



Certified Recovery Peer Advocate (CRPA)

Candidate Guide for Application

Contains:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms for recommendations, supervision, and training and work verification.



APPLICATION PACKET for GRANDPARENTING PERIOD

About Us

Preface: The New York Certification Association (NYCA) is a professional credentialing organization that has been authorized by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to administer certification services in New York for the Peer Advocate credential. The NYCA is a subsidiary of Florida Certification Board that was formed to address the growing demand in New York for independent professional testing and certification services.

The Florida Certification Board (FCB) has been in operation for 30 years. It also provides certification and testing services for other states including California, Michigan and Illinois. The FCB sets standards for and certifies individuals in various occupations including: the addictions arenas of treatment, prevention and criminal justice; mental health including behavioral health peer services; gambling; and, child welfare.

Mission: The NYCA serves the public interest by developing, administering, and maintaining certification programs that reflect current standards of competent practice for peer-delivered services. Our mission is to protect the health, safety and welfare of the citizens of New York by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Board Policies and Procedures: NYCA policies and procedures regarding the Certified Recovery Peer Advocate (CRPA) certification program are contained in this document and on our website, as referenced herein. The purpose of policies and procedures is to provide direction and guidance regarding general certification program requirements, credential specific requirements and accept/deny criteria.

IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH NYCA POLICIES. If you have any questions regarding NYCA policies, please do not hesitate to contact us directly for guidance.

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Introduction

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a Certified Recovery Peer Advocate helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Further, the Certified Recovery Peer Advocate (CRPA) designation is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is “supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient’s treatment/recovery plan which occur on the premises of a certified program.” OASAS does not, however, limit or prohibit a Certified Recovery Peer Advocate (CRPA) from providing other types or forms of peer services in other settings.

Application Submission Options

The New York Certification Association accepts both electronic and hard-copy applications for certification. Throughout this document, you will find directions for both on-line and hard-copy application.

The preferred method of application is electronic, via our on-line portal, which will be active on May 1, 2014.

- Individual’s submitting electronic applications are encouraged to print out a hard copy of all applicant-completed forms to use as a worksheet *prior* to entering data on-line. Additionally, on-line submission requires the applicant to upload specified supporting documentation to the system. For additional assistance in electronic submission, please contact our offices at **855-675-5634**.
- Individual’s submitting hard-copy applications are encouraged to make a complete photocopy of the application, including all supporting documentation, *prior* to submitting the application to the NYCA. Hard-copy applications, including all supporting documentation, will be entered into the NYCA electronic database by certification specialists.

A valid email address is required for both on-line and hard-copy application submissions.

Description of a Certified Recovery Peer Advocate (CRPA)

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a Certified Recovery Peer Advocate helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant where he or she is in recovery.

Further, the Certified Recovery Peer Advocate is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is “supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient’s treatment/recovery plan which occur on the premises of a certified program.” Peer Advocates may also provide other types or forms of peer support that go beyond those services provided in a certified setting.

Peer Advocates certified by the New York Certification Association will be able to offer Medicaid reimbursable peer services in OASAS Certified Outpatient Treatment settings.

Statement Regarding Recovery and Peer Statuses

- A Certified Recovery Peer Advocate does not have to be in recovery in order to qualify for certification.
- Peer status confers empathy through lived experience. Each Certified Recovery Peer Advocate self-defines his or her “peer-ness” and should perform services within the context of shared, lived experience.
- Recovery is defined by the individual, yet there are certain generally accepted standards of recovery. Should a Certified Recovery Peer Advocate find him or herself in the position of personal risk to recovery, the CRPA is expected to voluntarily remove him or herself from active service until such time as recovery is restored and maintained to the level that the individual is capable of serving in the capacity of a Peer Advocate.

Certification Process, Standards and Requirements Overview

Certification is a designation awarded to individuals who demonstrate their competency in a given field. Competency is achieved through a combination of education and experience. In order to apply for the Recovery Peer Advocate (CRPA) credential, applicants must provide verifiable documentation that demonstrates that the applicant has the specified educational and experiential background necessary for certification.

This Certified Recovery Peer Advocate (CRPA) Candidate Guide for Application provides policy requirements and standardized forms designed to assist the applicant to gather mandatory documentation. Some of the forms are to be completed by the applicant and provided directly to the NYCA via the electronic application portal or mail; some of the forms are to be provided to former employers, supervisors, personal references, or others to complete and mail directly to the NYCA on behalf of the CRPA applicant. Forms mailed to the NYCA will be uploaded to the applicant’s electronic

file by the assigned certification specialist. Each form indicates the individual who must complete the document.

Grandparenting Application Period Purpose and Scope

A Grandparenting application period is specifically designed to acknowledge the competency of those who are currently doing the work that is expected of a Certified Recovery Peer Advocate in a manner that prevents a negative impact to the applicant by the establishment of new standards.

Grandparenting is not designed for individuals who are contemplating getting into a profession and want to take advantage of less demanding eligibility requirements. As such, the Grandparenting program candidates must demonstrate both qualifying work experience and specialized training in provision of recovery support services; however, eligible applicants are not required to pass a written test to earn the credential.

Important Note: Should an individual earn certification through the Grandparenting process and subsequently allow the certification to lapse, the individual must meet all current certification requirements, including passing the written test to reinstate.

The New York Certification Association (NYCA) will open a 12-month Grandparenting application period for applicants who can meet the following standards. All standards must be documented on NYCA forms and must be verifiable by NYCA certification staff. **The Certified Recovery Peer Advocate Grandparenting application period will be open until 12-15-14.**

Certification Fees

There is not a fee to apply for certification during the grandparenting period.

Applications received and/or postmarked after December 15, 2014 will incur a \$50 certification fee.

Certification Standards for Grandparenting

The following table provides an overview of the certification standards and requirements for grandparenting candidates to earn and maintain Recovery Peer Advocate (CRPA) certification.

| Topic | Minimum Requirement |
|---------------------------|---|
| Lived Experience | <p>Lived experience as a peer and/or an individual in recovery is critical to the role of a Certified Recovery Peer Advocate. By checking the acknowledgement box below, I affirm that I understand the definitions of “peer” and “recovery” as stated below, and that I am qualified to serve as a peer for individuals pursuing recovery.</p> <ul style="list-style-type: none"> • Peer status confers empathy through lived experience. Each Certified Recovery Peer Advocate self-defines his or her “peer-ness” and should perform services within the context of shared, lived experience. • Recovery is defined by the individual, yet there are certain generally accepted standards of recovery. Should a Certified Recovery Peer Advocate find him or herself in the position of personal risk to recovery, the CRPA is expected to voluntarily remove him or herself from active service until such time as recovery is restored and maintained at a level wherein the individual is capable of serving in the capacity of a CRPA. |
| Formal Education | High School Diploma or General Equivalency Degree |
| Content-Specific Training | <p>46 hours total, allocated as follows:</p> <ol style="list-style-type: none"> 1. Advocacy: 10 hours 2. Mentoring/Education: 10 hours 3. Recovery/Wellness Support: 10 hours 4. Ethical Responsibility: 16 hours <p>All training must have been completed within the last 5-years.</p> |
| Related Work Experience | <p>Paid or volunteer experience providing Recovery Peer Advocate services.</p> <p>500 hours of related experience for the following applicants: Individual’s holding a bachelor’s degree or credentialed as a CASAC, CASAC-T, CASAC-G, Prevention Professional, Prevention Specialist, or Recovery Coach Academy graduates (certificate holder or training of trainers’ certificate holder).</p> <p>1,000 hours of related experience for all other applicants.</p> <p>All experience must have been gained within the last 5-years.</p> |
| On-the-Job Supervision | <p>25 hours total, by an organization’s documented and qualified supervisory staff per job description.</p> <p>A minimum of 4 hours of supervision per performance domain must be documented. Remaining hours may be allocated across any performance domain.</p> <p>All supervision must have been received within the last 5-years.</p> |
| Recommendations | <p>1 professional letter of recommendation for certification.</p> <p>1 character reference letter of recommendation for certification.</p> |

| Topic | Minimum Requirement |
|----------------------|---|
| Written Exam | NYCA Certified Recovery Peer Advocate exam: Waived for approved grandparenting applicants. Must be passed to reinstate an inactive credential earned through the grandparenting process. |
| Criminal Background | Must have a clean criminal history for a minimum of 3-years prior to application for certification, including release from all sanctions.* There is no fee if a criminal background report is run by the NYCA during the grandparenting period. |
| Code of Ethics | Must read and sign an attestation agreeing to comply with the NYCA Code of Ethical & Professional Conduct.** |
| Continuing Education | 10 hours per year, 3 of which are related to the Ethical Responsibility domain. CRPAs must provide documentation of completion of 30 continuing education hours every 3 years at renewal, 9 of which are in the Ethical Responsibility domain. CEU hours must be non-repetitive (i.e., the same course cannot be claimed more than one time during each credentialed period, even if the course was taken annually.) |
| Renewal | 3 years. |

*The NYCA actively acknowledges that, for many, part of recovery includes rehabilitation. As long as the applicant has a clean criminal history for at least 3 years prior to applying for certification, in most instances, a criminal history will not exclude the applicant from certification. Please **DO NOT** automatically exclude yourself if you have a criminal background; contact the NYCA for guidance and/or technical assistance.

**The NYCA does not view relapse as an ethical violation as long as the certified individual completes the following process:

1. Contact the NYCA and request voluntary inactive status.
2. Do not use the CRPA credential during the time of voluntary inactive status.
3. When issues are resolved, submit a written Return to Duty assessment by a qualified professional to the NYCA with a written request to reinstate the credential to certified status.

Important information:

If the CRPA credential expires during while on voluntary inactive status, renewal requirements must be met as part of the reinstatement process.

As long as the credential was not on voluntary inactive status for more than 3 years, the CRPA does not have to re-test as part of the reinstatement process, even if the credential was earned through a grandparenting process.

Notice Regarding NYS Justice Center

New York State Justice Center requirements are applicable to all employees of OASAS certified programs and all individuals credentialed by OASAS as follows: On June 30, 2013, the New York State Justice Center was created in State legislation known as the “Protection of People with Special Needs Act” to establish strong standards and practices for protecting people with special needs. The Justice Center serves both as a law enforcement agency and as an advocate for people with special needs. This new legislation requires that reports of abuse and neglect be made to the Justice Center by anyone who has regular and substantial contact with people being served. This would include employees, volunteers, directors and operators of facilities that are operated, certified or licensed by the NYS Office of Alcoholism and Substance Abuse Services. Since Certified Recovery Peer Advocates may be employed by or providing peer support services in conjunction with OASAS certified providers, they have a legal duty to report known or suspected instances of abuse and neglect to the Justice Center when they involve recovering individuals who are served in OASAS certified programs. For more information on NYS Justice Center requirements, the types of incidents that must be reported, and how to report an incident to the Vulnerable Persons Central Register Hotline, go to: www.justicecenter.ny.gov.

Criminal Background Checks

The State legislation which authorized the creation of the New York State Justice Center also contained specific language requiring that Criminal Background Checks be conducted for all prospective employees, contractors and volunteers who will have regular and substantial unsupervised or unrestricted physical contact with service recipients of OASAS certified programs. Applicants for the Certified Recovery Peer Advocate who seek employment in OASAS certified programs should anticipate the need to undergo a Criminal Background Check when they apply for positions in these agencies.

A Criminal Background Check is a multi-step process that involves: signing a consent form to conduct a Criminal Background Check; checking the Statewide Central Register of Child Abuse and Maltreatment; and sending the applicant for fingerprinting. The State has contracted with MorphoTrust USA to conduct all fingerprinting related to Criminal Background Checks. OASAS pays for Criminal Background Checks for employees and volunteers of not-for-profit agencies. For-profit agencies may pay for Criminal Background Checks or require that prospective employees, contractors or volunteers pay the fee.

The fact that an applicant has a criminal history, will not, in and of itself, disqualify him/her from working in an OASAS program. In those cases where a prior criminal conviction raises a concern as to fitness to perform a job, applicants will have an opportunity to submit evidence of rehabilitation which may include: letters of recommendation; attestations of rehabilitation or good conduct from parole or probation; documents showing evidence of educational/training accomplishments; documentation of completion of drug and/or alcohol treatment; documentation of employment and/or work experience, etc.

For more information on Criminal Background Checks, go to the OASAS Justice Center Webpage at: <http://www.oasas.ny.gov/JC/index.cfm>

Part 1: The Certification Process

Earning a professional credential is a multi-step process:

1. Certification Application
2. Examination Process (waived during grandparenting application period)
3. Certification Award

Applicants have a maximum of 12-months to earn certification. The 12-month period starts on the day the *Certification Application* form is received at the NYCA office. The NYCA will provide eligible applicants with directions to continue the application process if the “out-of-time” date is reached.

Application Methods

We offer two ways to apply for your certification.



Online Electronic Certification Applications

Our preference is that you apply online using the NYCA Application Portal. Online applications offer the quickest processing time.

You can access the FCB Portal on the home page of the NYCA at www.nycertification.org. Click on the bar that says “Ready to Apply” to access the online application system. If you are using the system for the first time, you will be required to complete a brief registration process prior to completing the certification application online. This *Candidate Guide for Application* contains the NYCA required forms, which should be used as worksheets for completing the online application fields of information. Some of the forms, such as the Training Verification Form will need to be completed separately and uploaded into the online application system at the time of application. A *NYCA Guidebook for Online Certification Application* is available on the NYCA website to help you navigate the system.



Download, Print and Mail

If you choose to submit your application in hard-copy format, the application forms are available as editable PDF documents. Visit the NYCA website to download the forms. Here are the steps: 1) locate and save the appropriate form(s) to your desktop; 2) open the file and fill in the information using the fields provided; 3) print and verify application is complete before mailing. It is preferred that the forms be typed instead of completed by hand.

Step 1: Certification Application

Your application for certification requires you to document your education, training, experience and other specified indicators of competency. Each requirement must be documented according to NYCA policies and procedures, using NYCA official forms.

Please be aware that you must seek out current and prior employers, education providers, and references that will provide documentation and verification to support your application for certification: these persons must submit information directly to the NYCA by email or mail. Unless specified, the NYCA will not accept forms and/or documentation that are completed and/or submitted by the certification candidate.

The following forms must be received and approved by NYCA certification staff via the on-line application portal or hard-copy mail.

| Form/Documentation | Individual or entity to complete form/submit documentation to NYCA |
|-------------------------------|---|
| Application for Certification | The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> |
| Training Documentation | The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> |
| Diploma/Degree | High-school Diploma or General Equivalency Degree documentation may be provided by the applicant. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> Official transcripts are required to document post-secondary education/degrees. Official transcripts may only be provided to the NYCA only by the college/university or other institution issuing the transcript or degree to the applicant. <i>May only be submitted via the college/university or other institution e-transcript provider or hard-copy mail.</i> |
| Related Work Verification | The employer or entity overseeing volunteer or paid work performed by the applicant. <i>May only be submitted via e-mail or hard-copy mail.</i> |
| On-the-Job Supervision | The individual providing direct, on-the-job supervision of the applicant's volunteer or paid work performance. <i>May only be submitted via e-mail or hard-copy mail.</i> |
| Recommendation | The individual providing a recommendation of the applicant for certification. <i>May only be submitted via e-mail or hard-copy mail.</i> |

TIP: The NYCA recommends that you provide each individual or entity who you are asking to complete form(s) and/or submit documentation on your behalf with the following: A requested due date for submitting the documents; the NYCA form; the NYCA email address of info@nycertification.org **OR** a stamped envelope, addressed to the NYCA as follows: **New York Certification Association, Attn: Certification Operations, 1732 First Avenue, #22875, New York, NY 10128.**

Certification Application

Requirement: The Certification Application form has 8 sections that collect mandatory data for the NYCA certification database. All sections must be complete.

How to Document:

Electronic submission: The applicant completes all required fields of data *and* uploads a copy of his or her High School Diploma/General Equivalency Degree to the system.

Hard-copy submission: The applicant completes the Certification Application form and attaches a copy of his or her High School Diploma/General Equivalency Degree, and mails hard-copy, original forms to the NYCA office.

NYCA Accept/Deny Criteria: The Certification Application form will be approved if all sections are completed; the applicant agrees/acknowledges NYCA policy statements; official documentation of Education Background is received; and the applicant’s criminal background is approved. Failure to meet these requirements will result in the denial of the Certification Application form. If possible, applicants have a maximum of 12-months from the date the Certification Application form is received by the NYCA to resolve issues and earn certification.

| Application Section | Policy Statement |
|----------------------------------|--|
| Demographics/Contact Information | Provide all requested information. If information is not available, enter “N/A” or “none”. Applicants may not omit social security numbers, primary email address, or mailing address. |
| Education Background | Provide all requested information and attach a copy of your High School Diplomas or General Equivalency Degrees (GED). Applicants who attended college or university provide a college transcript to satisfy the educational requirement (for this purpose an official transcript is not required.) Eligible High School Diplomas or General Equivalency Degrees (GED) are issued by institutions recognized by state Departments of Education. |
| Work History | Provide your work (paid or volunteer) experience for the last 5 years. Attach additional sheets if necessary: be sure to include your name and all information provided on the application. Please note: this section of the application does not satisfy the Related Work Experience requirement. |
| Recommendations | For tracking purposes, you must provide the names of the individual’s you are asking to provide the Professional and the Character-Personal Recommendation for Certification. Should a reference change, please contact the NYCA to update your application file. Please note: this section of the application does not satisfy the Recommendation requirement. |
| Background History | You are required to disclose your criminal background history and authorize the NYCA to submit to random criminal background checks to |

| Application Section | Policy Statement |
|----------------------------------|---|
| | <p>assure compliance with the NYCA Code of Ethical and Professional Conduct. If you have a felony in your history, you must disclose specified information and provide official documentation showing your release from all court-ordered sanctions.</p> <p>Please Note: carefully read the NYCA Criminal Background Policy and the NYCA Code of Ethical and Professional Conduct which is posted on the NYCA website at www.nycertification.org to ensure understanding of policy and requirements.</p> |
| Ethical and Professional Conduct | <p>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 NYCA Code of Ethical and Professional Conduct, which is posted on the NYCA website at www.nycertification.org.</p> |
| Lived Experience Attestation | <p>Lived experience as a peer and/or an individual in recovery is critical to the role of a Certified Recovery Peer Advocate. The NYCA does not require a Certified Recovery Peer Advocate to be in recovery as a certification standard. All candidates must acknowledge an understanding of the lived experience expectation as follows:</p> <ul style="list-style-type: none"> • Peer status confers empathy through lived experience. Each Certified Recovery Peer Advocate self-defines his or her “peer-ness” and should perform services within the context of shared, lived experience. • Recovery is defined by the individual, yet there are certain generally accepted standards of recovery. Should a Certified Recovery Peer Advocate find him or herself in the position of personal risk to recovery, the CRPA is expected to voluntarily remove him or herself from active service until such time as recovery is restored and maintained to the level that the individual is capable of serving in the capacity of a CRPA. |
| Assurance and Release | <p>You are required to provide specified assurances and releases to the NYCA as part of the certification application process.</p> |

Content Specific Training Requirement

Requirement: Applicants must complete and document a minimum of 46 hours of training, with a minimum number of training hours in each performance domain as follows:

- Advocacy: 10 hours
- Mentoring/Education: 10 hours
- Recovery/Wellness Support: 10 hours
- Ethical Responsibility: 16 hours

All training must have been completed with the last 5-years.

Content-specific training for initial application purposes DOES NOT have to be delivered by an NYCA approved training provider.

Sample Training Topics by Domain:

| This table provides examples of training content that may be eligible for credit in each domain: this table is not exhaustive of all possible eligible training events. If you are unsure about the eligibility of an education event, please contact the NYCA for guidance and/or technical assistance. | |
|---|---|
| Domain: Advocacy Consumer-Centered Recovery Support Understanding Advocacy Public Policy Patient Advocacy Value and Benefits of Advocacy Settings and Roles for Peer Advocates Core Components of Advocacy Trends and Opportunities in Advocacy Consumer and Family Support | Domain: Mentoring And Education Mentoring/Coaching Stages of Change Motivational Interviewing Cultural Competence Resources and Programs Building Skills to Enhance Relationships Listening and Communication Skills Adult Learning Models Educational Program Development and Delivery |
| Domain: Recovery/Wellness Support Stages of Recovery Pathways to Recovery Recovery Wellness Planning Stigma and Labels Respectful Model Crisis Intervention Signs and Symptoms of Addiction Relapse and Relapse Prevention | Domain: Ethical Responsibility Self-Care Privilege and Power Boundary and Ethical Issues Transference/Counter-Transference Issues of Self-Disclosure Confidentiality/HIPPA Laws, Rules and Regulations Documentation |

How to Document:

Electronic Submission: The applicant completes all required fields of data on the Training Verification Form *and* uploads the completed form and copies of supporting documentation to the system.

Hard-copy Submission: The applicant completes the Training Verification Form, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the NYCA office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Hours

****If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.***

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript, and the course name, on the course description. Place this document in the appropriate order as is appears on this form.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3-semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on Advocacy may include partial credit for "Mentoring and Education" training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. ***If the total credit hours are not listed on the certificate, attach a copy of the training agenda.***

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

NYCA Accept/Deny Criteria: Content-specific training will be approved if the training documentation includes all required information; the training was completed within the last 5 years; and there is a clear link between the training event and the content-specific training requirement. Each requirement is verified individually. Failure to meet these requirements will result in the denial of the training event for certification purposes. If possible, applicants have a maximum of 12-months from the date the Certification Application form is received by the NYCA to resolve issues and earn certification.

Related Work Experience Requirement

Requirement: Applicants must complete and document a minimum number of hours of paid or volunteer experience providing Recovery Peer Advocate services. The number of hours depends on the applicant's background as follows:

- 500 hours of related experience for the following applicants: Individual's holding a bachelor's degree or certification as CASAC, CASAC-T, CASAC-G, Prevention Professionals and Prevention Specialists, or Recovery Coach Academy graduates (certificate holder or training of trainers' certificate holder).
- 1,000 hours of related experience for all other applicants.

All experience must have been gained with the last 5-years.

How to Document:

Electronic Submission: The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received Related Work Verification Forms to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the Related Work Experience Verification Form. The applicant's current or former employer's personnel officer, volunteer supervisor, or designee completes Part 2 of the form and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided. If multiple employers need to be contacted to document all hours, provide a separate form to each employer.

The applicant may not complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the applicant's employer's personnel officer, volunteer supervisor, or designee only.

The applicant may not submit the completed form and/or any supporting documentation to the NYCA: all materials must be submitted directly to the NYCA via email or mail by the individual completing Part 2 of the Form: the NYCA will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: Work Experience Verification (applicant name)

How to Calculate Related Work Experience Hours:

Full-time work is credited at the rate of 40 hours per week; 1,040 for 6 months; or 2,080 for 1 year.

Part-time work is credited on an hour-for-hour basis.

NYCA Accept/Deny Criteria: Related work experience will be approved if the Form is completed in full, a position description/narrative of duties is provided; work experience was performed within the last 5 years, and there is a clear link between the duties performed and the duties expected of a Certified Recovery Peer Advocate.

Failure to meet these requirements will result in the denial of the related work experience for certification purposes. If possible, applicants have a maximum of 12-months from the date the Application for Certification is received by the NYCA to resolve issues and earn certification.

Direct Supervision Requirement

Requirement: Applicants must complete and document a minimum of **25 hours of on-the-job supervision by a qualified supervisor, with a minimum number of supervision hours in each performance domain as follows:**

- Advocacy: 4 hours
- Mentoring/Education: 4 hours
- Recovery/Wellness Support: 4 hours
- Ethical Responsibility: 4 hours
- Electives (any domain): 9 hours

All on-the-job supervision must have been completed within the last 5-years.

Definition of a Qualified Supervisor: For certification purposes, a Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

How to Document:

Electronic Submission: The applicant does not enter any data into the system to satisfy this requirement. All activity occurs according to the hard-copy submission guidelines. Certification staff uploads received On-the-Job Supervision Verification Forms to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the On-the-Job Supervision Verification Form. Each qualified supervisor will complete Part 2 of the form. If multiple qualified supervisors need to be contacted to document all hours, provide a separate form to each qualified supervisor.

To document the on-the-job supervision you provided the applicant, the qualified supervisor must maintain employer based documentation, as defined below.

Employer-based documentation: Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the NYCA with the Direct Supervision Attestation Forms. Employers are required to maintain supervision records that support the information documented in the NYCA's Direct Supervision Attestation Form in case of audit.

On-the-Job Supervision Verification Form: Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form.

Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirements.

The applicant may not complete any part of the form, except Part 1. It is NYCA policy that this form is only completed by a qualified supervisor.

The applicant may not submit the completed form and/or any supporting documentation to the NYCA: all materials must be submitted directly to the NYCA via email or mail by the individual completing Part 2 of the Form: the NYCA will not accept On-the-Job Supervision Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: On-the-Job Supervision Verification (applicant name)

How to Calculate On-the-Job Supervision Hours:

Supervision hours must be reported as documented according to agency protocol. Do not report supervision hours in increments of less than 15-minutes.

NYCA Accept/Deny Criteria: On-the-job supervision will be approved if the Form is completed in full, the supervision was provided by a qualified supervisor; a minimum of 4 hours of on-the-job supervision is documented in each performance domain; supervision was provided within the last 5 years; and, if audited, employment records support reported supervision hours.

Failure to meet these requirements will result in the denial of the on-the-job supervision hours reported for certification purposes. If possible, applicants have a maximum of 12-months from the date the Application for Certification is received by the NYCA to resolve issues and earn certification.

Recommendation for Certification Requirement

Requirement: Applicants must have the following Recommendation for Certification forms on-file:

- 1 professional letter of recommendation for certification.
- 1 character reference letter of recommendation for certification.

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as a Recovery Peer Advocate. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Recovery Peer Advocate (CRPA). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to Recovery Peer Support services. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Definition of a Character-Personal Recommendation: For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant's traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant's personality, it should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

A Character-Personal Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

How to Document:

Electronic Submission: The applicant enters the names of the individuals who are expected to submit recommendations (for tracking purposes only). All other activity occurs according to the hard-copy submission guidelines. Certification staff uploads received Recommendation for Certification Forms to the applicant's electronic file.

Hard-copy Submission: The applicant completes Part 1 of the Recommendation for Certification Forms. Each individual providing a Recommendation for Certification will complete Part 2 of the form. Provide a separate form to each individual providing a recommendation.

The applicant may not complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the individual providing the recommendation.

The applicant may not submit the completed form and/or any supporting documentation to the NYCA: all materials must be submitted directly to the NYCA via email or mail by the individual completing Part 2 of the Form: the NYCA will not accept Recommendation for Certification Forms and/or supporting documentation completed and/or submitted in part or whole by the applicant.

Mail

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: Recommendation (applicant name)

NYCA Accept/Deny Criteria: Recommendations for Certification will be approved if the Form is completed in full by an individual qualified to provide the recommendation.

Failure to meet these requirements will result in the denial of the Recommendation for Certification Form. If possible, applicants have a maximum of 12-months from the date the Application for Certification is received by the NYCA to resolve issues and earn certification.

Step 2: Examination Process

Written Exam

The written exam is waived for applicants seeking the Certified Recovery Peer Advocate credential during the Grandparenting Period (expires 12-15-14).

Individuals earning a credential during a grandparenting period must pass the written test to reinstate an inactive or suspended credential.

Step 3: Credential Award

The Recovery Peer Advocate Credential is awarded on the date that the NYCA approves the entire Certification Application: Recovery Peer Advocate, which includes the following forms and specified supporting documentation.

- Application for Certification: Certified Recovery Peer Advocate
- Copy of High School Diploma/GED or college-transcript
- Attestation to “no criminal history” or approved criminal history per NYCA policy
- Content Specific Training Verification Form and supporting documentation
- Related Work Experience Verification Form and any supporting documentation
- On-the-Job Supervision Verification Form
- Professional Recommendation for Certification Form and any supporting documentation
- Character-Personal Recommendation for Certification Form and any supporting documentation

Credentials are issued for a three year period and will always renew on March 31st of the renewal calendar year. Depending on the initial certification award date, first time credential holders may be certified for slightly less than a full 3-year period. The full three year renewal cycle will start after the credential is renewed for the first time.

Part 2: Credential Maintenance and Renewal

Maintaining a credential in good standing is very important. To further our mission of public safety, the NYCA maintains a public-access database allowing verification of an individual's certification status and ethical history. To remain in good standing, certified professionals must:

1. Actively participate in annual continuing education to maintain a current knowledge and skill base.
2. Follow the NYCA Code of Ethics and Professional Conduct.
3. Complete the renewal process in a timely manner, every three-years.

Please carefully read this section to ensure you understand maintenance and renewal requirements.

Continuing Education

Requirement: Certified Recovery Peer Advocate's must complete 10 hours of continuing education per year, 3 of which are related to the Ethical Responsibility domain. CRPAs must document completion of 30 continuing education hours every 3 years at renewal, 9 of which are in the Ethical Responsibility domain.

Continuing education units must be earned from a NYCA recognized or approved education and training provider: some training providers hold approval from other entities that is recognized by the NYCA, other training providers apply for and hold NYCA Training Provider Status.

NYCA Recognized Education & Training Providers: The NYCA will honor CEUs issued by any of the following providers:

1. OASAS approved training providers
2. International Certification and Reciprocity Consortium (IC&RC) member board approved providers
3. College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation.
4. Training providers approved to offer CEUs by other state or national professional licensing or certification boards.

NYCA Approved Education & Training Providers: The NYCA will award NYCA Education and Training Provider status and a number to approved applicants. A list of approved NYCA Approved Education and Training Providers is maintained on our webpage at www.nycertification.org.

How to Document Compliance with CEU Requirements: The certified professional is responsible for maintaining CEU documentation for a minimum of 6 years, in case of audit. Valid documentation includes certificates of completion, official employer training transcripts, or college/university transcripts. CEU documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact Hours

****If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.***

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

CEU Audit: Approximately 3 months prior to the credential's expiration date, the NYCA will randomly select 20% of the certified population for a CEU audit to ensure compliance with the CEU requirement.

Audited individuals will be notified of such approximately 2 months prior to the credential's expiration date.

Audited individuals must submit CEU documentation to the NYCA for review and approval PRIOR to the credential expiration date. Please note: payment of renewal fees and non-submission or denial of submitted CEUs may result in the credential being placed on inactive status.

Although only audited individual are required to submit CEU documentation to the NYCA as part of the renewal process, all CRPAs must maintain documentation of compliance with CEU requirements in case of future audit.

How to Calculate CEU Hours:

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. If the entire course is not related to the core competencies of a Certified Recovery Peer Advocate, partial credit may be calculated for related topics covered in the overall course.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

NYCA Accept/Deny Criteria: CEU documentation will be approved if the documentation includes all required information; the training was completed between the certification award and expiration dates, and there is a clear link between the training event and the scope of service for a Certified Recovery Peer Advocate. Further, there must be a minimum of 9 hours of CEUs directly related to the Ethical Responsibility domain.

Failure to meet these requirements may result in disciplinary or ethical action. Credentials will not be renewed until CEU requirements are satisfied.

Credential Renewal

Requirement: Certified Recovery Peer Advocate's must renew the credential every 3 years, no later than March 31 of the renewal year.

Renewal Notice Process:

The NYCA will send out renewal notices in January and February of the renewal year. Renewal fees must be paid and, if audited, CEU documentation must be approved no later than March 31st of the renewal year.

Individuals who DO NOT meet renewal requirements by March 31st may pay the renewal fee, a \$30 late fee and must submit CEU (regardless of audit status) no later than April 30th of the renewal year.

Individuals who DO NOT meet renewal requirements by May 1st of the renewal year will be automatically placed in inactive status and must complete the NYCA Reinstatement Process to re-certify. Please Note: Individuals earning the Certified Recovery Peer Advocate credential during the grandparenting period MUST pass the written test as part of the reinstatement process.

Part 3: Certification Application Forms

Please use this section to preview directions and required forms for certification application. Each form is posted on the NYCA website in an editable format. Please download, complete the and use the editable forms for all hard-copy submission and to complete Part I of each form that you must provide to another person to complete and submit to the NYCA in support of your application for certification.

Required Forms, Documentation, and Submission Protocol

| Form/Documentation | Individual or entity to complete form/submit documentation to the NYCA |
|---|--|
| Application for Certification: Certified Recovery Peer Advocate | The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> |
| Training Documentation | The individual seeking certification. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> |
| Diploma/Degree | High-school Diploma or General Equivalency Degree documentation may be provided by the applicant. <i>May be submitted via the on-line application portal or via hard-copy mail.</i> Post-secondary documentation must be provided to the NYCA only by the institution issuing the transcript or degree to the applicant. <i>May only be submitted via hard-copy mail.</i> |
| Related Work Verification | The employer or entity overseeing volunteer work performed by the applicant. <i>May only be submitted via e-mail or hard-copy mail.</i> |
| On-the-Job Supervision | The individual providing direct, on-the-job supervision of the applicant's work performance. <i>May only be submitted via e-mail or hard-copy mail.</i> |
| Recommendation | The individual providing a personal or professional reference and recommendation of the applicant for certification. <i>May only be submitted via e-mail or hard-copy mail.</i> |

**Certified Recovery Peer Advocate
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 New York Certification Association (NYCA) 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 NYCA 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 NYCA 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

**Certified Recovery Peer Advocate
Application for Certification**

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:

Section 4: Recommendations. You are required to have two (2) letters of recommendation as part of your NYCA application file: one letter must be a professional recommendation and one must be a personal/character reference. 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 NYCA 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 NYCA to update your application file.

Name: _____

Type Professional Recommendation Personal/Character Recommendation

Name: _____

Type Professional Recommendation Personal/Character Recommendation

Section 5: Background History Part A.

As a condition of my candidacy for certification with the New York Certification Association (NYCA), I understand that the NYCA will conduct a criminal background check. I understand that once certified I may be selected for random audit to assure compliance with the NYCA Code of Ethics.

Yes No

By checking the affirmative box below, I authorize the NYCA and/or any other company authorized by the NYCA 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 New York Certification Association and/or any other company authorized by the NYCA against any liability which may result from making such requests.

Yes No

**Certified Recovery Peer Advocate
Application for Certification**

Section 5 Continued 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 NYCA Code of Ethics, which is posted on the NYCA website at www.nycertification.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 NYCA Code of Ethics. I also affirm that I understand that the NYCA 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 NYCA 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 NYCA Code of Ethics. I will read and understand all future amendments and modifications to the NYCA Code of Ethics.

I acknowledge. I do not acknowledge.

Signature Date

Section 7: Lived Experience.

Lived experience as a peer and/or an individual in recovery is critical to the role of a Certified Peer Advocate. By checking the acknowledgement box below, I affirm that I understand the definitions of “peer” and “recovery” as stated below, and that I am qualified to serve as a peer for individuals pursuing recovery.

- Peer status confers empathy through lived experience. Each Certified Peer Advocate self-defines his or her “peer-ness” and should perform services within the context of shared, lived experience.
- Recovery is defined by the individual, yet there are certain generally accepted standards of recovery. Should a Certified Peer Advocate find him or herself in the position of personal risk to recovery, the CPA is expected to voluntarily remove him or herself from active service until such time as recovery is restored and maintained at a level wherein the individual is capable of serving in the capacity of a CRPA.

I acknowledge. I do not acknowledge.

Signature Date

**Certified Recovery Peer Advocate
Application for Certification**

Section 8: Assurance and Release.

I give my permission to the New York Certification Association (NYCA) 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 NYCA to officers, staff, and members of the Board of Directors and its Advisory Boards, Councils and review committees.

I further agree to hold the NYCA, 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 NYCA 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

Important Information:

1. Apply On-Line (link to on-line application will be live on NYCA website {www.nycertification.org} starting March 1, 2014) **OR** mail your completed form to the New York Certification Association:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

2. You must provide the NYCA with a copy of your High School Diploma or General Equivalency Degree. If you have attended vocational school, college or university or other post-secondary school, you may attach a copy of your transcript to meet the High School Diploma/General Equivalency Degree documentation requirements. Your application will not be approved without a copy of your HSD/GED or post-secondary education transcript on file with the NYCA.

Certified Recovery Peer Advocate Training Verification Form

Requirement: Certified Recovery Peer Advocate applicants must complete and document a minimum of 46 hours of training, with a minimum number of training hours in each performance domain as follows:

- Advocacy: 10 hours
- Mentoring/Education: 10 hours
- Recovery/Wellness Support: 10 hours
- Ethical Responsibility: 16 hours

All training must have been completed with the last 5-years.

Content-specific training for initial application purposes DOES NOT have to be delivered by an NYCA approved training provider.

How to Document: The applicant completes the Training Verification Form, attaches copies of eligible training documentation in the same order as listed on the form and uploads (for electronic, on-line application) or mails hard-copy, original forms to the NYCA office.

Training documentation must provide the following information:

- Applicant's Name
- Title of course/training/educational event*
- Event sponsor/provider
- Delivery date(s)
- Number of Contact/Clock Hours

**If the event title does not clearly identify the instructional content, please attach an official description of the event, such as an agenda or syllabus.*

In the absence of complete documentation, contact the training provider and request they provide you with the additional information on their official letterhead: you may submit these letters as supporting documentation of successful completion of training requirements.

If you use college coursework to for training credit, you must provide documentation for each entry as follows: (1) Make a photo copy of your transcript, number each course you are using to meet training requirement(s), print out the course description as published by the educational institution, write the number corresponding to the course on your transcript and the course name on the course description. Place this document in the appropriate order as is appears on this form. For an example, please visit our website at www.nycertification.org.

How to Calculate Content-specific Training Hours:

College coursework is credited at the rate of 45-clock hours per 3 semester hour course. Partial credit may be calculated for topics covered in the overall course. For example, a course on treatment planning may include partial credit for "documentation" training.

Partial-day, Full-day and Multi-day training events are credited for instructional time only. Breaks are deducted from the total hours claimed. If the total credit hours are not listed on the certificate, attach a copy of the training agenda.

Conferences are credited for break-out session and plenary sessions only. Breaks are deducted from the total hours claimed. Please attach a copy of the conference program to your application.

Certified Recovery Peer Advocate Training Verification Form (1 of 4)

Training Topic: Advocacy

Training Requirement: Minimum of 10 hours of training in topics directly related to Advocacy.

| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
|---|-----------------------------|------------------|------------------------|----------------------------------|
| ↓ Training Report and Documentation Example ↓ | | | | |
| <i>Advocacy in Action</i> | <i>Recovery Works, Inc.</i> | <i>4-16-13</i> | <i>4</i> | <i>Certificate of Completion</i> |
| ↑ Training Report and Documentation Example ↑ | | | | |
| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
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Certified Recovery Peer Advocate Training Verification Form (2 of 4)

Training Topic: Mentoring/Education

Training Requirement: Minimum of 10 hours of training in topics directly related to Mentoring/Education.

| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
|---|------------------------------------|------------------|------------------------|----------------------------------|
| ↓ Training Report and Documentation Example ↓ | | | | |
| <i>Adult Learning Styles</i> | <i>Rochester Community College</i> | <i>8-8-13</i> | <i>6</i> | <i>Certificate of Completion</i> |
| ↑ Training Report and Documentation Example ↑ | | | | |
| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
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Certified Recovery Peer Advocate Training Verification Form (3 of 4)

Training Topic: Recovery/Wellness Support

Training Requirement: Minimum of 10 hours of training in topics directly related to Recovery/Wellness Support.

| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
|---|-----------------------|------------------|------------------------|---|
| ↓ Training Report and Documentation Example ↓ | | | | |
| <i>WRAP 101</i> | <i>Recovery Works</i> | <i>3-3-12</i> | <i>6</i> | <i>Conference Certificate of Attendance and Conference Brochure</i> |
| ↑ Training Report and Documentation Example ↑ | | | | |
| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
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Certified Recovery Peer Advocate Training Verification Form (4 of 4)

Training Topic: Ethical Responsibility

Training Requirement: Minimum of 10 hours of training in topics directly related to Ethical Responsibility.

| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
|--|-------------------|------------------|------------------------|----------------------------------|
| ↓ <i>Training Report and Documentation Example</i> ↓ | | | | |
| <i>HIPAA & Confidentiality</i> | <i>CMS</i> | <i>11-10-11</i> | <i>4</i> | <i>Certificate of Completion</i> |
| ↑ <i>Training Report and Documentation Example</i> ↑ | | | | |
| Title of Training | Training Provider | Date of Training | Training Hours Awarded | Type of Documentation Attached |
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Certified Recovery Peer Advocate Related Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above verify and document his or her related work experience in the field of Recovery Peer Services in pursuit of the Certified Recovery Peer Advocate (RPA) designation.

Please carefully read the Description of a Certified Recovery Peer Advocate and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet *Certified Recovery Peer Advocate* Related Work Experience Requirements, please contact our offices directly at 855-675-5634.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the applicant's employer's personnel officer, volunteer supervisor, or designee only.

Upon completion, please submit the form and supporting documentation directly to the NYCA via mail or email: the NYCA will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: Work Experience Verification (applicant name)

Description of a Certified Recovery Peer Advocate (CRPA)

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a CRPA helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Further, the Certified Recovery Peer Advocate credential is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan which occur on the premises of a certified program." OASAS does not, however, limit or prohibit a Certified Recovery Peer Advocate from providing other types or forms of peer services in other settings.

Related Work Experience Requirements

Paid or volunteer experience providing Recovery Peer Advocate services is acceptable, as long as it meets eligibility requirements and can be documented.

500 hours of related experience for the following applicants: Individual's holding a bachelor's degree or credentialed as a CASAC, CASAC-T, CASAC-G, Prevention Professional, Prevention Specialist, or Recovery Coach Academy graduates (certificate holder or training of trainers' certificate holder).

1,000 hours of related experience for all other applicants.

All experience must have been gained with the last 5-years.

**Certified Recovery Peer Advocate
Related Work Experience Verification Form**

Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Applicant Name: _____
Employer: _____
Type of Position (select all that apply): Full-time Part-time Paid Volunteer
Position Title: _____
Employment Dates: _____
Immediate Supervisor: _____

Part 2: To be completed by the personnel officer, volunteer supervisor or designee only.

Section A: Verifier's Information

| | |
|---------------------------------|-----------------------|
| _____ | _____ |
| Last Name | First Name |
| _____ | _____ |
| Title | Employer |
| _____ | _____ |
| Employer Webpage Address | Business Phone |
| _____ | _____ |
| Work Address Line 1 | |
| _____ | |
| Work Address Line 2 | |
| _____ | _____ |
| City | State |
| _____ | _____ |
| Zip code | County |

Section B: Experience Attestation

I have read and understand the on-the-job experience requirements for Recovery Peer Advocate (CRPA) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached? Yes No*

*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment: _____
Type of Position (select all that apply): Full-time Part-time Paid Volunteer
Average number of hours per week providing related services: _____

By my signature, I attest that the above material is true to the best of my knowledge.

Signature _____
Date

Certified Recovery Peer Advocate On-the-Job Supervision Verification Form

Directions

Thank you for taking the time to document the direct supervision you provided to applicant named in Part 1 of this form. Your documentation directly assists the candidate's pursuit of the Certified Recovery Peer Advocate (CRPA) designation.

Please carefully read the [Definition of a Qualified Supervisor](#), [Description of a Certified Recovery Peer Advocate \(CRPA\)](#) and the [On-the-Job Supervision Requirement](#) as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet CRPA On-the-Job Supervision Requirements, please contact our offices directly at 855-675-5634.

To document the on-the-job supervision you provided the applicant, you must maintain employer based documentation, as defined below, and you must complete this form in its entirety.

Employer-based documentation: Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the NYCA with the Direct Supervision Attestation Forms. Employers are required to maintain supervision records that support the information documented in the NYCA's Direct Supervision Attestation Form in case of audit.

On-the-Job Supervision Verification Form: Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirement.

Each On-the-Job Supervision Verification Form must be completed by the individual providing supervision. Please do not ask the applicant to complete any part of the form, except Part 1. It is NYCA policy that this form is completed only by the individual providing direct supervision to the applicant.

Upon completion, please submit the form and supporting documentation directly to the NYCA via mail or email: the NYCA will not accept On-the-Job Supervision documentation completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 1st Avenue # 22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: On-the-Job Supervision Verification (applicant name)

Definition of a Qualified Supervisor: For certification purposes, a qualified supervisor is an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

Description of a Certified Recovery Peer Advocate (CRPA)

A Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a Certified Recovery Peer Advocate helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant where he or she is in recovery.

Further, the Certified Recovery Peer Advocate is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan which occur on the premises of a certified program." OASAS does not, however, limit or prohibit a CRPA from providing other types or forms of peer services in other settings.

Certified Recovery Peer Advocate On-the-Job Supervision Verification Form

On-The-Job Supervision Requirements

Certified Recovery Peer Advocate applicants must complete and document a minimum of 25 hours of on-the-job supervision by a qualified supervisor, with a minimum number of supervision hours in each performance domain as follows:

- Advocacy: 4 hours
- Mentoring/Education: 4 hours
- Recovery/Wellness Support: 4 hours
- Ethical Responsibility: 4 hours
- Electives (any domain): 9 hours

All on-the-job supervision must have been completed within the last 5-years.

Performance Domains:

- **Advocacy:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to engaging participants in their own recovery, monitoring participant progress, and seeking assistance when indicators of risk, lapse or relapse are present which may threaten the participant's recovery. The Peer Advocate is not a clinical staff member, but does perform Recovery Support tasks as a member of the participant's overall treatment team.
- **Mentoring/Education:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to helping participants develop and maintain healthy behaviors that support recovery efforts. Peer Advocates use modeling, teaching, and related strategies to help participants learn the skills they need and want to learn.
- **Recovery/Wellness Support:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to teaching participants how to access and navigate the array of recovery support and other community services available to assist the participant in achieving recovery goals. Job tasks in this domain are heavily influenced by the participant's individual needs and desires.
- **Ethical Responsibility:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.

Part 1: To be completed by the applicant prior to providing to the qualified supervisor for completion.

Applicant Information. Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: May 2009 – Aug 2011.

Use a separate form for each qualified supervisor documenting on-the-job supervision..

Name: _____

Employer: _____

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

Position Title: _____

Employment/Volunteer Dates: _____

Immediate Supervisor: _____

Certified Recovery Peer Advocate On-the-Job Supervision Verification Form

Part 2: To be completed by the applicant's qualified supervisor only.

| Section A: Qualified Supervisor Contact Information | |
|--|-----------------------------|
| <hr/> Last Name | <hr/> First Name |
| <hr/> Title | <hr/> Employer |
| <hr/> Employer Webpage Address | <hr/> Business Phone |
| <hr/> Work Address Line 1 | |
| <hr/> Work Address Line 2 | |
| <hr/> City | <hr/> State |
| <hr/> Zip code | <hr/> County |
| Section B: Experience Attestation | |
| <p>I have read and understand the on-the-job supervision requirements for Recovery Peer Advocate (RPA) certification. I provided the following on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</p> <p>I provided on-the-job supervision of the applicant as he or she performed Recovery Peer Advocate duties. <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p style="margin-left: 40px;">*If yes, how many total hours of on-the-job supervision have you provided? _____</p> <p>Allocated total hours of on-the-job supervision across performance domains.</p> <p>Advocacy: Supervision of the applicant performing tasks directly related to engaging participants in their own recovery, monitoring participant progress and seeking assistance when indicators of risk, lapse or relapse are present which may threaten the participant's recovery. _____</p> <p>Mentoring/Education: Supervision of the applicant performing tasks directly related to helping participants develop and maintain healthy behaviors that support recovery efforts. Peer Advocates use modeling, teaching, and related strategies to help participants learn new skills. _____</p> <p>Recovery/Wellness Support: Supervision of the applicant performing tasks directly related to teaching participants how to access and navigate the array of recovery support and other community services available to assist the participant in achieving recovery goals. _____</p> <p>Ethical Responsibility: Supervision of the applicant performing tasks across all domains in a manner that follows generally accepted legal, ethical and professional standards _____</p> <p>Type of Position Supervised (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer</p> <p>Time period during which supervision was provided: _____</p> <p>As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Recovery Peer Advocate? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p style="margin-left: 40px;">*If yes, the NYCA will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.</p> <p>By my signature, I attest that the above material is true to the best of my knowledge.</p> | |
| <hr/> Qualified Supervisor's Signature | <hr/> Date |

Certified Recovery Peer Advocate Character-Personal Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Character-Personal Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Recovery Peer Advocate (RPA) designation.

Please carefully read the [Definition of a Character-Personal Recommendation](#) and the [Description of a Recovery Peer Advocate](#). Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Recovery Peer Advocate (RPA), please contact our offices directly at 855-675-5634.

This Character-Personal Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the NYCA via mail or email: the NYCA will not accept Character-Personal Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:
New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org
Subject Line: Character-Personal Recommendation (applicant name)

Definition of a Character-Personal Recommendation: For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant's traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant's personality, it should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

A Character-Personal Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Recovery Peer Advocate (CRPA)

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a CRPA helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Further, the Certified Recovery Peer Advocate credential is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan which occur on the premises of a certified program." OASAS does not, however, limit or prohibit a Certified Recovery Peer Advocate from providing other types or forms of peer services in other settings.

Certified Recovery Peer Advocate
Character-Personal Recommendation for Certification Form

Part 1: To be completed by the applicant prior to providing to the individual providing the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Character-Personal Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Character-Personal recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Section A: Character-Personal Reference Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

home business other

Contact Address Line 2

Contact Type

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, describing how you are eligible to provide the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Certified Recovery Peer Advocate
Character-Personal Recommendation for Certification Form

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Recovery Peer Advocate (RCA). Please include specific examples of personality traits and characteristics that may support the applicant's successful performance as a Certified Recovery Peer Advocate.

Section D: Attestation.

I hereby affirm that I have a firsthand personal relationship with the applicant listed in Part 1 of this form.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Recovery Peer Advocate (RPA).

I affirm. I do not affirm.

Signature

Date

Certified Recovery Peer Advocate Professional Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Professional Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Recovery Peer Advocate (RPA) designation.

Please carefully read the Definition of a Professional Recommendation and the Description of a Recovery Peer Advocate. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Recovery Peer Advocate (RPA), please contact our offices directly at 855-675-5634.

This Professional Recommendation for Certification Form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the NYCA via mail or email: the NYCA will not accept Professional Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: Professional Recommendation (applicant name)

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as a Recovery Peer Advocate. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Recovery Peer Advocate (RPA). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to Recovery Peer Support services. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Description of a Certified Recovery Peer Advocate (CRPA)

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a CRPA helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Further, the Certified Recovery Peer Advocate credential is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan which occur on the premises of a certified program." OASAS does not, however, limit or prohibit a Certified Recovery Peer Advocate from providing other types or forms of peer services in other settings.

Certified Recovery Peer Advocate Professional Recommendation for Certification Form

Part 1: To be completed by the applicant prior to providing to the individual providing the applicant with a Professional Recommendation for Certification as a Recovery Peer Advocate.

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Professional Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a professional recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the applicant with a Professional Recommendation for Certification as a Recovery Peer Advocate.

Section A: Qualified Supervisor Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

home business other

Contact Address Line 2

Contact Type

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, describing how you are eligible to provide the applicant with a Professional Recommendation for Certification as a Recovery Peer Advocate.

**Certified Recovery Peer Advocate
Professional Recommendation for Certification Form**

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Recovery Peer Advocate (RCA). Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a Certified Recovery Peer Advocate.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform Recovery Peer Advocate services.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Recovery Peer Advocate (RPA).

I affirm. I do not affirm.

Signature

Date