



Certified Recovery Peer Advocate – Youth

Subject Matter Expert (SME) Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Age: _____ Ethnicity (Optional): _____

I am currently providing youth peer support services? YES NO

If yes, please provide the following info:

Agency/Group: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

In order to participate in the CRPA-Youth JTA Session, SMEs must indicate their qualifications/experience by checking “Yes/No” to the statements below.

Required SME Qualification	YES	NO
I have experience (volunteer or paid) working with youth and/or young adults providing youth peer support. (For example: YPR/Youth Power/Recovery Community Organization)		
Recommended SME Qualifications	YES	NO
I have completed 20 or more hours of peer support training.		

Recommended SME Qualifications (Cont'd)	YES	NO
I am currently certified as a Certified Recovery Peer Advocate (CRPA) in New York.		
I have knowledge of the CRPA certification standards and process.		
I have knowledge of the addiction and behavioral health services system in New York.		

Please indicate your interest/availability to participate in the following:

SME Activities	YES	NO
CRPA-Y Job Task Analysis Meeting – November 1, 2016 10:00 am - 5:00 pm Meeting will be held in Albany, New York		
CRPA-Y Job Task Analysis Survey – via internet access		
CRPA-Y Job Task Analysis Meeting – mid-January 2017 1:00 pm - 5:00 pm (date to be determined) Meeting will be held in Albany, New York		

Completed Applications should be scanned & submitted via e-mail to: drosenberry@asapnys.org
or mailed to: ASAP of NYS, 11 North Pearl Street, Suite 801, Albany, NY 12207, Attn: New York Certification Board