

# Certified Peer Recovery Specialist

## Scope of Service:

The Certified Peer Recovery Specialist is designed as an entry-level credential. Courses required for the CPRS will not count towards a LCADC or CADC. The CPRS is not a clinical practice credential and cannot substitute for the LCADC or CADC in State regulations. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling. The CPRS may be used for those who work in Addiction and Co-Occurring related settings, but do not perform the duties of a CADC. The CPRS does not allow you to act independently, but rather, under agency supervision.

The Four Domains of Recovery Mentoring performances are:

Advocacy • Ethical Responsibility • Mentoring and Education • Recovery/Wellness Support

### Requirements:

There is a \$200 initial application review fee.

### Experience:

- Minimum of 500 hours of work experience in a pre-approved facility within the past two years.
- Completion of a pre-approved 25 hour Supervised Practicum provided by licensed or approved agency.

### Education:

- Completion of 46 hours of pre-approved CPRS training listed on page 2.
- H.S. Diploma or GED. (send copy of highest degree)

**Please Note:** The Board will NOT respond to inquiries regarding receipt of documents. Send all critical documentation to the Certification Board "Return Receipt" (the green post card from the Post Office or via FedEx, UPS or other common carrier with delivery verification).

**Renewal Requirements:** 20 hours in the any of Four Domains of Peer Recovery:

**Advocacy • Ethical Responsibility • Mentoring and Education • Recovery/Wellness Support** or any courses related to Addiction or Co-Occurring Disorder. Renewal is due 30 days prior to your expiration date, which appears on your certificate.

- Hours must fall within the two-year period (24 months) between Recertifications.
- \$200 non-refundable renewal fee.
- \$15 late fee per month
- Renewal form can be found at this link: <https://certbd.org/applications/recertification/>.



Name \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

\*Optional Information - Does Not Affect Certification. For Data Collection Purposes Only.

Highest Degree of Education \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Ethnicity/Race: \_\_\_\_\_ \*Sex: \_\_\_\_\_

\*Languages Spoken: \_\_\_\_\_

Please check once the following items have been submitted with your application:

- Application placed in the same order it was received.
- \$200 Non-Refundable Review fee attached to the front page?
- Applicant Information Sheet
- Work Experience Form
- Supervised Practical Training Form
- Job/Volunteer Description – on company letterhead, includes your name, the date, and signed by your supervisor and program director.
- Program Description – if not a formal brochure or flier, on company letterhead and signed by the program director.
- Coursework Completion Certificate
- Supervisor Evaluation Form – may be mailed in separately
- Signature Page for the following four items: Statement of Understanding, Self Help, Recognition Statement & Ethical Standards

### Required Courses

CPRS training is available at any Certified Peer Recovery Specialist Approved Training Agencies listed on the approved providers page of our site at <https://certbd.org/approved-providers/>.

The 46 hours of training will be focused on the Four Domains of Peer Recovery.

- |   |  |
|---|--|
| I. Advocacy - 10 hours                  | IV. Recovery Wellness Support – 10 hours |
| II. Ethical Responsibility –16 hours    |  |
| III. Mentoring and Education – 10 hours |  |

**You must submit a copy of your certificate of completion for the entire 46 hours from MCPIK with this application.**



## 25 Hour Supervised Practical Training Form

**Supervisor Evaluation Form:** *Note to Supervisor: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc.*

**Practicum Supervisors:** Your Signature for the Following Practicum Hours Confirm That You Have Supervised a Total of Those Hours of the Peer Recovery Specialist applicant during Supervision. (I.E. You May Supervise 5 Hours of Their Work During A One Hour Supervisory Session.)

Name of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Degree /Certifications \_\_\_\_\_

Agency where supervision conducted: \_\_\_\_\_

Agency address: \_\_\_\_\_

\_\_\_\_\_

Agency email: \_\_\_\_\_

<b>Practicum</b>	<b>Required Hours</b>	<b>Supervisor's Initials</b>
Advocacy	5	
Ethical Responsibility	10	
Mentoring and Education	5	
Recovery/Wellness Support	5	
<b>Total</b>	<b>25 Hours</b>	



### Work / Volunteer Experience Form:

INSTRUCTIONS: List the most current position first. Use one sheet for each position. Additional copies of this page may be reproduced.

Attach a copy of your job or volunteer description, which is to be signed by your immediate supervisor and program director of the agency. Also attach a copy of the agency's program description, signed by the program director.

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Program Director: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Your job/volunteer title: \_\_\_\_\_

Dates employed: from: \_\_\_\_\_ to: \_\_\_\_\_

*\*Attach official job/volunteer and program descriptions signed by your supervisor*

**A minimum of 500 hours must be documented within the last 2 years.**

**Number of hours of supervised experience in Addiction / Co-Occurring Disorder field being documented: \_\_\_\_\_**

Signature of applicant: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_

Name of supervisor (print or type): \_\_\_\_\_

Dates (month/year) of supervision: \_\_\_\_\_

Length of time you provided direct supervision of this applicant's mentoring skills: \_\_\_\_\_

*I hereby certify that I have been in a position to supervise and have first-hand knowledge of the above-named person's work. In my judgment, this applicant's eligibility and professional experience is \_\_\_ Is Not \_\_\_ consistent with the standards as set forth by the APCB, Inc.*

*This information I am giving is the best judgment of the above-named person's capabilities to be credentialed as a Recovery Mentor.*

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



### CPRS Ethics Statement

Read the Ethical Standards For Certified Peer Recovery Specialists.

**<http://certbd.org/applications/ethical-standards-for-certified-peer-recovery-specialists/>**

#### Self-Help Meeting Verification Form:

It Is Required That Self-Documented Proof Be Included for attendance at four (4) self-help meetings related to Substance Use or Co-Occurring Disorders

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**As required for this Credential in the State of New Jersey, I certify that I have attended the above listed self-help meetings, and read and agree to the following four forms:**

1. Authorization and Release Form - p.6
2. Statement of Understanding - p.6
3. Applicant's Recognition Statement- p.6
4. Ethical Standards for Recovery Mentors - <http://certbd.org/applications/ethical-standards-for-certified-peer-recovery-specialists/>

Signature of Applicant: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ date: \_\_\_\_\_

**Read prior to signing and return pages 2-3-4-5 to the Certification Board, Inc.**



### Authorization and Release Form

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for the Certified Clinical Supervisor).

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations on me which are submitted by supervisors and/or colleagues are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing which are listed at <https://certbd.org/ethical-standards/> .

### Statement of Understanding

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I understand that approval of my application depends upon my successfully completing the assessment of competency as established by the Board, including submission of all required references and successful completion of a practicum in an approved facility. I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner. I also understand this credential is designed to recognize individuals working or volunteering with clients recovering from substance use/co-occurring disorder.

I also agree to cooperate in connection with any investigation conducted by The Board with respect to the applicant's certification, and continued qualification to hold same. The applicant further agrees that the applicant's failure to cooperate with any such investigation (a) shall in itself constitute an ethical violation for which discipline may be imposed and (b) may be considered by the Board as an admission of wrongdoing.

### Applicant's Recognition Statement

The applicant identified above acknowledges that the applicant is seeking certification from the Addiction Professionals Certification Board, Inc. (hereinafter "The Board"). The applicant hereby recognizes and agrees as follows:

1. Applicant agrees to observe and abide by the Ethical Standards adopted by The Board as same may be amended from time to time. Applicant acknowledges that the present form of ethical standards attached hereto and that the applicant has read and understood same.
2. Applicant recognizes and agrees that any certification, or renewal thereof, granted by The Board to the applicant constitutes recognition by The Board that the applicant is qualified, based on the information before The Board, for the certification granted. Applicant recognizes and agrees that any certification, or renewal granted by The Board, does not constitute a property right or interest of the applicant. The applicant specifically recognizes and agrees that the certification or renewal is specific to suspension, revocation or other limitation or condition in the discretion of The Board. The applicant specifically recognizes the authority of The Board to suspend, revoke or otherwise impose limitations, restrictions and conditions on any certification granted.