

C.A.T.R.D
Years of Service

Name: _____
Job Title: _____
Facility Name: _____
Facility Address: _____
Work Phone: _____ EXT _____
Years as a TRD _____

PLEASE LIST ANY PREVIOUS T.R. EMPLOYMENT(If not already listed with Awards Committee)

ALSO REMOVE ANY LONG TERM BREAKS IN T.R. EMPLOYMENT. THIS WOULD INCLUDE ANY EXTENDED LEAVE, LOA OR JOB TITLE OTHER THAN T.R.

PLEASE NOTE "TIME IN SERVICE" ONLY INCLUDES THAT EMPLOYMENT IN A SNF, ICF, SUB ACUTE, DMH INSTITUTION OR ADULT DAY CARE IN THE FIELD OF THERAPEUTIC RECREATION ACTIVITIES. THIS CRITERIA IS MANDATED BY C.A.T.R.D.

PLEASE SUBMIT TO:
BETH ANN HEATH, TRD, CDP, PRESIDENT C.A.T.R.D.
C/OF NORWICHTOWN REHABILITATION & CARE CENTER
93 WEST TOWN STREET
NORWICH, CT 06360

Remember you are responsible for providing all required information to be in the awards recognition in the Fall Seminar, October 27, 2017 by September 22, 2017. Awards will be presented at the Fall Seminar annual meeting in increments from 10, 15, 20, 30, 35, 40 years etc.