



# CPRS APPLICATION

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Certified Peer Recovery Specialist

298 S. Progress Avenue, Harrisburg, PA 17109  
Phone: 804-741-2319 | Fax: 717-540-4458  
[www.vacertboard.org](http://www.vacertboard.org) | [info@vacertboard.org](mailto:info@vacertboard.org)

## APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

**Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.**

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> <li>Page 8</li> </ul>	
Experience & Supervision Information	<ul style="list-style-type: none"> <li>Page 9</li> <li>Previous relevant employment documentation (if needed).</li> </ul>	
Current Volunteer/Job Description	<ul style="list-style-type: none"> <li>Obtain from employer.</li> </ul>	
Experience Documentation Form	<ul style="list-style-type: none"> <li>Page 9</li> </ul>	
Supervision Documentation Form	<ul style="list-style-type: none"> <li>Page 10</li> </ul>	
Education	<ul style="list-style-type: none"> <li>Official transcripts sent directly to Board (if applicable)</li> <li>Copy of DBHDS training certificate</li> </ul>	
Acknowledgement & Release	<ul style="list-style-type: none"> <li>Page 11, notarized</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>Include letter of explanation with application.</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>Include letter of explanation with application.</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>Include applicant name on payment.</li> </ul>	
Copy entire application for records		

### TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of your application, email [info@vacertboard.org](mailto:info@vacertboard.org).*

### REVIEW & APPROVAL PROCESS

- Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
- Staff reviews application. Allow 5- 10 business days for review and processing of your application.
- Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
- Your application is considered approved when you receive an email to register for the examination.
- Follow all instructions to register for the examination provided to you in the email.
- If you have not heard from the Board regarding your application or received an email to register for the examination after 10 business days, email [info@vacertboard.org](mailto:info@vacertboard.org).
- Once you pass the examination, you are certified.
- A certificate will be mailed to you automatically within 5-10 business days.

# APPLICATION INFORMATION

## APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## INTERNATIONAL CERTIFICATES

A seal will be added to your certificate indicating the international status of your certification. The International Certificate provides recognition of your status as an internationally certified substance use disorder professional. Original International Certificates are available for a fee directly from IC&RC at [www.internationalcredentialing.org](http://www.internationalcredentialing.org). VCB does not issue international certificates.

## REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential the Board offers prior to taking the examination, or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

## RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# EXAMINATION INFORMATION

## TYPE OF EXAMINATION

The successful completion of an IC&RC exam is required. The examination is a computer based, 75 multiple-choice questions and offered on an on-demand basis at an approved testing site. There are several sites in the state. Candidates may choose the day, time and site.

## TIME PERMITTED

Two (2) hours are permitted to complete the examination.

## EXAMINATION CONTENT

The examination is developed from the IC&RC Job Analysis which identify domains and tasks for competent practice.

## CANDIDATE GUIDE

The domains, including the task statements per domain, sample exam questions, and a list of references from the IC&RC Job Analysis are included in the free Candidate Guide. Candidate Guides are available from the Board website.

## STUDY MATERIAL

Professional study guides and practice exams have been published for the examination. Visit IC&RC's website for more information: [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## SPECIAL SITUATIONS & ACCOMMODATIONS

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to the Board no fewer than 60 days prior to their examination date. Contact the Board on what constitutes official documentation. The Board will plan for appropriate modifications to its procedures when documentation supports this need.

## CANCELLATION/RESCHEDULING POLICY

Candidates are required to arrive on time for their examination. Candidates who arrive late will not be permitted to take the examination and will be charged a \$150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their examination less than five days prior to their scheduled date will be charged the full examination fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

## RETESTING

Candidates who fail the examination can retest after a 90 day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times they must submit a study plan and wait one-year from the date of the final failed examination before they will be permitted to retest again.

## ROLE OF CERTIFIED PEER RECOVERY SPECIALIST

The Certified Peer Recovery Specialist (CPRS) is a credential for individuals with personal, lived experience in their own recovery or experience as a family member or loved one. CPRS services are an important component in recovery-oriented systems of care. By offering insight into the recovery process based on their own experience, CPRSs are able to provide a unique perspective to those with similar life experiences.

The role of the CPRS reflects a collaborative and strength-based approach, with the primary goal being to assist individuals and family members in achieving sustained recovery from the effects of substance use and/or mental health issues. CPRSs are not clinicians; they serve in a supportive role within the community and/or treatment setting. They do not replace other professional services; they complement the existing array of support services.

The CPRS is not a sponsor, case manager or a therapist but rather a role model, mentor, advocate and motivator.

Services provided by the CPRS are a critical component of services that will substantially improve an individual's ability to sustain recovery and wellness.

## CERTIFIED PEER RECOVERY SPECIALIST REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

### LEVEL OF EDUCATION

A minimum high school diploma/GED from an accredited school. A copy of the transcript or diploma is acceptable. If the school is from outside the United States an equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

If the applicant's High School is no longer open, contact the office. Veterans may provide discharge documentation in lieu of a High School Diploma/GED.

**It is recommended you obtain documentation approximately three weeks prior to sending in your application.**

- High School Diploma/GED.

Degree documentation can be sent in lieu of a high school diploma/GED. The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

Official transcripts are required and must be sent directly from college/university to the Board office. If your college/university uses an e-transcript system, they can be emailed directly to the Board.

**It is recommended you request transcripts approximately three weeks prior to sending in your application.**

## EDUCATION

DBHDS has developed a curriculum for the CPRS. This is the only education that is accepted. A list of upcoming trainings is on VCB's website.

- **Education:** 72-hour DBHDS CPRS Training Curriculum

## EXPERIENCE & SUPERVISION

Qualifying experience is providing individuals and family members in recovery with a support system to develop and learn healthy skills and gain access to needed community resources. Peer Recovery Specialists serve people in the recovery process by supporting them in accessing community-based resources, implementing self-directed recovery/wellness plans and navigating state and local systems (including substance use and mental health treatment systems). They encourage individuals to develop a strong foundation in recovery (e.g. establishing support systems, self-care, independence/self-sufficiency, healthy coping skills) that support long-term wellness and recovery. Examples of positions that typically are not approved include sponsors, case managers, technicians, therapists, counselors, intake, admissions, etc.

The applicant must be currently volunteering or employed in the qualifying position at the time of application. Only experience within the last three (3) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from the current organization they are volunteering for or employed at, they must include a letter (on organization letterhead) from previous volunteer organization(s) or employer(s) verifying their duties, dates and hours of volunteering/employment with their application.

***DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.***

- **Experience:** 500 hours of volunteer or paid experience specific to peer recovery services. Experience hours include all aspects of peer recovery services. Examples include, but are not limited to: facilitating recovery support groups, individual sessions and documentation.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

- **Supervision:** 25 hours specific to the domains. Hours may be included in the total experience requirement.

## CURRENT VOLUNTEER/JOB DESCRIPTION

All applicants must include their current volunteer/job description with their application. This document is provided by your organization and must be signed and dated by you and your supervisor. Volunteer/job descriptions are reviewed as a part of experience verification.

If your supervisor does not have your volunteer/job description, you should contact your organization's Human Resource department. The Board does not provide the volunteer/job description.

- **Current volunteer/job description:** obtained from organization.

## EXAMINATION

Applicant must pass the IC&RC Examination for Peer Recovery Specialists.

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

## FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee:** \$175 *(Fee must accompany application and materials.)*
- **Retest Fee:** \$150
- **Exam Cancellation Fee:** \$150

# VCB APPLICATION FOR CPRS

Form can be completed and saved. You may then print the appropriate pages to submit to VCB.

## TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

College/University: \_\_\_\_\_  
*IF APPLICABLE*

Name on Transcript: \_\_\_\_\_  
*IF APPLICABLE*

Date Transcript Requested: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No  
*If yes, provide full details on a separate sheet.*

**Have you read and understood the VCB Code of Ethical Conduct?**  Yes  No  
*The Code of Ethical Conduct is located at [www.vacertboard.org](http://www.vacertboard.org), and click on Ethics.*

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

\_\_\_\_\_  
*Applicant Signature*

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  Hispanic  Latino  
 Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**Employment plans for the next two years:**  Increase Hours  Decrease Hours  No Change  Seek Advancement  
 Retire  Move to a different career  Unknown

## PAYMENT INFORMATION

**FEE OF \$175 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_



# CPRS APPLICATION: EXPERIENCE DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

Applicant Name: \_\_\_\_\_

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISOR INFORMATION

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

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

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

## EXPERIENCE INFORMATION

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_

End Date in Position: \_\_\_\_\_

*If they are currently with your organization, write N/A.*

**How many hours do they volunteer/work per week providing peer recovery services?**

\_\_\_\_\_

**How many total hours have they volunteered/worked for your organization providing peer recovery services?**

\_\_\_\_\_

### Supervisor Attestation:

I attest that the above-named applicant is providing individuals and family members in recovery with a support system to develop and learn healthy skills and gain access to needed community resources. They serve people in the recovery process by supporting them in accessing community-based resources, implementing self-directed recovery/wellness plans and navigating state and local systems. They encourage individuals to develop a strong foundation in recovery that support long-term wellness and recovery. **Current organization:** I have provided the applicant with their volunteer/job description, reviewed it with them, signed and dated it. **Previous organization (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties, dates and hours employed.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# CPRS APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

This form is intended only to document the hours needed for certification. Please note: the standard hours accepted for supervision is two (2) hours per week. If you document more than that for the applicant (your supervisee) you will need to provide documentation to the Board for the hours to be accepted. This will delay the approval of your supervisee's application.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, it ensures quality of care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant Name: \_\_\_\_\_

## SUPERVISOR INFORMATION

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

Position/Title: \_\_\_\_\_

Licenses, Certifications and/or Degrees: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUPERVISION DOCUMENTATION

Supervision was provided in the following Domains (check all that apply):

DOMAIN:	NUMBER OF HOURS:
<input type="checkbox"/> Advocacy	_____
<input type="checkbox"/> Mentoring/Education	_____
<input type="checkbox"/> Recovery/Wellness Support	_____
<input type="checkbox"/> Ethical Responsibility	_____
<b>TOTAL NUMBER OF HOURS OF SUPERVISION:</b>	_____

### Supervisor Attestation:

I attest that I have provided the above-named applicant with supervision in their role providing peer recovery services.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# CPRS APPLICATION ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Virginia Certification Board (VCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my credential. Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize VCB to gather information from third parties regarding education and employment and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood the Release.

\_\_\_\_\_ I either live or work in Virginia at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential VCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**