The Connecticut Certification Board
286 Maple Avenue, Suite 303
Cheshire, CT 06410

www.ctcertboard.org
Email: info@ctcertboard.org
203.806.1300

Please do not write above this line.

Application for *Certified Peer Support & Recovery Professional +F*

Submission Date: _____

Qualifications for the FULL credential
The Full CPSRP+(F) credential is obtained when all criteria are met.

Qualifications for the Provisional credential
The Provisional credential is obtained after completing an 80-hour DMHAS-approved training and a passing score on the CPSRP examination. The credential is valid for one (1) year.

Check Type	❑ CPSRP - P	Certified Peer Support & Recovery Professional - Provisional
***	❑ CPSRP+(F) - P	Certified Peer Support & Recovery Professional +F - Provisional
***	❑ CPSRP	Certified Peer Support & Recovery Professional
***	❑ CPSRP+(F)	Certified Peer Support & Recovery Professional +F

* You must be 18 years of age to apply.

Candidate Full Name: _____

Candidate Email: _____

Candidate Phone Number: _____

CCB Unique Identifier Number: _____

If you have not completed the Registry, you **must** do so before continuing with the application process.

Please type or clearly print all application forms.

CPSRP Application Submission Check-off List

Please review the items below and check materials submitted to ensure your packet is complete for the credential type you are applying for. We'll begin processing once the required fee(s) has been submitted.

- ❑ CPSRP Application Pages 1-6
  - ❑ Checked type of credential
  - ❑ Read and initialize the CPSRP Code of Ethics & Values
  - ❑ Read, initialize, and sign the Authorization and Declarations
  - ❑ Read and sign CPSRP+(F) Fees
  - ❑ Sign Submission Check-off List
- ❑ Uploaded Certificate of Completion of CPSRP Training (DMHAS Approved Training Organization)
- ❑ Uploaded copy of State or Federal picture identification
- ❑ Provided Direct Supervisor(s) with CPSRP+(F) Application - Supervisor Form - Pages 1-3
- ❑ Application processing fee of $150.00

☐ Paid online at www.ctcertboard.org Date of online payment:_____

OR

☐ Mailed check or money order to:
The Connecticut Certification Board, 286 Maple Avenue, Suite 303, Cheshire, CT 06410

- ❑ **Made a copy of the entire packet for my records prior to submitting**

Email completed application with all required documentation to **cpsrp@ctcertboard.org**

OR

Mail completed application with all required documentation to:

The Connecticut Certification Board, 286 Maple Avenue, Suite 303, Cheshire, CT 06410

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

Candidate Signature: _____ Date: _____

Certified Peer Support & Recovery Professional
CODE OF ETHICS & VALUES

Preamble:

- The purpose of the Certified Peer Support & Recovery Professional Code of Ethics & Values is to outline the basic values and principles of peer support practice.
- The Codes serve as a guide for Certified Peer Support & Recovery Professionals (CPSRP) in Connecticut by defining professional responsibility and ethical standards for the profession.
- The primary responsibility of a Certified Peer Support & Recovery Professional is to help individuals achieve their own needs, wants, and goals.

* Certified Peer Support & Recovery Professionals will maintain high standards of personal conduct and will conduct themselves in a manner that fosters their own recovery.
* Certified Peer Support & Recovery Professionals will be guided by the principle of self-determination for all and shall serve as advocates for the people they serve.
* Certified Peer Support & Recovery Professional will perform services with the boundaries of their expertise. They shall be aware of the limits of their training and capabilities and shall collaborate with other professionals to best meet the needs of the person(s) served.
* Certified Peer Support & Recovery Professional will preserve an objective and professional relationship at all times.

1. Certified Peer Support & Recovery Professionals will share their recovery/lived experience stories to promote and support recovery, hope, and resilience to help the people they serve (as appropriate to the situation).
2. Certified Peer Support & Recovery Professionals shall strive to practice cultural humility, defined as an ongoing process of self-exploration and self-critique, combined with a lifelong willingness to learn from others, including learning about cultural identity and other areas important to the people they serve.
3. Certified Peer Support & Recovery Professionals will keep current with emerging knowledge relevant to recovery peer support and advocacy and share this knowledge with their colleagues and the people they serve.
4. Certified Peer Support & Recovery Professionals shall agree to engage in regular peer support supervision and professional development.
5. Certified Peer Support & Recovery Professionals will respect the dignity, privacy, confidentiality, and rights of the people they serve, and will adhere to federal and state confidentiality and privacy laws (e.g. HIPAA) which apply to oral, written and electronic communication (social media, texting, video conferencing).
6. Certified Peer Support & Recovery Professionals 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 Support & Recovery Professionals will advocate for those that they serve to make their own decisions. CPSRP will advocate for individuals to achieve their own stated needs, wants, and goals as well as promote personal responsibility of individuals.

8.	Certified Peer Support & Recovery Professionals will advocate for the full participation and inclusion of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities.
9.	Certified Peer Support & Recovery Professionals will avoid entering dual relationships or commitments that conflict with the interests of those they are serving and will disclose those relationships to their immediate supervisor. In consultation with their professional supervisor, the CPSRP shall determine whether existing or pre-existing relationships interfere with their ability to provide peer support services to the person(s) served. **Dual relationships are defined as any existing or pre-existing professional, social, or business relationships with the person(s) served**
10.	Certified Peer Support & Recovery Professionals should not engage in sexual or intimate activities or relations with the people they are serving.

Candidate Initials

3/15/23 Peer Advisory Committee
Developed / Approved

410 Capitol Avenue
Hartford, CT 06106
Phone: 860-418-7000

Authorizations and Declarations

I attest to having first-hand lived/living experience with a behavioral health condition(s) and in recovery and/or has improved your health and wellness. _____ Initial, if applicable

OR

I attest to having first-hand lived/living experience through a family member with a behavioral health condition(s). _____ Initial, if applicable

I attest to living or working in Connecticut at the time of this application. _____ Initial

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. _____ Initial

I acknowledge that a minimum rating of 24 is required on the Supervisor's Evaluation Form as it reflects competency in the skills and knowledge outlined in SAMHSA's Twelve Core Competencies. _____ Initial

I acknowledge that the Certified Peer Support & Recovery Professional credential is not a license and does not authorize independent practice. _____ Initial

I acknowledge the right of CCB, Inc. to verify the information in this application from employers and/or training organizations. I hereby authorize the CCB to request and receive information in any way relating to my application for this credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s) and training 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 this credential is sanctioned in any way including revocation or suspension that this information is public. _____ Initial

I have read, understand, and agree to act in accordance with the **Connecticut Certified Peer Support & Recovery Professional Code of Ethics and Values (2025)** and the **CCB's Code of Ethical Conduct – Disciplinary Procedures (2022)** on the CCB's website at www.ctcertboard.org _____ Initial

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 CT Department of Mental Health and Addiction Services, and the CT Department of Public Health. _____ Initial

I understand that an application processing fee is required before my application is reviewed and the examination site fee is required prior to scheduling the exam. I further understand all CCB fees are non-refundable without exception. _____ Initial

Print Candidate Name: _____Date: _____

Candidate Signature: _____

CPSRP+(F) Fees (All CCB Fees are Non-Refundable)

Filing Fee for CPSRP+(F) **Registry**

Registry Filing fee	$50.00

CPSRP+(F) Full & Provisional

Application Processing fee	$150.00
CPSRP - Examination Site fee	$150.00

The Provisional credential is valid for 1 year. The Full credential is valid for 2 years.

CPSRP+(F) R*enewal fees*

CPSRP+(F) Annual Renewal fee	$25.00
CPSRP+(F) Two Year Renewal fee	$40.00
CPSRP+(F) Three Year Renewal fee	$55.00

CCB Fee Policy: By signing below, I acknowledge the current fees associated with the CPSRP+(F) 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 the fees associated with the certification***. 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 of $35.00 will be due 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 $25 will be charged for all CPSRP+(F) renewal applications not received within 30 days of the due date.

Candidate Signature: _____ Date: _____

Once you have submitted your application materials…

You will receive an email confirmation your packet has been received.

After your application has been reviewed, we will email you if changes or additional information is needed.

Once your application has been approved and your examination fee is received, you will receive information to schedule your examination at a test center.

Please allow 2 – 4 weeks for your application to be processed.

If you have questions about your application status, please email info@ctcertboard.org for assistance.

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www.ctcertboard.org

CPSRP+(F) Candidate Supervisor,

A candidate's direct supervisor for the Certified Peer Support & Recovery Professional credential is required to complete the evaluation form verifying information and assessing skills and knowledge. Please complete in full pages 1-3 of the Supervisor's Evaluation Form with accurate information, as incomplete forms may delay certification. Email the finished evaluation directly to info@ctcertboard.org to ensure proper verification for the candidate. Email me if you have any questions.

A candidate is considered to be performing to the potential of a CPSRP+(F) when:

a) They are practicing the primary responsibilities within the 12 core competencies of peer support
b) They have completed 300 hours of supervised employment which includes 25 hours of direct supervision hours

I hereby attest that the candidate provided direct recovery peer support/coaching services within the scope of SAMHSA's 12 core competencies and **received_____ hours of supervision**. Additionally, I attest that the candidate **worked/volunteered for_____ hours**. The information on this page is, to the best of my knowledge, an accurate representation.

CPSRP 300 Supervised Work Hours

*** Volunteer hours up to 150 are acceptable**

Candidate Name:	**Candidate Email:**	
Employer:	**Employer Address:**	
Supervisor Name:	**Supervisor Email:**	
Did the candidate work/volunteer in a recovery peer support/coaching role?	**YES** ☐ **NO** ☐	
Start Date:	***End Date:***	***Total Hours:***
Worked _____ Hours	**Volunteered_____ Hours***	**Direct Supervision Hours:**

Supervisor Signature:_____ Date _____

- ***Please attach a job description for this position.***

CERTIFIED PEER SUPPORT & RECOVERY PROFESSIONAL SUPERVISOR EVALUATION FORM

Name of Supervisor: _____

Title of Supervisor: _____ Email: _____

Agency: _____

Candidate Name: _____

INSTRUCTIONS: Please read the description of the various skills/knowledge outlined in each of the competencies below. Using the five-point (0-4) scale shown below, determine the number which most nearly describes the candidate's performance in each competency and enter this number in the blank provided to the right of the statement in the column marked "Rating."

Not Observed	Needs Improvement	Competent	Above Average	Exceptional
0	1	2	3	4

Certified Peer Support & Recovery Professional Skills & Knowledge	Rating
I. Engages participants in collaborative and caring relationships Engages participants in collaborative and caring relationships by initiating contact and listening attentively to both content and emotion. Reaches out across all stages of the recovery process, demonstrating genuine acceptance and respect. Shows understanding of participants' experiences and feelings to foster a supportive, collaborative connection.	
II. Provides support Provides support by validating participants' experiences and feelings and encouraging the exploration of meaningful community roles. Conveys hope regarding their recovery and acknowledges their efforts and accomplishments. Offers practical assistance to help participants complete tasks and achieve their goals.	
III. Shares lived experiences of recovery Shares lived experiences of recovery by offering personal recovery stories, and when permitted, the stories of others to inspire hope. Discusses ongoing efforts to support personal health, wellness, and recovery. Demonstrates judgment in knowing when to share and when to listen. Describes personal recovery practices and assists participants in identifying practices that align with their needs.	
IV. Personalizes peer support Personalizes peer support by understanding personal values and cultural influences that may shape biases or judgments. Respects the cultural and spiritual beliefs of participants and their families. Recognizes and responds to the unique complexity of each participant's recovery process. Tailors' services and supports to align with each participant's individual preferences and needs.	
V. Supports recovery planning Supports recovery planning by assisting participants in setting goals and envisioning future possibilities. Recommends strategies to help them complete tasks and achieve goals. Guides participants in applying decision-making skills when selecting services and supports. Promotes active participation in treatment and recovery teams. Researches and identifies credible information and available options to inform planning.	
VI. Links to resources, services, and supports Links participants to resources, services, and supports by maintaining current knowledge of community options. Assists participants in identifying, selecting, and using needed resources, including health services and supports. Accompanies participants to appointments and community activities when requested and provides support during community engagement.	
VII. Provides information about skills related to health, wellness, and recovery Provides information on health, wellness, and recovery by educating participants about recovery concepts and available supports. Engages in co-learning to enhance recovery experiences and coaches participants in accessing services, navigating care systems, and developing desired skills. Educates families and other supporters about recovery and tailors' approaches to align with participant preferences and needs.	

Supervisor Initials:

Candidate Name _____

CERTIFIED PEER SUPPORT & RECOVERY PROFESSIONAL SUPERVISOR EVALUATION FORM - CONTINUED				
Not Observed	**Needs Improvement**	**Competent**	**Above Average**	**Exceptional**
0	**1**	**2**	**3**	**4**

Certified Peer Support & Recovery Professional Skills & Knowledge	**Rating**
VIII. Helps participants to manage crises Helps participants manage crises by recognizing signs of distress and potential safety risks. Provides reassurance and creates safe, supportive environments. Responds to crises using knowledge of local resources, treatment options, and participant preferences. Assists participants in developing advance directives and other crisis-prevention tools.	
IX. Values communication Values communication by using respectful, person-centered, recovery-oriented language in all interactions. Demonstrates active listening and seeks clarification when needed. Clearly communicates perspectives when collaborating with colleagues. Completes documentation in accordance with program requirements and adheres to confidentiality laws and privacy standards.	
X. Supports collaboration and teamwork Supports collaboration and teamwork by working effectively with colleagues and engaging mental health, addiction, and medical providers to meet participant needs. Coordinates with healthcare teams, families, natural supports, and community organizations to promote participant wellness and opportunities. Addresses and resolves conflicts within participants' support networks to maintain constructive relationships.	
XI. Promotes leadership and advocacy Promotes leadership and advocacy by applying knowledge of relevant rights and laws (ADA, HIPAA, etc.) to uphold participant rights. Advocates for participant needs across treatment, community, and home settings. Utilizes legal and advocacy resources to develop effective advocacy plans. Contributes to efforts to reduce prejudice and discrimination. Educates colleagues on recovery and the use of recovery support services, supports organizational improvement, and maintains a strong professional reputation.	
XII. Promotes growth and development Promotes growth and development by recognizing personal limits and seeking guidance as needed. Uses supervision effectively through reflection and structured problem-solving. Examines personal motivations and emotional responses, identifies signs of distress, and seeks support when appropriate. Pursues ongoing opportunities to strengthen peer-support skills.	
Rating Score	**0**

SIGNATURE OF SUPERVISOR: _____ DATE: _____

PLEASE NOTE: Supervisor must have knowledge of SAMHSA core competencies to evaluate and sign.

Core Competencies for Peer Workers in Behavioral Health Services