



**TO:** Floridians Interested in Certification as Recovery Peer Specialists or  
Recovery Support Specialists  
**FROM:** The Florida Certification Board, Inc.  
**DATE:** October 20, 2014  
**RE:** **Scholarship Program**

---

The Florida Certification Board, through funding from the Florida Department of Children and Families, Office of Substance Abuse and Mental Health (Contract #LH278) is...

**ANNOUNCING A NEW SCHOLARSHIP PROGRAM for CERTIFICATION-RELATED FEES for  
PERSONS SEEKING CERTIFICATION, REINSTATEMENT or RENEWAL as a  
CERTIFIED RECOVERY PEER SPECIALIST or a CERTIFIED RECOVERY SUPPORT SPECIALIST.**

This scholarship program is open now through June 30, 2016. Interested persons need to complete the [FCB Scholarship Request Form](#) to request financial assistance for application, certification examination, reinstatement and/or renewal fees. All applicants will be notified of the award of financial assistance within five (5) business days after receipt of the Request Form. This can be downloaded from the FCB website at [flcertificationboard.org](http://flcertificationboard.org).

For persons who have let their previous certification as a Certified Recovery Peer Specialist or a Certified Recovery Support Specialist lapse for less than three years (Inactive status), a [Reinstatement Application](#) is required. This can be downloaded from the FCB website at [flcertificationboard.org](http://flcertificationboard.org).

For persons who have let their previous certification as a Certified Recovery Peer Specialist or a Certified Recovery Support Specialist lapse for over three years (Expired status), a new, full certification application and examination is required. This can also be downloaded from the FCB website at [flcertificationboard.org](http://flcertificationboard.org).

If you don't know the date your certification was placed on Inactive status or Expired status, please go to the FCB website at [flcertificationboard.org](http://flcertificationboard.org) and click on the Verify Certified Professionals box. This will take you to FCB's online portal. Click on the word "Certification" and then "Search." Type your name in the search boxes to find the status of your certification.



## **CERTIFICATION FEE ASSISTANCE for Certified Recovery Peer Specialists and Certified Recovery Support Specialists**

*Please complete the information below if you are in need of financial assistance to apply for, renew or reinstate a certification as a Certified Recovery Peer Specialist (CRPS) or a Certified Recovery Support Specialist (CRSS). Financial assistance can be requested to pay for application fees, certification exam fees, reinstatement fees and renewal fees.*

### **Award Criteria:**

- Resident of Florida; U.S. citizen or otherwise authorized to work in the United States
- Financial need

### **I. Personal Information**

**Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **II. Are you a U.S. citizen or otherwise authorized to work in the United States?**

☐ Yes ☐ No

### **III. Credential Sought**

- ☐ Certified Recovery Peer Specialist  
☐ Certified Recovery Support Specialist

### **IV. Have you ever been awarded a certification by the Florida Certification Board?**

☐ Yes ☐ No

If yes, please indicate the credential and its number: \_\_\_\_\_

**V. Please indicate the fee(s) for which you are requesting financial assistance.**

- ☐ Application Fee (\$100)
- ☐ Certification Exam Fee (\$65)
- ☐ Reinstatement Fee (\$150)
- ☐ Renewal Fee (\$50)

**VI. Attestation for Financial Assistance**

To the best of my knowledge, I have provided the Florida Certification Board accurate information concerning all questions on this application. I verify that I am in need of financial assistance to apply for, renew or reinstate a certification as a Certified Recovery Peer Specialist (CRPS) or a Certified Recovery Support Specialist (CRSS). I understand that this application will be available only to qualified people who truly are in need of assistance. I additionally affirm that I plan to pursue a career related to being a peer or recovery support specialist.

Signature of Applicant \_\_\_\_\_

Date\_\_\_\_\_

---

**For FCB Office Use Only:**

**Date received:**

**Staff reviewed:**

**Amount of financial assistance awarded:**

---