Registry for CPSRP and CPSRP+(F)

Important Information

- The purpose of the Registry is to verify identification and assign a unique identifier.
- The Registry processing fee is $50.00
- Remember to include a photocopy of your driver license or other government-issued photo identification.
- Mail original application. A photcopy will be accepted.
- The application must be mailed to the CCB office by USPS Priority Mail (not certified mail).

  286 Maple Avenue
  Suite 303
  Cheshire, CT 06410

- **Please do not fax any materials to the CCB related to the registry application**.

Once you have submitted your Registry application… we will review it within 2 weeks and send the Registry certificate by email. If any changes and/or additional information is required, you will receive an email from **info@ctcertboard.org.**

If you have questions or concerns about your Registry application, please email info@ctcertboard.org for assistance. We will respond to your inquiry as soon as possible.

Do not write above line.

Registry Application Form for CPSRP+(F)

Please clearly write or type.

Today's Date: _____/_____/_____

Applicant's Full Name: _____

Personal Email: _____

Work Email (optional): _____

Cell/Home Phone Number: (_____)_____

Date of Birth: _____/_____/_____

Home Address: _____

City: _____ State: _____ Zip: _____

*Registry is issued to the name on the government-issued identification.

Workforce Diversity Information:* *(optional)*

Ethnicity/Race:* *(Select all that apply)*

- ☐ American Indian/Alaska Native
- ☐ African American/ Black
- ☐ Asian American/Asian
- ☐ Caucasian
- ☐ Hispanic American /Latino
- ☐ Indian
- ☐ Pacific Islander/Native Hawaiian
- ☐ Other _____
- ☐

Language:* *(Select all that apply)*

- ☐ English
- ☐ French
- ☐ Chinese *(dialect)*_____
- ☐ Italian
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish *(dialect)*_____
- ☐ Other _____
- ☐

***Individual responses about workforce diversity are strictly confidential and will not be shared outside the CCB and DMHAS.**

Education

Do you have a high school diploma or GED? ☐ NO ☐ YES Year: _____

High School

School Name: _____

City: _____ State: _____ Zip: _____

Still Attending: ☐ NO ☐ YES

College

College Name (s): _____

Degree Type: ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ Other_____

City: _____ State: _____ Zip: _____

Still Attending: ☐ NO ☐ YES

Experience in Peer Support/Recovery Coaching Role

☐ **I do NOT have experience.**

Most Recent Work/Volunteer

Agency: _____

Site Address: _____

City: _____ State: _____ Zip: _____

☐ Full time employment ☐ Part time employment ☐ Volunteer

Still working here: ☐ NO ☐ YES

Agency: _____

Site Address: _____

City: _____ State: _____ Zip: _____

☐ Full time employment ☐ Part time employment ☐ Volunteer

Still working here: ☐ NO ☐ YES

Attach a recent color photo here.

I, the named applicant herein, swear that this application is a true and accurate record of my professional experience and background. I understand that this application and all materials submitted to the Connecticut Certification Board (CCB) become the property of the CCB upon my submission and that all fees submitted to the CCB are non-refundable. I understand that this application is made on my own behalf and is voluntary. I agree to hold the CCB and its agents harmless, and I release the CCB from any and all liabilities arising out of the furnishing of information of this registry.

Signature: _____

Please include a photocopy of your driver license or government-issued identification.

Registry Submission Requirements

Please make sure you complete all of the following items in order to ensure timely processing of your Registry application. Your application will not be processed until all of the following items have been met:

- ☐ Enclose the application filing fee of $50.00 *(check or money order payable to the CCB)*
  OR
- ☐ Pay online at www.ctcertboard.org Date of online payment: _____
- ☐ Complete the entire Registry application.
- ☐ Attach a recent color photo *(approximately 2x2 inches)* with your application.
- ☐ **Make a copy for your records prior to submitting to the CCB.**
- ☐ **The Registry application must be mailed to the CCB office by USPS Priority Mail (not certified mail).** *Please include a photocopy of your driver license or other government-issued picture identification.*

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I have completed all of the above items and submitted them according to the CCB submission requirements.

Applicant Signature: _____ Date: _____