



CPRS Application

Certified Peer Recovery Specialist
GRANDPARENTING

VCB
P.O. Box 27672
Richmond, VA 23261

DIRECTIONS/CHECKLIST

Prior to submitting your application to VCB, please review the following list to be sure you have gathered all the necessary documentation.

1. High School Diploma/GED proof is required.
2. Certificates of attendance for trainings.
3. Current job/volunteer description signed and dated by yourself and your supervisor.
4. All required documentation to support volunteer or paid experience (i.e. letters from former employers verifying employment/volunteering job description, signed and dated by applicant and supervisor).
5. Sign and date the Code of Ethical Conduct.
6. Release form notarized.
7. Supervision form completed and signed by supervisor.
8. ***Fee of \$25. DBHDS is currently offering a scholarship for \$75 to cover the full application fee of \$100. Therefore, applicants only need to submit \$25 with their application materials. The discounted fee is for the first 500 applicants only.*** May be paid by check/money order (payable to VCB) or with VISA, MasterCard or Discover. 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. Grandparenting applications are open until December 31, 2016. If an applicant fails to fulfill all certifications requirements by December 31, 2016 the applicant may still pursue certification, however passing the CPRS examination will be required.

If you do not have an email address please contact the office directly.

Keep a photocopy of the entire application.

Send your completed application, copies of certificates of attendance, job/volunteer description, other attachments, and fee our administrative office at:

VCB
298 S. Progress Avenue
Harrisburg, PA 17109
Phone: (804) 741-2319 Fax: (717) 540-4458
Website: www.vacertboard.org Email: info@vacertboard.org

Applications can be mailed, emailed or faxed.

ROLE OF CPRS

The Certified Peer Recovery Specialist (CPRS) credential is designed for individuals with personal, lived experience in their own recovery. Peer services are an important component in 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 in achieving sustained recovery from the effects of addiction and/or mental health issues. Peer Recovery Specialists 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 Peer Recovery Specialist are a permanent critical component of the continuum of care services that will substantially improve an individual's ability to sustain recovery and wellness.

CPRS provides individuals and family members in recovery with a support system to develop and learn healthy skills and gain access to needed community resources. CPRS 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 - GRANDPARENTING

Experience

- 500 hours of volunteer or paid experience specific to the domains within the last three years.
- Volunteer and part-time experience is acceptable if it is provided under direct supervision.
- Supervised work experience must be in the four CPRS domains.

Supervision

- 25 hours specific to the domains as listed below. These hours may be included in the experience required.

Education

- High school diploma/GED.
- 46 hours of approved DBHDS education relevant to the domains, of which 16 hours are specific to Ethical Responsibility. For a list of approved education providers and domain descriptions, please visit www.vacertboard.org or email info@vacertboard.org.
- Applicants whose approved DBHDS training does not meet the full education requirement may obtain the additional hours required during the grandparenting period. If the education is not completed by the close of the grandparenting period applicants may still pursue the CPRS, however an examination will be required.

Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Current job/volunteer description dated and signed by supervisor and applicant.
- Applicant must either live or work in Virginia at time of application.

Domains

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

Fee: \$25

CERTIFICATION TIME PERIOD

VCB certification encompasses two calendar years commencing on the date of application approval. 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 VCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to VCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three business 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.

RECERTIFICATION

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

To be recertified as a CPRS, an individual must:

1. Hold a current and valid certificate issued by VCB;
2. Acquire 20 hours of VCB approved education within the two year recertification cycle, including six hours in ethics and the approved DBHDS MH/SA cross training.
3. Verify that you have reviewed, read and will uphold by practice the VCB 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 VCB 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.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a CPRS and no further use of the CPRS is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and one year. After one year, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements – including passing the examination.

APPLICATION FOR CPRS - GRANDPARENTING

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: _____

County: _____ Home Phone: _____ Email: _____
(required)

Please fill out the following based upon your most current employer or volunteer organization's information:

Organization: _____ Position/Title: _____

City: _____ Zip: _____

County: _____ Phone: _____ Ext: _____

Start Date: _____ Total Hours Worked: _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Email: _____

I hereby attest that the applicant is working or volunteering in a peer recovery position where 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 supports long-term recovery.

Supervisor's Signature

I attest that I have no less than one year of demonstrated recovery time prior to date of application.

Applicant Signature

Fee of \$25 can be paid using one of the following:

Check/MO (payable to VCB)

Credit Card (*Visa, MasterCard or Discover*)

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

Billing address: _____
(If different than Home Address)

PREVIOUS EXPERIENCE, IF APPLICABLE

Include letter (on company letterhead) from previous employer verifying your duties and dates employed or volunteering.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Total Hours Worked: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Total Hours Worked: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Total Hours Worked: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

SUPERVISION

Please photocopy form as needed.

To Supervisor: Please complete this form indicating applicant's on-the-job/volunteer supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant's Name: _____

I hereby attest that a minimum of 25 hours of supervision in the domains have been attained by the above-named applicant.

CPRS DOMAINS

OF HOURS RECEIVED IN EACH

- | | |
|--|-------|
| 1. Advocacy | _____ |
| 2. Mentoring/Education | _____ |
| 3. Recovery/Wellness Support | _____ |
| 4. Ethical Responsibility | _____ |
| TOTAL MUST BE AT LEAST 25 HOURS | _____ |

Supervisor's Signature

Date

RELEASE

(must be notarized below)

I hereby request that VCB 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 VCB 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 manuscripts and other personal 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 VCB to officers, members, and staff of the aforementioned Board;

I consent to authorize VCB 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 VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

I do hereby submit the following information, assurances and release relating to my initial certification or renewal of certification with the Virginia Certification Board (VCB).

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:**

CODE OF ETHICAL CONDUCT FOR CPRS

Principle: Recovery First

My primary obligation and responsibility is my recovery. I will immediately seek outside counsel and if applicable, notify my supervisor if alcohol, drug use, mental illness or anything else gets in the way of my recovery.

Principle: Sharing Personal Recovery Story

I will share my lived experiences to help others identify resources and supports that promote recovery and resilience.

Principle: Service Approach

I affirm the rights and dignity of each person that I serve.

The services I provide will be guided by the principle of self-determination to assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.

I will advocate for the right of peers to self-select their own recovery pathways and recovery communities and will promote the individual's inherent value to those communities and pathways.

Principle: Confidentiality

I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.

Principle: Non-Discrimination

I provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make referral to another Certified Peer Specialist.

Principle: Conduct

I act in accordance with the law.

I never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.

I will fairly and accurately represent myself and my capabilities to the peer and the community.

I will not accept money or items of significant value from people that I serve.

I will not lend or borrow from the peers that I serve.

I will not engage in sexual activities or intimate relations with peers that I serve.

I will not engage in sexual activities or sexual contact with former clients within a minimum of two years after terminating services.

I will not provide services to individuals with whom I have had a prior sexual or intimate relationship.

Principle: Integrity

I will not discontinue services to a peer without his or her knowledge and will make a referral for continued services when appropriate.

I will report violations of the Code of Ethics by other Certified Peer Recovery Support Specialists to the appropriate certifying entity.

Principle: Conflict of Interest

I will not use my role as a CPRS to promote any treatment, procedure, product or service, which would result in my personal gain.

Principle: Scope of Practice

I will not perform services outside of my area of training, expertise, competence, or scope of practice.

Principle: Personal Development

I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

My signature below affirms that I have read and promise to uphold the Certified Peer Recovery Specialist Code of Ethics in the performance of my role as a Certified Peer Recovery Specialist.

Signature

Date