



CPRS Application

Certified Peer Recovery
Specialist

DIRECTIONS/CHECKLIST

- Documentation of high school diploma/GED or official transcript required sent directly from college/university to the VCB Office. It is recommended you request transcripts approximately three weeks prior to sending in your application.
- Certificates of attendance for trainings.
- Current job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Sign and date the Code of Ethical Conduct.
- Release form notarized.
- Supervision form completed and signed by supervisor.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application.
- If you have ever been convicted of a felony, please include a letter of explanation with your application.
- Fee of \$175. May be paid by check/money order (payable to VCB) or Visa, MasterCard or Discover. One-half of fee is refundable if application is denied or cancelled prior to the exam – no refund if application is denied or cancelled after exam. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed and no refund will be issued.

Keep a photocopy of the entire application.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

Mail:

VCB
298 S. Progress Avenue
Harrisburg, PA 17109

Email:

info@vacertboard.org

Fax:

717-540-4458

Please allow 5-10 business days for review and processing of your application.

To confirm receipt of your application, or check on the status you must email info@vacertboard.org.

ROLE OF CPRS

The Certified Peer Recovery Specialist (CPRS) is designed for individuals with personal, lived experience in their own recovery or experience as a family member or loved one. Peer support services are an important component in a recovery oriented systems of care. By offering insight into the recovery process based on their own experience, peers are able to provide a unique perspective to those with similar life issues.

The role of the CPRS reflects a collaborative and strengths-based approach, with the primary goal being to assist individuals and family members in achieving sustained recovery from the effects of addiction and/or mental health issues. CPRSs are not clinicians; they serve in a supportive role within the community and/or treatment setting. They do not replace other professional services; they complement the existing array of support services. The peer is not a sponsor, case manager or a therapist but rather a role model, mentor, advocate and motivator. Services provided by the CPRS are a permanent critical component of the continuum of care services that will substantially improve an individual's ability to sustain recovery and wellness.

The primary function of the CPRS is to provide individuals and family members in recovery with a support system to develop and learn healthy skills and gain access to needed community resources. CPRSs serve people in the recovery process by supporting them in accessing community-based resources, implementing self-directed recovery/wellness plans and navigating state and local systems (including addiction and mental health treatment systems). They encourage individuals to develop a strong foundation in recovery (e.g. establishing support systems, self-care, independence/self-sufficiency, healthy coping skills) that support long-term wellness and recovery.

REQUIREMENTS FOR CPRS

Employment

- 500 hours of volunteer or paid experience specific to the domains. The applicant must be currently providing peer recovery support services.
- Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised substance abuse or mental health internship, or practicum may be applied toward the employment requirement.
- Supervised work experience must be in the four CPRS domains.

Supervision

- 25 hours specific to the domains.

Education

- High school diploma/GED.
- Completion of the 72 hour DBHDS CPRS Training Curriculum.

Examination

- Pass the IC&RC Peer Recovery Specialist Examination.

Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Current job description dated and signed by supervisor and applicant.
- Applicant must either live or work in VA at time of application.

Fees

Certification: \$175
(fee must accompany application and materials)
Retest: \$100
Exam Cancellation: \$50

CERTIFICATION TIME PERIOD

CPRS encompass two calendar years and may be recertified. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

APPEAL PROCESS

The purpose of appeal is to determine if VCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to VCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

EXAMINATION INFORMATION

Type: This credential requires successful completion of an IC&RC exam which is offered as an on-demand computer based exam administered at an approved testing site. Candidates will be notified by VCB, once application for certification is approved, on how to register for the computer based exam.

Dates: The IC&RC exam is offered on-demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from VCB on registering for on-demand testing once application for certification is approved.

Content: The IC&RC Job Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

Candidate Guide: The domains, including the task statements per domain, sample exam questions, and a list of references are included in the free Candidate Guide. Candidate Guides are available from the VCB website.

Study Guides: A study guide can be found at www.internationalcredentialing.org under Exam Prep.

Locations: There are several computer based testing sites in Virginia. Candidates can choose the testing site that is closest for their travel.

Special Situations: Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to VCB no fewer than 60 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact VCB on what constitutes official documentation. VCB will make arrangements for appropriate modifications to its procedures when documentation supports this need.

Cancellation/Rescheduling Policy: The exam fee of \$50 will be forfeited unless a minimum of 10 days notice is given to VCB to cancel a reservation.

Retest: Candidates failing the exam can retest after a 90 day wait period from date of last taking the exam. Candidates will be sent retest instructions from VCB. Additionally, candidates will have three (3) opportunities to re-take an examination beyond their original first failed examination. If a candidate re-tests their allotted three times and fails on their third and final opportunity, the candidate must submit a plan of study to VCB and wait a mandatory one-year from the date of the final failed examination before they will be permitted to re-test again.

APPLICATION FOR CPRS

Please type or print only.

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: _____
Please print your name as it should appear on your certificate

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Email: _____
(required)

College/University: _____ Name on Transcript: _____

Employer: _____ Position/Title: _____

Employer City: _____ Employer Zip: _____

Employer State: _____ Work Phone: _____ Ext: _____

Dates Employed: _____ Hours per Week: _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Email: _____

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent serving individuals in the recovery process by supporting them in accessing community-based resources, implementing recovery/wellness plans, navigating state and local systems (including addiction and mental health treatment systems) and providing recovery support services. The applicant coaches service recipients to help them develop a strong foundation in recovery (e.g. establishing support systems, self-care, independence/self-sufficiency, healthy coping skills and other skills) that support long-term recovery.

Supervisor's Signature

Why are you pursuing certification? _____
(required)

Have you ever received any disciplinary action from another certification or licensing authority? Yes No
If yes, please explain in full on a separate sheet.

Have you ever been convicted of a felony? Yes No
If yes, please explain in full on a separate sheet.

Check/MO (payable to VCB)
 Credit Card (Visa, MasterCard or Discover) _____ - _____ - _____ - _____

3-digit code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE

Include letter (on company letterhead) from previous employer verifying your duties and dates employed.

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

SUPERVISION

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant's Name: _____

I hereby attest that a minimum of 25 hours of supervision in the domains have been attained by the above-named applicant.

CPRS DOMAINS

OF HOURS RECEIVED IN EACH

- | | |
|------------------------------|-------|
| 1. Advocacy | _____ |
| 2. Mentoring/Education | _____ |
| 3. Recovery/Wellness Support | _____ |
| 4. Ethical Responsibility | _____ |

TOTAL MUST BE AT LEAST 25 HOURS

Supervisor's Signature

Date

CODE OF ETHICAL CONDUCT

Principle: Recovery First

My primary obligation and responsibility is my recovery. I will immediately seek outside counsel and if applicable, notify my supervisor if alcohol, drug use, mental illness or anything else gets in the way of my recovery.

Principle: Sharing Personal Recovery Story

I will share my lived experiences to help others identify resources and supports that promote recovery and resilience.

Principle: Service Approach

I affirm the rights and dignity of each person that I serve.

The services I provide will be guided by the principle of self-determination to assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.

I will advocate for the right of peers to self-select their own recovery pathways and recovery communities and will promote the individual's inherent value to those communities and pathways.

Principle: Confidentiality

I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.

Principle: Non-Discrimination

I provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make referral to another Certified Peer Recovery Specialist.

Principle: Conduct

I act in accordance with the law.

I never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.

I will fairly and accurately represent myself and my capabilities to the peer and the community.

I will not accept money or items of significant value from people that I serve.

I will not lend or borrow from the peers that I serve.

I will not engage in sexual activities or intimate relations with peers that I serve.

I will not engage in sexual activities or sexual contact with former clients within a minimum of two years after terminating services.

I will not provide services to individuals with whom I have had a prior sexual or intimate relationship.

Principle: Integrity

I will not discontinue services to a peer without his or her knowledge and will make a referral for continued services when appropriate.

I will report violations of the Code of Ethics by other Certified Peer Recovery Specialists to the appropriate certifying entity.

Principle: Conflict of Interest

I will not use my role as a CPRS to promote any treatment, procedure, product or service, which would result in my personal gain.

Principle: Scope of Practice

I will not perform services outside of my area of training, expertise, competence, or scope of practice.

Principle: Personal Development

I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

My signature below affirms that I have read and promise to uphold the Certified Peer Recovery Specialist Code of Ethics in the performance of my role as a Certified Peer Recovery Specialist.

Signature

Date

RELEASE

(must be notarized below)

I hereby request that VCB grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;

I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

Signature: _____ Date: _____

On this the _____ day of _____, 201____, by me _____

a notary public, the undersigned officer, personally appeared: _____,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and

acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby

set my hand and official seal. Sworn and subscribed before me this _____ day of _____,

201____.

Notary Public **SEAL:**