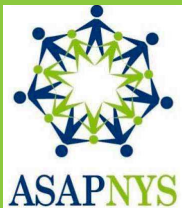
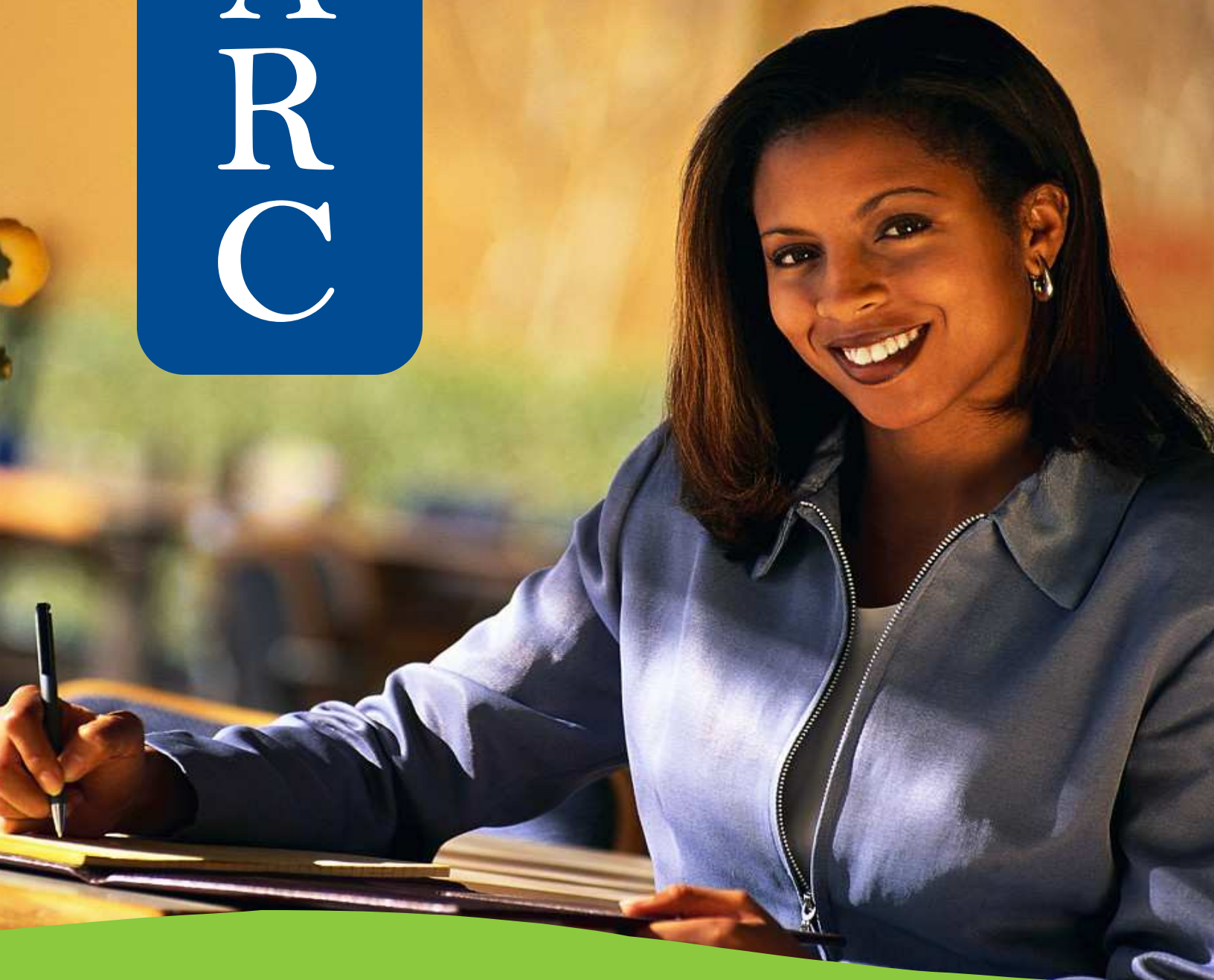


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Certified Addiction Recovery Coach Application



A Project of

Alcoholism & Substance Abuse Providers of New York State, Inc.

11 North Pearl Street, Suite 801

Albany, NY 12207

Phone: 518.426.3122 x 101

Fax: 518.426.1046

support@asapnys.org

www.asapnys.org/ny-certification-board/

Requirements for the CARC - Certified Addiction Recovery Coach credential

Certified Addiction Recovery Coach	Certification Requirements
Certification & Licensure	No certification or license is required in order to obtain the CARC
College Degree	A college degree is currently not required.
Training Requirements	60 hours of training specific to recovery coaching Recovery from Addiction - 20 hours <i>With at least 4 hours related to Medication Assisted Treatment</i> Recovery Coaching - 20 hours Recovery Education - 5 hours Ethical Responsibility - 15 hours
Work Experience	The CARC credential does not currently require any CARC specific work experience
NYCB CARC Standardized Exam	Passing Score on the NYCB CARC Exam <i>where available</i>
Annual Renewal Standards	5 hours of Addiction Recovery Coaching Specific Training including 1 hour of NYCB approved ethics
Certification Renewal	Due 3 years from date of certification

A Certified Addiction Recovery Coach is an individual who has demonstrated their knowledge and skills in the 4 CARC performance domains identified in the CARC Job Task Analysis (JTA) & NYCB CARC Candidate Guide (2012). In order to become CARC certified, a practitioner must possess a basic familiarity with the entire range of the 4 Performance Domains of a Certified Addiction Recovery Coach. When performing these functions, the practitioner must commit to and demonstrate consistent adherence to the New York Certification Board's Code of Ethical Conduct and Disciplinary Procedures (2012). The credential is available to those who are not currently certified and licensed. However, it is important to note that this credential provides no permission to practice and does not afford the practitioner a scope of practice they are not already entitled to under their existing credentials. If an individual chooses to pursue the CARC credential without any other professional credentials, certifications or licenses, the CARC credential simply indicates the practitioner has met basic eligibility requirements and demonstrated their competency and basic knowledge of the subject by completing CARC-specific education and testing.

NYCB Definition of a

CERTIFIED ADDICTION RECOVERY COACH (CARC)

The New York Certification Board defines a **CARC-Certified Addiction Recovery Coach** as anyone committed to promoting recovery from addiction by connecting *recoverees* with recovery support services designed to build recovery capital, generate individualized recovery options and assist *recoverees* to remove barriers to recovery. The CARC role is intended to be non-clinical since it does not involve counseling or treatment interventions; diagnosis and assessment; or other medical, psychiatric or psychological services. The CARC role focuses on the tasks, skills and knowledge required to provide helpful and effective recovery coaching and emphasizes linking *recoverees* with individualized recovery support services to enhance recovery.

All individuals can play an important role in promoting recovery from addiction and as a result, the CARC credential is not limited to only those in recovery from addiction. Personal recovery, lived experiences, and wellness bring a unique and significant benefit to *recovery coaching*. Since the *recoveree* should be the decision-maker in all aspects of the coaching relationship, it is ultimately up to the *recoveree* to determine the background, experience and recovery status of a CARC supporting their recovery.

The recovery coaching relationship is based upon mutual respect, trust and honesty with the central task of meeting the *recoveree* where they are in their recovery process, identifying the recovery goals of the *recoveree* and assisting them to achieve their goals. It is the responsibility of the CARC to ensure *recoverees* are fully informed of and consent to the scope, limitations, requirements and nature of the *recovery coaching* relationship.

Recovery is an individualized process of change designed to eliminate the negative and harmful impacts of addiction while increasing health, wellness and purpose. The CARC should always respect a *recoveree's* definition and goals for recovery, keeping in mind that *recoverees* are in recovery when they say they are in recovery. All recovery pathways should be valued and respected by a CARC regardless of differences, individual philosophy, treatment modality, 12 Step program, religious affiliation or recovery orientation.

The following definitions are used to guide the CARC certification process:

Recoveree: anyone interested in, seeking or maintaining sustained recovery from a substance use/addictive disorder

Recovery Coach: anyone interested in or committed to recovery coaching

Certified Addiction Recovery Coach: anyone that has completed the certification process and is actively certified as a Certified Addiction Recovery Coach

Recovery Partnerships: any proactive and supportive relationship designed to promote recovery

Recovery Coach Supervisor: an experienced recovery coach that is specifically trained to provide mentorship, consultation, assistance and coaching for recovery coaches

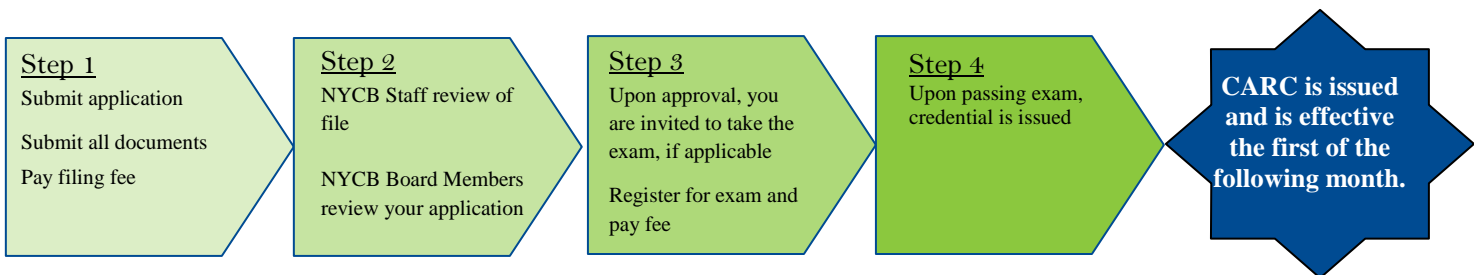
CARC certification focuses on the tasks, skills and knowledge of recovery coaches in four primary performance domains:

- Recovery from Addiction
- Recovery Coaching
- Education
- Ethical Responsibility

When performing these functions, the individuals must commit to and demonstrate consistent adherence to the *NYCB Code of Ethical Conduct (2012)* and the *NYCB Code of Ethical Conduct – Disciplinary Procedures (2012)* and agree to continue their professional development with ongoing education, training and supervision. The CARC certification is open to anyone interested in recovery coaching, and is one way to demonstrate that an individual has met established competency-based standards for recovery coaching. CARC certification through the NYCB does not allow an individual any practice permission or scope of practice that is not provided by their agency, license, educational training or professional scope under other credentials/licenses. CARC certification with the NYCB does not allow an individual to practice as a private practice clinician and does not determine eligibility or provide permission to practice without meeting other requirements as determined by the New York Department of Public Health. For questions about practice requirements, scope of practice or licensure requirements of private practice clinicians, please contact the New York Department of Public Health at www.health.ny.gov.

Once you have submitted your application materials... you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing (via email) within approximately four-to-six weeks of receipt of application about its status. If changes or additional information are required, you will be notified in writing at that time. We will also notify you, by email, when your application has been accepted and when you will be invited to sit for the standardized exam, if applicable. If you have questions about your certification packet after submitting it to us for review, or if you have not received an electronic notification within the specified period, please email support@asapnys.org for assistance. We will respond to your inquiry as soon as possible.

PLEASE DO NOT CALL THE NYCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about the certification process, please email support@asapnys.org for assistance.



Important Information about your CARC Application

Submission Requirements

- All forms submitted must be original and signed without any alteration or modifications. If a change is required, please complete a new form without alterations or modifications. Any forms with white-out, scribble marks or changes will be denied.
- No photocopies or faxed forms will be accepted. Please do not fax any materials to the NYCB related to a certification application.
- Original and signed Letters of Recommendation (if required) should be mailed directly from the evaluator to the NYCB.

Verification of a college degree or college course work

- If you are interested in utilizing a college degree as part of the certification process, an official transcript must be submitted from the issuing institution that verifies the degree has been awarded from an accredited institution for the US Department of Education. Only qualifying college degrees will be applicable.
- In order to document college course work, an official transcript must be submitted from the issuing institution which shows the course work has been completed (with a grade of C minus or better) from an accredited institution for the US Department of Education.

Training Documentation

- When documenting training and education for the CARC credential, you may submit a CARC Training Documentation Form (you can download a copy from the NYCB website) with all required information completed. Attached to the form, you should include a copy of all certificates of attendance or transcripts for all training/educational events included on the CARC Training Documentation Form with each certificate or transcript numbered according to the CARC Training Documentation Form.

Application Review Process

- In order to have your application reviewed by staff, you must pay the filing fee and submit all required application materials prior to the review. Incomplete applications or applications submitted without payment will not be reviewed.

CARC Fees

(NYCB Fees are Non-Refundable)

Fees for CARC – Certified Addiction Recovery Coach initial certification

CARC Application Filing Fee	\$100.00
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CARC Exam Fee	n/a
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Fees for CARC – Certified Addiction Recovery Coach renewal

CARC Annual Renewal Fee	\$100.00
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NYCB Fee Policy: By signing below, I acknowledge the current fees associated with the CARC credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of NYCB fees, please visit the NYCB website). ***I understand that I am responsible for all fees associated with the certification process at the time of my initial application.*** All fees must be paid by check, credit card (see NYCB website) or money order. **No cash payments will be accepted.** A returned check fee will be due (\$35) for all returned checks and a hold will be placed on my application until the original and return check fees are received by the NYCB. A late fee of \$100 will be charged for all CARC renewal applications not received within 30 days of the due date.



Certified Addiction Recovery Coach Application Form

Please clearly write or type all application forms

Title: Mr. Mrs. Ms. Other: _____

Applicant's Full Name: _____

Full Maiden Name: _____

Email: _____

Cell Phone Number: (____) _____ Today's Date: ____ / ____ / ____

Social Security Number: _____ - _____ - _____ Gender: _____

Date of Birth: ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____

Daytime Phone Number: (____) _____

Workforce Diversity Information* (optional)

Ethnicity/Race: (Select all that apply)

- American Indian/Alaska Native
- African American/Black
- Asian American/Asian
- Caucasian
- Hispanic American /Latino
- Indian
- Pacific Islander/Native Hawaiian
- Other _____

Language: Select all that apply)

- English
- French
- Chinese (dialect) _____
- Italian
- Polish
- Portuguese
- Russian
- Spanish (dialect) _____
- Other _____

Recovery status:

Are you in recovery from substance use disorder? NO YES How long: _____

Are you in recovery from a mental illness? NO YES How long: _____

*Individual responses about workforce diversity are strictly confidential and will not be shared outside the NYCB. The combined results are used by the NYCB for reporting purposes only. By participating in the survey, the participant grants the NYCB use of this anonymous information.

Applicant's Name: _____ Date: _____

Recovery Coaching Experience

I do NOT have any recovery coaching experience

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Phone Number: (_____) _____ Still working here: NO YES

Average hours per week: _____ Supervisor: _____

Date started: _____ Date left: _____ How long there: _____

Full time employment Part time employment Internship Volunteer

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Phone Number: (_____) _____ Still working here: NO YES

Average hours per week: _____ Supervisor: _____

Date started: _____ Date left: _____ How long there: _____

Full time employment Part time employment Internship Volunteer

If you have worked at additional agencies, please attach additional page(s) with details.

Please indicate your coaching experience in the following settings/roles:

- Addiction Recovery _____ years
- Supervision of Coaches _____ years
- Co-Occurring Disorders Recovery _____ years
- Medication Assisted Recovery _____ years
- Mental Health Recovery _____ years
- Prevention _____ years
- Problem Gambling Recovery _____ years

I have no recovery coaching experience

Applicant's Name: _____ Date: _____

Professional History

1) Are you now or have you ever been licensed, certified, or registered as a behavioral health professional in any state or territory other than New York? NO YES If yes, please explain:

Credential Type: _____ Issue Date: _____
State/Region: _____ Expiration Date: _____

2) Are you now or have you ever been licensed, certified, or registered as a behavioral health professional in New York? NO YES If yes, please explain:

Credential Type: _____ Issue Date: _____
Issuing Agency: _____ Expiration Date: _____

3) Have you ever been censured, disciplined, dismissed, or expelled from; had admissions monitored or restricted; had privileges limited, suspended, or terminated; been put on probation; been requested to resign or withdraw from the following:

- a) Any hospital, nursing home, clinic, or similar institution
- b) Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public
- c) Any professional school, clinical clerkship, internship, externship, or postgraduate training program
- d) Any third party reimbursement program, whether governmental or private

NO YES If yes, please attach a page fully explaining the circumstances/details.

4) Have you ever had your membership in, or certification by any professional society or association suspended or revoked for reasons related to professional practice?

NO YES If yes, please attach a page fully explaining the circumstances/details.

5) Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; imposed a fine or reprimand; or taken any other disciplinary action against you?

NO YES If yes, please attach a page fully explaining the circumstances/details.

6) Have you ever, in anticipation or during a pending investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

NO YES If yes, please attach a page fully explaining the circumstances/details.

7) Have you ever been subject to, or do you currently have pending any complaint, investigation charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, a foreign jurisdiction, or any disciplinary board/committee of any branch of the armed services? ***You do not need to report any complaints dismissed without merit.***

NO YES If yes, please attach a page fully explaining the circumstances/details.

Applicant's Name: _____ Date: _____

Professional History (continued)

8) Have you ever been certified or credentialed by the International Certification & Reciprocity Consortium (IC&RC) or a member board of the IC&RC other than the NYCB?

NO YES If yes, please explain: _____

9) Have you ever been certified by the National Certification Commission (NCC) or a member board thereof?

NO YES If yes, please explain: _____

10) Have you ever served in the US Military? NO YES

If yes, please explain: _____

If so, were you honorably discharged? NO YES When: _____

11) Please list any special skills or experience relevant to recovery coaching:

Certified Addiction Recovery Coach Training Requirements

Recovery from Addiction <small>(including at least 4 hours of MAT-specific training)</small>	Recovery Coaching	Recovery Education	Ethical Responsibility	Total: Minimum CARC Specific Training Hours
20 Hours	20 Hours	5 Hours	15 Hours	60 Hours

Please attach a completed CARC Training Documentation form to this application showing that you have completed the following training requirements

Training Requirement:	Have you completed?
30 hour Recovery Coach Academy (or equivalent) (NYCB approved)	NO - Do not submit application
	YES - Date: _____
PLUS 30 hours of Recovery Coach training (incl. 4 hours of MAT-specific training) (NYCB approved)	NO - Do not submit application
	YES - List event details on Training Documentation form

Signed Assurances and Authorization to Obtain Information

- A. I hereby attest that all of the information given in this application is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of NYCB to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the New York Certification Board's (NYCB) Code of Ethical Conduct (2012) and the NYCB's Code of Ethical Conduct – Disciplinary Procedures (2012) available on the NYCB's website at www.asapnys.org/ny-certification-board/.
- D. I will hold NYCB, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the NYCB, the IC&RC, NY Department of Health or any other entity.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, recertification fees, etc. and that all NYCB fees are non-refundable without exception.
- F. I hereby authorize the NYCB to request and receive all records and/or information in any way relating to my application for a NYCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employers, colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist with respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once NYCB is notified of my intent not to recertify. I further understand that the status of any NYCB credential is public record and may be shared by NYCB and is available on the NYCB website, including effective date, expiration date and certification type. I further understand that if my NYCB credential is sanctioned in any way including revocation or suspension that this information is public.

Candidate's Signature: _____ Date: _____



Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until you submit the filing fees and all of the following items have been received:

- Enclose the application filing fee of \$100.00 (check or money order payable to ASAP)
- Complete the entire CARC Application and submit/fill-out/sign all 12 pages of this packet
- Complete the CARC Training Documentation form and submit with copies of certificates
- Download and review the NYCB Code of Ethical Conduct and Disciplinary Procedures from the NYCB website and agree to abide by all aspects of the Code and Procedures as set forth by the NYCB
- Read/sign/initial pages of the NYCB Code of Ethical Conduct & Authorization to Obtain Information
- Make a copy of the entire packet for your records prior to submitting to the NYCB**



The New York Certification Board

Strengthen health and human services performance and outcomes by enhancing the recovery-oriented skills and capacity of the workforce

What are the Benefits of Certification?

- Certification identifies professionals who are specialists in their field.
- Certified professionals are recognized by professional affiliations, and state and national legislation.
- Certified professionals are provided with the opportunity for peer networking, in addition to involvement and impact through NYCB-sponsored education opportunities and committee work.
- Certification increases professionalism in the field.
- Certification provides a strong basis for employment hiring and professional advancement.
- Certification provides the certified professional freedom to move to another state within the International Certification and Reciprocity Consortium Member Boards and be granted that state's credential via the process of reciprocity.

Who Benefits from Certification?

- The Patient / Client Certification assures competent, professional services while continuously improving the quality of service being provided to the client and family members.
- The Public Certification promotes standards of training and competency that will meet standards required for licensing, accreditation, and third-party payers.
- The Certified Professional Certification provides recognition of competency and a marketable credential that will enhance the role of the professional.
- The Profession Certification provides opportunity whereby the highest professional standards can be established, maintained, and updated.



Strengthen health and human services performance and outcomes by enhancing the recovery-oriented skills and capacity of the workforce



Questions

If you have questions or need assistance with your application please contact: support@asapnys.org

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