

# C P R S

## Certified Peer Recovery Specialist Application



286 Maple Avenue, Suite 303 Cheshire, CT 06410  
[www.ctcertboard.org](http://www.ctcertboard.org)  
[info@ctcertboard.org](mailto:info@ctcertboard.org)



*Please do not write above this line*

## Application for **CPRS – Certified Peer Recovery Specialist Credential**

*please type or clearly print all application forms*

### **Submission Date:**

Candidate's Full Name:

Candidate's Email:

Candidate's Phone Number:

CCB Registry Number:

*Effective Sept 1, 2010, all candidates must complete a CCB Registry Application prior to applying for any CCB credential.*

## **CCB Definition of a CPRS – Certified Peer Recovery Specialist**

The Connecticut Certification Board defines a **CPRS – Certified Peer Recovery Specialist** a practitioner who has demonstrated their knowledge and skills in the 4 CPRS performance domains identified in the Peer Recovery Job Analysis (JA) & IC&RC Peer Recovery Candidate Guide (2014). In order to become Certified Peer Recovery Specialist, a practitioner must possess a basic familiarity with the entire range of the 4 Performance Domains of a Peer Recovery Specialist.

- Advocacy
- Mentoring/Education
- Recovery/Wellness Support
- Ethical Responsibility

When performing these functions, the practitioner must commit to and demonstrate consistent adherence to the **CCB Code of Ethical Conduct (2012)** & **CCB Code of Ethical Conduct – Disciplinary Procedures (2010)** and agree to continue their professional development with ongoing education, training and appropriate supervision. It is important to note that this credential provides no permission to practice and does not afford the practitioner a scope of practice they are not already entitled to under any existing credentials they may have. If an individual chooses to pursue the CPRS credential without any other professional credentials, certifications or licenses, the CPRS credential simply indicates the practitioner has met basic eligibility requirements and demonstrated their competency and basic knowledge of the subject by completing Peer Recovery-specific education and testing.

### **The Connecticut Certification Board**

55 West Main Street, Box 4  
Meriden, CT 06451

**[www.ctcertboard.org](http://www.ctcertboard.org)**

**Email: [info@ctcertboard.org](mailto:info@ctcertboard.org)**

**203.806.1300**

## CPRS Application Submission Requirements

*Please make sure you complete all of the following items in order to ensure timely processing of your application.  
Your application will not be processed until you submit the filing fees and all of the following items have been received:*

Enclose the application filing fee of \$150.00 (check or money order)

**OR**

Pay online at [www.ctcertboard.org](http://www.ctcertboard.org)

Date of online payment:

Complete the entire CPRS Application and submit/fill-out/sign all 12 pages of this packet

Read the CCB Code of Ethical Conduct & Disciplinary Procedures (available at [www.ctcertboard.org](http://www.ctcertboard.org)) and sign Consent and Authorization to Obtain Information (both located on page 7 of this document)

Attach a copy of certificates of attendance or transcripts for all training/educational events included on the CPRS Training Documentation Form

***Make a copy of the entire packet for your records prior to submitting to the CCB***

*I have completed all of the above items and submitted them according to the CCB submission requirement and current CPRS standards.*

Candidate's Signature:

Date:

## CERTIFIED PEER RECOVERY SPECIALIST-STANDARDS FOR CERTIFICATION

<b>Education and Peer Recovery Specific Training</b>	<p><b>High school diploma or GED <u>AND</u></b></p> <p><b>50 hours of training specific to the domains, with <u>at least 10</u> hours in the domains of Advocacy, Mentoring/Client Education and Recovery/Wellness Support and <u>at least 16</u> hours in the domain of Ethical Responsibility and 4 hours of electives</b></p>
<b>Supervision</b>	<p><b>25 hours of supervision specific to the domains, provided by an organization's documented and qualified supervisor per job description</b></p>
<b>Experience</b>	<p><b>500 hours of volunteer and/or paid work experience specific to the domains</b></p>
<b>Code of Ethics</b>	<p><b>The applicant must agree to abide by and sign the Peer Recovery Code of Ethics statement</b></p>
<b>Examination</b>	<p><b>A passing score on the IC&amp;RC Peer Recovery Examination is required</b></p>
<b>Annual Renewal Requirements</b>	<p><b>10 hours of continuing education specific to peer recovery, including 3 hours of ethics, is required FOR EACH YEAR the Certified Peer Recovery Specialist wishes to renew</b></p>

A Certified Peer Recovery Specialist is a practitioner who has demonstrated their knowledge and skills in the 4 PR performance domains identified in the IC&RC Peer Recovery Job Analysis (JA) & IC&RC Peer Recovery Candidate Guide (2014). In order to become PR certified, a practitioner must possess a basic familiarity with the entire range of the 4 Performance Domains of a Certified Peer Recovery Specialist. When performing these functions, the practitioner must commit to and demonstrate consistent adherence to the Connecticut Certification Board's Peer Recovery Specialist Code of Ethics. Please remember that the CPRS credential simply indicates the practitioner has met basic eligibility requirements and demonstrated their competency and basic knowledge of the subject by completing PR-specific education and testing.

By signing below, I acknowledge that I have reviewed the current standards for the CPRS credential and meet or exceed the standards.

Candidate's Signature:

Date:

<b>CERTIFIED PEER RECOVERY SPECIALIST -TRAINING REQUIREMENTS</b>
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<b>Advocacy</b>	<b>10 hours</b>
<b>Mentoring/Client Education</b>	<b>10 hours</b>
<b>Recovery/Wellness Support</b>	<b>10 hours</b>
<b>Ethical Responsibility</b>	<b>16 hours</b>
<b>Addiction/Mental Health Recovery Electives</b>	<b>4 hours</b>
<b>Minimum PR Specific Training Hours</b>	<b>50 hours</b>

## **Important Information about your CPRS Application**

### **Submission Requirements**

- ✓ *All forms submitted must be original and signed without any alteration or modifications. If a change is required, please complete a new form without alterations or modifications. Any forms with white-out, scribble marks or changes will be denied.*
- ✓ *No photocopies or faxed application forms will be accepted. Please do not fax any materials to the CCB related to a certification application.*

### **Training Documentation**

- ✓ *When documenting training and education for the CPRS credential, you must complete the Training Verification section of the application (located on page 8) with all required information completed. Attached to the application form, you must include a copy of all certificates of attendance or transcripts for all training/educational events included in the Training Verification section.*

### **Application Review Process**

- ✓ *In order to have your application reviewed by staff, you must pay the filing fee and submit all required application materials prior to the review. Incomplete applications or applications submitted without payment will not be reviewed.*

## CPRS Fees (All CCB Fees are Non-Refundable)

### Fees for CPRS – Certified Peer Recovery Specialist initial certification

Application filing fee \$150.00

IC&RC PR CBT Exam \$150.00

### Fees for CPRS – Certified Peer Recovery Specialist recertification

CPRS Annual Renewal fee \$50.00

CPRS Two Year Renewal fee \$95.00 (\$47.50 per year)

CPRS Three Year Renewal fee \$135.00 (\$45.00 per year)

***Initial certification and renewal fees must be paid prior to processing of any application materials***

**CCB Fee Policy:** By signing below, I acknowledge the current fees associated with the CPRS credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of CCB fees, please visit the CCB website). ***I understand that I am responsible for all fees associated with the certification process at the time of my initial application.*** All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee will be due (\$35.00) for all returned checks and a hold will be placed on my application until the original and return check fees are received by the CCB. A late fee of \$100 will be charged for all CPRS renewal applications not received within 30 days of the due date.

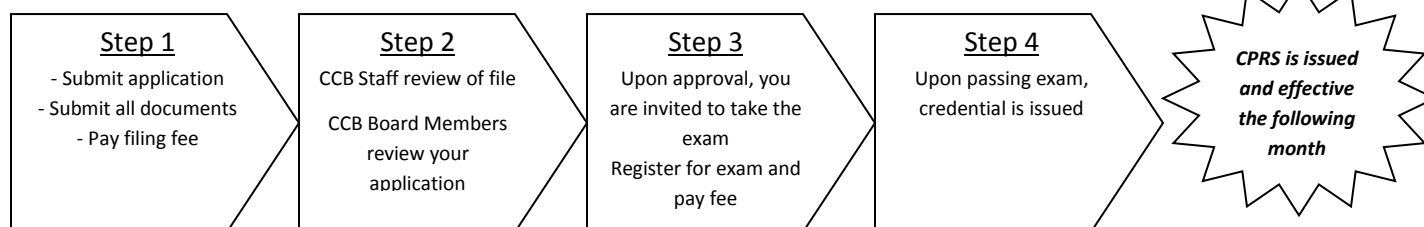
Candidate's Signature:

Date:

***Once you have submitted your application materials...*** you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing (email or regular mail) within approximately four weeks of the deadline about the status of your application. If changes or additional information are required, you will be notified in writing at that time. We will also notify you, by email, when your application has been accepted and you will be invited to sit for the written exam. If you have questions about your certification packet after submitting it to us for review, or if you have not received a notification email after 4 weeks, please email [jquamme@ctcertboard.org](mailto:jquamme@ctcertboard.org) for assistance. We will attempt to respond to your inquiry as soon as possible. **PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION.**

***If you have questions about the certification process, please email Jeff at [jquamme@ctcertboard.org](mailto:jquamme@ctcertboard.org) for assistance.***

## The Certification Process



## **Authorization to Obtain Information**

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for a CCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to recertify. I further understand that the status of any CCB credential is public record and may be shared by CCB and is available on the CCB website, including effective date, expiration date and certification type. I further understand that if my CCB credential is sanctioned in any way including revocation or suspension that this information is public.

Print Name:

Date:

Signature:



## Verification of Training, Supervision and Experience (MAKE COPIES AS NEEDED)

Training Title	Hours
<b>Advocacy – 10 hour minimum</b>	
<b>Mentoring &amp; Education – 10 hour minimum</b>	
<b>Recovery &amp; Wellness Support – 10 hour minimum</b>	
<b>Ethical Responsibility – 16 hours</b>	
<b>Mental Health &amp; Addiction Electives – 4 hours</b>	

Supervisor's Statement
<p>Dates of Employment/Internship/Volunteer Hours</p> <p>From:    Month                      / Year</p> <p>To:        Month                      / Year</p>
<p>Agency/ Organization:</p>
<p>The aforementioned applicant has completed a minimum of 500 hours of supervised experience in the IC&amp;RC Peer Recovery Domains AND a minimum of 25 hours of face-to-face or group supervision. If those minimum numbers WERE NOT MET at your agency, please document the total number of hours HERE:</p> <p>Total Work Experience Hours:</p> <p>Total Supervision Hours:</p>
<p>Supervisor's Name:</p>
<p>Supervisor's Signature:</p>
<p>Date:</p>
<p>I certify that all information contained within this application packet is accurate and true according to the best of my knowledge.</p> <p>Candidate's Signature:</p> <p>Date:</p>

## CODE OF ETHICS FOR CERTIFIED RECOVERY SUPPORT SPECIALISTS

A code of ethics is a set of guidelines which are designed to set out acceptable behaviors for members of a particular group, association, or profession. The CPRS code of ethics serves to:

1. Protect consumers of recovery support services
2. Set a professional standard
3. Increase confidence in the profession
4. Identify core values which underlie the work performed
5. Create accountability among CPRS professionals
6. Establish occupational identity and maturity

<b>ETHIC</b>	<b>IMPORTANCE</b>
CPRS professionals will, when appropriate, openly share their stories of hope and recovery and will likewise be able to identify and describe the supports that promote their recovery and resilience.	Science has shown that having hope is integral to an individual's ability to recover. Hearing stories of recovery helps people develop hope, particularly when those stories are relevant to others' lives and helps them to identify supports for their own recovery.
CPRS professionals will practice safe and healthy disclosure about their own experience through general sharing focused on providing hope and direction toward recovery.	The experience of recovery and what is helpful is different for each person. Sharing one's recovery story can promote hope, but must not be prescriptive.
CPRS professionals will maintain high standards of personal conduct and will also conduct self-care in a manner that fosters their own recovery.	As a role model, a CPRS professional's integrity and health choices influence the practices of persons served.
CPRS professionals will fairly and accurately represent themselves and their capabilities to individuals they serve and to the community.	The goal is to get a person to the right source of support for their current need. Damage occurs when a professional misrepresents what services they are qualified to provide.
CPRS professionals will not abuse substances under any circumstances.	As a role model, a CPRS professional's integrity and health choices influence the practices of persons served.

CPRS professionals will provide services to meet the identified needs of the individuals they serve as indicated within their service plan. They will avoid providing services that are unnecessary or not capable of producing the desired effect.	Persons served deserve individualized services with demonstrated effectiveness.
CPRS professionals shall only provide service and support within work hours and locations approved by the agency.	Persons must be afforded protection from abuse, misconduct and conflicts of interest which are more likely to occur outside the scope of professionally sanctioned hours and settings.
CPRS professionals will advocate for the full involvement of individuals they serve in communities of their choice with services in safe and least restrictive environments possible.	Recovery is the process by which persons with mental illnesses live, work, learn and participate fully in their communities. All individuals have the right to live in a safe and least restrictive environment.
CPRS professionals must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.	Individuals have the right to be treated with equality and esteem.
CPRS professionals will never intimidate, threaten, harass, financially exploit, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.	Even when providing peer support services, the CPRS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals.
CPRS professionals will never engage in romantic or sexual/intimate activities with the individuals they serve. They will not provide services to individuals with whom they have had a prior romantic or sexual relationship.	The real and perceived power between a human service professional and the persons they serve creates an imbalance of power that is advantageous to the professional and disenfranchising to the person served. This removes the possibility for a genuine consensual relationship. Relationships of this type also cloud the professional's needed objective judgment, which reduces the quality of services the person deserves.

<p>CPRS professionals will not accept gifts of significant value from individuals they serve. They do not loan, give, or receive money or payment for any services to, or from, individuals they serve.</p>	<p>Even when providing peer support services, the CPRS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals to give. A gift of significant value from a consumer is essentially payment for a service that is already being paid for by other means. Receiving a gift from an individual may also unintentionally impact the treatment of that individual and other persons served in an unfair manner.</p>
<p>CPRS professionals will, at all times, respect the rights, dignity, privacy and confidentiality of those they support. CPRS Professionals will respect confidential information shared by colleagues in the course of their professional relationships and interactions.</p>	<p>Individuals have rights, including the right to privacy, and CPRS professionals should not only honor, but advocate for the necessity and enforcement of such rights.</p>
<p>CPRS professionals have a duty to inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to an individual they are serving or other identifiable person. CPRS Professionals working in the human services field are mandated reporters of abuse, neglect and exploitation.</p>	<p>The professional has a duty not only to protect persons served, but also other individuals and society at large.</p>
<p>CPRS professionals will avoid negative criticism of colleagues in communicating with individuals they serve and other professionals.</p>	<p>CPRS professionals must use their influence for constructive purposes and not engage in activities that detract from the recovery support of persons with mental health challenges. Persons served benefit from a thoughtful, team based approach where their welfare is the primary concern.</p>

Adapted from the Peer Specialist Code of Ethics and Professional Standards by Colorado's Northeast Behavioral Health Partnership (2011)

## Signed Assurances/Consent To Abide By the CPRS Code of Ethical Conduct

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the Connecticut Certification Board's **CPRS Code of Ethical Conduct (2012)** and the CCB's **Code of Ethical Conduct – Disciplinary Procedures (2010)** available on the CCB's website at [www.ctcertboard.org](http://www.ctcertboard.org)
- D. I will hold CCB, Inc., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the CCB, the IC&RC, CT Department of Public Health or any other entity.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, recertification fees, etc. and that all CCB fees are non-refundable without exception.

Print Name:

Date:

Signature:

CPRS Candidate's Name:

CCB Registry #:

Please attach to this form verification (copy of a certificate of attendance or transcript) for all trainings listed on this form.

### CPRS Training Documentation Form

Please number each copy of training verification (certificate or transcript) to correspond with the line number listed on this form



#	Training Date	Course/Training Title	Training location and Sponsor	Instructor	Contact hours	Documentation type	Addiction Specific	Elective with Addition Content
<i>EXAMPLE</i>								
1	Fall 2009	Intro to Psychology	Tunxis CC/DARC	Freud	45	Transcript	No	YES
2	April/22/2009	Ethics in Behavioral Health	Mountainside	Quamme	3	Certificate	YES	YES
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