7	0.5
37.	Social assessment	3.7	0.5
38.	Physical assessment	3.7	0.6
39.	Affective assessment	3.7	0.6
45.	Selection of programs	3.7	0.5
46.	Activity modifications	3.7	0.6
47.	Modalities/interventions	3.7	0.5
48.	Facilitation techniques/approaches	3.7	0.6

*Complete version of the NCTRC Knowledge Areas is available online at www.NCTRC.org

Table 4
Professional Knowledge Domains

No.	Professional Knowledge Domains	Mean	SD	No.	Professional Knowledge Domains	Mean	SD
Foundational Knowledge				38. Physical assessment			
1.	Theories of play/recreation/leisure	3.2	0.8	39.	Affective assessment	3.7	0.6
2.	Social psychological aspects of play	3.4	0.7	40.	Leisure assessment	3.7	0.5
3.	Diversity factors	3.6	0.6	41.	Documentation	3.6	0.6
4.	Human growth/development	3.4	0.7	42.	Nature of recreation/leisure activities	3.4	0.7
5.	Theories of human behavior	3.4	0.7	43.	Purpose/techniques of activity analysis	3.3	0.7
6.	Leisure throughout lifespan	3.4	0.7	44.	Leisure education/counseling	3.5	0.7
7.	Leisure lifestyle development	3.5	0.7	45.	Selection of programs	3.7	0.5
8.	Concepts of health/human services	3.1	0.9	46.	Activity modifications	3.7	0.6
9.	Cognition and related impairments	3.8	0.5	47.	Modalities/interventions	3.7	0.5
10.	Anatomy, physiology, and related impairments	3.5	0.7	48.	Facilitation techniques/approaches	3.7	0.6
11.	Senses and related impairments	3.6	0.6	Organization of TR/RT Service			
12.	Psychology and related impairments	3.7	0.5	49.	Program design	3.6	0.6
13.	Normalization/inclusion	3.6	0.6	50.	Service delivery systems	3.3	0.7
14.	Architectural barriers/accessibility	3.5	0.7	51.	Writing measurable goals/behavioral objectives	3.6	0.6
15.	Societal attitudes	3.3	0.7	52.	Health/human service professions	3.4	0.7
16.	Legislation	3.3	0.7	53.	Documentation procedures	3.5	0.8
17.	Relevant guidelines/standards	3.4	0.7	54.	Interpretation of progress notes	3.6	0.6
18.	Principles of group interaction/leadership	3.5	0.6	55.	Evaluating agency TR/RT Service program	3.2	0.7
19.	Principles of behavioral change	3.4	0.7	56.	Quality improvement	3.2	0.8
Practice of TR/RT				57.	TR/RT Service plan of operation	3.2	0.8
20.	Concepts of TR/RT	3.5	0.7	58.	Personnel/intern/volunteer supervision	3.3	0.7
21.	Models of TR/RT service delivery	3.2	0.8	59.	Payment system	3.0	1.0
22.	Practice settings	3.5	0.7	60.	Facility/equipment management	3.1	0.8
23.	Standards of practice	3.6	0.6	61.	Budgeting/fiscal responsibility	3.2	0.8
24.	Code of ethics	3.7	0.6	Advancement of the Profession			
25.	Impact of impairment	3.7	0.5	62.	Historical development of TR/RT	2.6	0.9
26.	Selection of assessment	3.3	0.7	63.	Accreditation standards/regulations	3.4	0.8
27.	Implementation of assessment	3.7	0.5	64.	Professionalism	3.6	0.6
28.	Behavioral observations	3.7	0.5	65.	TR/RT certification/recertification	3.6	0.7
29.	Interview techniques for assessment	3.6	0.6	66.	Advocacy	3.6	0.6
30.	Functional skills testing for assessment	3.5	0.6	67.	Legislation/regulations	3.3	0.8
31.	TR/RT/leisure assessment instruments	3.3	0.8	68.	Professional standards/ethical guidelines	3.6	0.6
32.	Other inventories/questionnaires	3.2	0.8	69.	Public relations/marketing	3.2	0.8
33.	Other sources of assessment data	3.5	0.7	70.	Maintaining/upgrading professional competencies	3.3	0.7
34.	Interpretation of assessment	3.7	0.6	71.	Professional associations/organizations	3.2	0.8
35.	Sensory assessment	3.5	0.7	72.	Partnership for advancement of the TR/RT profession	3.3	0.8
36.	Cognitive assessment	3.7	0.5	73.	Continuing education/in-service training	3.5	0.7
37.	Social assessment	3.7	0.5				

*Complete version of the NCTRC Professional Knowledge Domains is available online at www.NCTRC.org

Table 6
Content Coverage Rating: Task Domains

No.	Task Domains	Mean	S. D.
1.	Professional Roles and Responsibilities	4.3	0.7
2.	Assessment	4.4	0.6
3.	Planning Interventions and/or Programs	4.4	0.7
4.	Implementing Interventions and/or Programs	4.5	0.6
5.	Evaluate Outcomes of the Interventions/Programs	4.4	0.7
6.	Documenting Intervention Services	4.4	0.7
7.	Working with Treatment and/or Service Teams	4.5	0.7
8.	Organizing Programs	4.3	0.7
9.	Managing TR/RT Services	4.3	0.7
10.	Public Awareness and Advocacy	4.4	0.7

Table 7
Content Coverage Rating: Knowledge Domains

No.	Knowledge Domains	Mean	S. D.
1.	Foundational Knowledge	4.5	0.6
2.	Practice of TR/RT	4.5	0.6
3.	Organization of TR/RT	4.4	0.7
4.	Advancement of the Profession	4.4	0.7

again, highlights the overall importance of the therapeutic recreation process within TR/RT practice. The knowledge areas that were rated lower in importance (but still at the 2.5 level or above) tended to be in the areas of *Organization of Therapeutic Recreation/Recreation Therapy and Advancement of the Profession*.

Summary of Findings: Content Coverage Ratings

The survey participants were asked to indicate how well the statements within each of the task and knowledge domains covered important aspects of that area. These responses provide an indication of the adequacy (comprehensiveness) of the survey content.

The five-point rating scale included 1=Very Poorly, 2=Poorly, 3=Adequately, 4=Well, and 5=Very Well. The means and standard deviations for the task and knowledge ratings are provided in **Tables 6 and 7**. For the task domains, the means ranged from 4.28 to 4.47. The means across the knowledge domains ranged from 4.35 to 4.48. These findings provide supportive evidence that the tasks and knowledge were comprehensive and well-covered on the survey.

Summary of Findings: Recommendations for Exam Content

The final section of the survey asked respondents to suggest the percentage of examination coverage to be allotted to each of the overall four established knowledge domains. This information was then reviewed by the Test Specification Committee as a factor in making the decision about how much emphasis (%) each knowledge domain should receive within the test content outline.

The NCTRC International Certification Exam is a Computer Mastery Test (CMT) consisting of a series of testlets (with 15 questions per testlet). The exam content

was further delineated by determining how many questions from each knowledge domain should appear within each testlet and within the total test (as needed). The final recommendations of the Test Specification Committee regarding the test content percentages are presented in **Table 8**.

Job Analysis Discussion and Summary

The purpose of the 2007 NCTRC Job Analysis Study was to identify and validate tasks and knowledge important in the work performed by CTRSs. The results of the study were utilized to create test specifications that will guide the development of new versions of the NCTRC International Certification Exam. The study results will also serve as a framework for CTRSs regarding content selection of continuing education for recertification.

The 2007 Job Analysis results reflect an overall pattern consistent with the 1997 Job Analysis Study and other previously conducted studies regarding important aspects of therapeutic recreation practice. Although no widespread or substantial changes were observed within the 2007 study results, several subtle changes were noted.

In reviewing the demographic profile of the respondents, consistency of findings was noted between the 2007 study and previous studies with respect to gender, ethnicity, and geographic location. In the current study, respondents had a longer tenure within therapeutic recreation and were certified for a longer period of time than their counterparts in the 1997 study. Shifts in the nature of service settings were also observed during the 10 year time period between studies, with an increase observed in the geriatric and developmental disability care settings. Respondents within the current study reported that they work more with adults and older adults than with other age groups. A shift toward more direct care on the part of respondents was observed, suggesting a possible decrease in administrative and managerial positions.

A review of the job tasks data reveals that the number of specific tasks increased from 54 to 58. This slight increase in the number of tasks may be a result of the realignment of the general task domains (N=10) from 1997 to 2007. However, upon review of the highest rated job tasks (Table 3) it is evident that those job activities related to direct client care, (including assessment, planning, implementation, evaluation, and documentation) are still viewed by respondents as the most important tasks in TR/RT

Table 8
**Test Content Recommendation
by the Test Specifications Committee**

Content Areas	Final Percentage Recommendation	Number of Test Items (Testlet)	Number of Test Items (Total Test)
Foundational Knowledge	33.3%	5	55
Practice of TR/RT	46.7%	7	77
Organization of TR/RT	13.3%	2	22
Advancement of the Profession	6.7%	1	11
Total	100%	15	165

service delivery. The observed drop in the reported importance of organization and management tasks may be indicative of CTRSs working in more client-centered practice settings and perhaps with less responsibility for managerial job assignments.

Similar findings within the knowledge domains for professional competency (Table 5) underscore the importance of the core therapeutic recreation process (i.e., assessment, planning, implementation, and documentation). This finding is most evident in the fact that virtually all of the top-rated knowledge areas are contained within the knowledge domain of *Practice of Therapeutic Recreation/Recreation Therapy*. It is interesting to note the observation that the majority of the top-rated knowledge areas are specific to the area of assessment, reinforcing the importance of this process to the practice of TR/RT. The

knowledge domains of *Organization of Therapeutic Recreation/Recreation Therapy Services and Advancement of the Profession*, while found to be important, were not deemed to be as critical to competent practice as the knowledge domain of the *Practice of Therapeutic Recreation/Recreation Therapy*.

The results of the 2007 NCTRC Job Analysis Study point to a well defined and consistently applied profession. The study findings suggest that although several areas of change have occurred, the core foundation of the profession has remained intact. As a result, the findings contained within this report provide a valid foundation for the NCTRC exam development process. The certification examination reflects this emphasis, and rests on a sound body of evidence to support its relevance to professional practice.

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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.

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.

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