Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Verification of Therapeutic Recreational Technician Education

APPLICANT INFORMATION: (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: Samantha (First) _____ (Middle) Peterson (Last)

Address: 432 North 900 East City: Nephi State: Utah Zip: 84648

EDUCATION: (TO BE COMPLETED BY THE SUPERVISING INSTRUCTOR)

Name of Facility: Rec Therapy Solutions

Address: 8171 N. Iron Horse Dr. City: Lake Point State: UT Zip: 84074

Start Date: 11/15/2025 (MM/DD/YYYY) End Date: 02/11/2026 (MM/DD/YYYY)

Please list the total number of hours of training in each of the following categories:

Theories and Concepts of Recreational Therapy:	15
The Therapeutic Recreation Process:	20
Characteristics of Illness and Disability and Their Effects on Leisure:	15
Medical and Psychiatric Terminology *(including psychiatric, pharmacology, gerontology, and abbreviations)*:	10
Ethics:	10
Role and Function of Other Health and Human Service Professionals *(including: agencies, medical specialists and allied health professionals)*:	10
Health and Safety:	10
TOTAL HOURS OF ALL TRAINING:	**90**

TRAINING MUST BE GREATER THAN 90 HOURS

ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed the educational hours listed above under my supervision. The educational hours meet requirements of a program of education and training as outlined in Utah Admin. Rule R156-40-302a(3).

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature: _____ Date: 02/11/2026

Printed Name: Jamie Bennett License Number: 10793956-4001

Phone: (801) 633 – 9254 Email: jamie@rectherapysolutions.com