



Delaware Certification Board

CPRS Application

Certified Peer
Recovery Specialist

DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the DCB 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.
- Letter of recommendation from current or former supervisor.
- Signed, dated and notarized Acknowledgements page.
- Written statement of personal lived experience.
- 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 \$150. May be paid by check/money order (payable to DCB or with 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.

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 1000 hours of volunteer or paid experience specific to the domains. Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised substance abuse internship, or practicum may be applied toward the employment requirement. Supervised work experience must be in the four CPRS domains.

- Current job description dated and signed by supervisor and applicant must be submitted.

SUPERVISION 25 hours specific to the domains.

EDUCATION 46 hours of education relevant to domains, of which ten (10) are specific to Advocacy, ten (10) are specific to Mentoring/Education, ten (10) are specific to Recovery/Wellness Support and 16 are specific to Ethical Responsibility. Minimum High school diploma/GED.

- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and DCB approved distance education. There is no limit to the number of distance learning/online education that can be submitted.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.
- There is no time limit on the use of education for initial certification.

EXAMINATION Pass the IC&RC Peer Recovery Specialist Examination.

OTHER

- Signed and dated Acknowledgements page.
- Applicant must either live or work in Delaware at time of application at least 51% of the time.
- Letter of recommendation from current or former supervisor.
- Written statement of personal lived experience.

DOMAINS

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

SEE \$150 (*fee must accompany application and materials*). Retest: \$50; 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 DCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to DCB 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 the IC&RC exam which is offered as an on-demand computer based exam administered at an approved testing site. Candidates will be notified by DCB, 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 DCB 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.

CANDATE 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 DCB website at www.decertboard.org.

STUDY GUIDE: A study guide can be found at www.internationalcredentialing.org under Exam Prep.

LOCATIONS: There are several computer based testing sites in Delaware. 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 DCB no fewer than 90 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact DCB on what constitutes official documentation. DCB will make arrangements for appropriate modifications to its procedures when documentation supports this need.

CANCELLATION/RESCHEDULING POLICY: Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a \$150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

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 DCB. 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 DCB and wait a mandatory one-year from the date of the final failed examination before they will be permitted to re-test again.

RECERTIFICATION

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, DCB requires recertification every two years.

To be recertified as a CPRS, an individual must:

1. Hold a current and valid certificate issued by DCB;
2. Acquire 20 hours of DCB approved education including six hours in professional ethics and responsibilities received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the DCB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

LAPSED CERTIFICATION

The completed recertification application should be received at DCB prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must re-apply for your credential(s) and complete all the requirements for initial certification.

DCB 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: _____

Home Phone: _____ Email: _____
(required)

College/University: _____ Name on Transcript: _____

Employer: _____ Position/Title: _____

Employer City: _____ Employer Zip: _____

Work Phone: _____ Ext: _____

Hire Date: _____ 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.

I also attest that the applicant has received at least 25 hours of on-the-job supervision providing peer recovery support services.

Supervisor's Signature

1. Have you ever received any disciplinary action from another certification or licensing authority?
 Yes No
If yes, provide full details on a separate sheet.
2. Have you ever been convicted of a felony violation in any state or federal law? Yes No
If yes, please explain in full on a separate sheet.
3. I understand that if I wish to change my application to a different credential offered by PCB there will be a \$50 change/review fee required. Yes No

Why are you pursuing certification?

Race (check all that apply): American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander Latino Hispanic Caucasian Other:

What best describes your employment plans for the next 12 months (select one)? Increase hours Decrease hours Retire No change Seek career advancement Move to a different career Unknown

Fee of \$150 can be paid using one of the following:

Payment (circle one): Check Money Order VISA MasterCard Discover
Checks & Money Orders made payable to DCB

Number: _____ - _____ - _____ - _____

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

Billing address:

(If different than Home Address)

Email address for receipt *(if paying by credit card only)*: _____

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

Mail:

DCB

298 S. Progress Avenue
Harrisburg, PA 17109

Email:

info@decertboard.org

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@decertboard.org.

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: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

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Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

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Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Dates Employed: _____ Immediate Supervisor: _____

CPRS CODE OF ETHICAL CONDUCT

The following principles will guide Certified Peer Recovery Specialists in their various roles, relationships and levels of responsibility in which they function professionally.

1. The primary responsibility of Certified Peer Recovery Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Recovery Specialists will be guided by the principle of self-determination for all.
2. Certified Peer Recovery Specialists will maintain high standards of personal conduct. Certified Peer Recovery Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Certified Peer Recovery Specialists will openly share with consumers and colleagues their recovery stories from mental illness and/or substance use and will likewise be able to identify and describe the supports that promote their recovery.
4. Certified Peer Recovery Specialists will, at all times, respect the rights and dignity of those they serve.
5. Certified Peer Recovery Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Certified Peer Recovery Specialists will not practice, condone, facilitate or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
7. Certified Peer Recovery Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Certified Peer Recovery Specialists will respect the privacy and confidentiality of those they serve.
9. Certified Peer Recovery Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Certified Peer Recovery Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Certified Peer Recovery Specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.
11. Certified Peer Recovery Specialists will never engage in sexual/intimate activities with the consumers they serve.
12. Certified Peer Recovery Specialists will not abuse substances under any circumstance.
13. Certified Peers Recovery Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Certified Peer Recovery Specialists will not accept gifts of significant value from those they serve.

CPRS APPLICATION ACKNOWLEDGEMENTS

This page must be completed and notarized and submitted with the application. Please initial each statement below:

- ____ I have read, and understood the DCB CPRS Code of Ethics.
- ____ I either live or work in Delaware at least 51% of the time.
- ____ I understand that 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.
- ____ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed and no refund will be issued.
- ____ I understand that if I request to have my application re-reviewed for another credential DCB offers prior to testing, or after an unsuccessful attempt at the exam I will incur a \$50 application change/review fee.

I hereby request that DCB 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 DCB 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 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 DCB to officers, members, and staff of the aforementioned Board;
- ____ I consent to authorize DCB 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 DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

Applicant 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:**