

**Certified Recovery Peer Specialist
Application for Certification**

This form is to be completed in its entirety by the applicant.

Partial, incomplete or illegible applications will be returned to the applicant. All statements provided on this application are subject to verification. False statements, omissions, alterations to the application, failure to supply requested information and/or failure to agree to follow Florida Certification Board (FCB) policies and procedures may be grounds to disqualify an applicant from certification.

Section 1: Contact and Demographic Information. Please provide all requested information. Enter None or N/A as appropriate.

Last Name

First Name

Middle/Maiden Name

Date of Birth

Social Security Number

Primary Email Address

Home Phone

Cell Phone

Home Address Line 1

Home Address Line 2

City

State

Zip code

County

Current Employer

Current Position Title

Employer's Webpage Address

Business Phone

Work Address Line 1

Work Address Line 2

City

State

Zip code

County

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail to certify or refuse certification to any individual because of race, color, religion, national origin, marital status or handicap.

I prefer NOT to provide the FCB with my voluntary demographic information.

Race: Black White Native American/Alaskan Native Asian/Pacific Islander Multi-racial

Ethnicity: Hispanic/Latino Non-Hispanic/Latino **Gender:** Female Male

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Section 2: Education Background. List each degree/diploma you have earned starting with the most recent award. Add additional pages if necessary.

Most Recent Degree

Degree Type: HSD/GED AA/AS BA/BS MA/MS/MEd PhD MD/OD JD Other

School Name: _____

School Location: _____
City _____ State _____

Is the name on your transcript the same as on your application for certification? Yes No

If “no” provide your name as it is listed on your transcript: _____

Have you previously submitted this official transcript to the FCB for another credential? Yes No

If “yes” provide the credential name and number: _____

Second Most Recent Degree

Degree Type: HSD/GED AA/AS BA/BS MA/MS/MEd PhD MD/OD JD Other

School Name: _____

School Location: _____
City _____ State _____

Is the name on your transcript the same as on your application for certification? Yes No

If “no” provide your name as it is listed on your transcript: _____

Have you previously submitted this official transcript to the FCB for another credential? Yes No

If “yes” provide the credential name and number: _____

Section 3: Work History. Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid Volunteer

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties: _____

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Section 3 Continued: Work History. Please list your employment history for the last five (5) years. Report employment dates in the following format: May 2009 – Aug 2011. Add additional pages if necessary.

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid Volunteer

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties: _____

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid Volunteer

Employer Webpage Address: _____

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Describe Duties: _____

Section 4: Recommendations. You are required to have three (3) professional letters of recommendation as part of your FCB application file. Please carefully read the Candidate Guide for Application for full requirements.

A specific form is used for this – the Recommendation for Certification Form. These are to be completed by persons (non-relatives only) who have direct professional knowledge of your work, skills and character. It is expected that you have given the Recommendation for Certification Form to specific people who will complete the form and submit it to the FCB via mail, email or fax. For tracking purposes, it is important that we have the names of the persons who will be submitting the forms in support of your application for certification.

Please list your anticipated references below. Should a reference change, please contact the FCB to update your application file.

Name: _____

Name: _____

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Section 5: Background History Part A.

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB will conduct a criminal background check. I understand that once certified I may be selected for random audit to assure compliance with the FCB Code of Ethics. Yes No

By checking the affirmative box below, I authorize the FCB and/or any other company authorized by the FCB to access such information as may be necessary to conduct a criminal background check. Yes No

I release from liability all persons and entities supplying such information. I indemnify the Florida Certification Board and/or any other company authorized by the FCB against any liability which may result from making such requests. Yes No

Section 5 Background History Part B.

Have you ever been convicted, pled nolo contendere, or had an adjudication of guilt withheld for any crime which is a felony or 1st degree misdemeanor? yes no If you answered "yes", provide the following information for each charge. Attach additional pages as necessary.

Charge: _____

Date and Location Charge Took Place: _____

Disposition of Charge: guilty not-guilty dismissed other

Sanctions Applied: _____

Date of Release from Sanctions: _____

Description of Incident/Charge(s): _____

Section 6: Ethical and Professional Conduct. You are required to acknowledge certain standards and your professional responsibility in this section. Before completing this section, you must have the most recent copy of the FCB Code of Ethics, which is posted on the FCB website at www.flcertificationboard.org.

By checking the acknowledgement box below, I affirm that I understand that I am required to follow the professional standards of conduct detailed in the FCB Code of Ethics. I also affirm that I understand that the FCB Code of Ethics applies to both certification applicants and certified individuals.

I acknowledge. I do not acknowledge.

By checking the acknowledgement box below, I affirm that I have received a copy of the FCB Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

I acknowledge. I do not acknowledge.

By checking the acknowledgement box below, I further affirm that I have read and understand all of my obligations, duties, and responsibilities under each principle and provision of the FCB Code of Ethics. I will read and understand all future amendments and modifications to the FCB Code of Ethics.

I acknowledge. I do not acknowledge.

Signature

Date

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Section 8: Attestation of Lived Experience

Please indicate the lived experience that makes you eligible to serve as a peer to others seeking recovery from substance use disorders or mental health conditions. This indication of lived experience will drive the endorsement(s) applied to the issued credential. Applicants may hold multiple endorsements.

CRPS-A: Individual attests that they have been in recovery for a minimum of 2 years from a substance use and/or mental health condition.

- Yes, I have lived experience as an Adult in recovery from substance use and/or mental health conditions.
- No, I do not have lived experience as an Adult in recovery from substance use and/or mental health conditions.

CRPS-F: Individual attests they are a family member or caregiver who has helped a child or youth to achieve and maintain recovery from a substance use and/or mental health condition.

- Yes, I have lived experience as an Adult in recovery from substance use and/or mental health conditions.
- No, I do not have lived experience as an Adult in recovery from substance use and/or mental health conditions.

CRPS-V: Individual attests that they are a veteran of the armed forces who has achieved and maintained recovery from a substance use and/or mental health condition.

- Yes, I have lived experience as an Adult in recovery from substance use and/or mental health conditions.
- No, I do not have lived experience as an Adult in recovery from substance use and/or mental health conditions.

Signature

Date

Section 8: Assurance and Release.

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

- I acknowledge. I do not acknowledge.

Signature

Date

Apply online from the FCB website {www.flcertificationboard.org} **OR** mail your completed form to the Florida Certification Board. Note: hard copy applications require payment of an additional \$25.00 data entry fee.

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301