

C R P A

Provisional

Certified Recovery Peer Advocate-Provisional Application



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

11 North Pearl Street, Suite 801

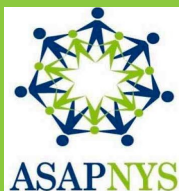
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CERTIFIED RECOVERY PEER ADVOCATE-PROVISIONAL

The New York Certification Board defines a *Certified Recovery Peer Advocate (CRPA)* as a person who provides outreach, advocacy, mentoring and recovery support services to those seeking or sustaining recovery. For the purpose of certification, a Certified Recovery Peer Advocate is defined as a professional who has demonstrated competence in performing a range of activities as defined by the *IC&RC Peer Recovery Job Task Analysis (2013)* and the *IC&RC Peer Recovery Candidate Guide (2015)*.

In order to become certified as a CRPA, a candidate must demonstrate they have completed appropriate education, training and work experience (paid or volunteer) and meet the CRPA standards. For the current CRPA standards and application requirements, please review the CRPA application posted on the NYCB website for details.

In all activities, the certified professional must demonstrate consistent adherence to the *NYCB Code of Ethical Conduct (2012)* & *NYCB Code of Ethical Conduct – Disciplinary Procedures (2012)* and agree to continue their professional development with ongoing education and training specifically related to peer recovery.

Effective June 1, 2016, OASAS has approved the NYCB to offer the **Certified Recovery Peer Advocate-Provisional (CRPA-P)** certification to candidates interested in completing all of the requirements for the **Certified Recovery Peer Advocate (CRPA)** certification and currently working or volunteering in a peer support role. The **CRPA-P** will be issued for 2 years without renewal to eligible candidates who meet minimal requirements around training, education, current peer recovery experience and affirm their willingness to complete all remaining CRPA requirements prior to the expiration of their **CRPA-P** which include:

- 500 hours of peer recovery work experience (paid or volunteer)
- 25 hours of supervision specific to the peer recovery domains
- Pass the NYCB/IC&RC Peer Recovery computer-based exam

***Work and supervision which occurred in a treatment setting while you were actively in treatment in that setting will not meet the requirements.**

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.



Candidate's Signature _____ Date _____



Do not write above line

Certified Recovery Peer Advocate-Provisional Application Form

Please clearly write or type all application forms

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone Number: _____ Home Phone Number: _____

Date of Birth: _____ Social Security Number: _____ Gender: _____

Please indicate below if you have a High School Diploma OR a GED/HS Equivalency:

- I graduated from High School Date: _____ Institution : _____
- I obtained my GED/HS Equivalency Date: _____ Institution : _____

CRPA-P Fees

(All NYCB Fees are Non-Refundable)

Application Filing Fee	\$100.00
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CRPA Upgrade Fees

CRPA Upgrade Fee	\$50.00
IC&RC PR Computer-based Exam (Fee required for initial or re-test)	\$80.00

NYCB Fee Policy: By signing below, I acknowledge the current fees associated with the CRPA-P certification (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of NYCB fees, including information about any scholarship support, 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 (\$35) will be due 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.

Candidate's Signature _____ Date _____

Requirements for the Certified Recovery Peer Advocate-Provisional

Education	High School diploma or jurisdictionally certified high school equivalency
Training <i>Including Identified Domain Requirements</i>	46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility
Experience	Candidate must be currently working or volunteering in a peer support role under appropriate supervision
Code of Ethical Conduct	All applicants must endorse and sign the NYCB Code of Ethical Conduct statement and agree to read and abide by the code of ethical conduct and disciplinary procedures
Annual Renewal Requirement	The CRPA-P is ineligible for renewal
UPGRADE REQUIREMENT <i>CRPA-P is issued for 2 years only</i>	<p>Applicants will be required to complete all CRPA requirements prior to expiration of their CRPA-P including:</p> <ul style="list-style-type: none"> • 500 hours of peer recovery work experience (paid or volunteer) • 25 hours of supervision specific to the peer recovery domains • Pass the NYCB/IC&RC Peer Recovery Computer-Based (CB) Exam

*** Work and supervision which occurred in a treatment setting while you were actively in treatment in that setting will not meet the requirements.**

I have read the above CRPA-P Standards and understand that I must meet ALL CURRENT STANDARDS in order to become certified as a CRPA-P.

Candidate's Signature _____ Date _____

CRPA-P Application Submission Requirements

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 NYCB*), or Scholarship Award Letter, if applicable
- Download and read the IC&RC Peer Recovery Candidate Guide from the NYCB website
- Review the entire CRPA-P Application; fill-out, sign and submit pages 2-7 of this application
- Attach a copy of High School diploma or jurisdictionally certified high school equivalency
- Complete the Peer Recovery Peer Work/Volunteer Experience Form(s)
- Attach documentation of 46 hours of completed peer recovery training specific to the peer recovery domains: Advocacy (10 hours), Mentoring/Education (10 hours), Recovery/Wellness Support (10 hours), Ethical Responsibility (16 hours)
- Read, sign, and initial pages of the NYCB Code of Ethical Conduct statement & Authorization to Obtain Information
- Make a copy of the entire packet for your records prior to submitting to the NYCB

I have completed all of the above items and submitted them according to the NYCB submission requirements and current CRPA-Provisional standards.

Candidate's Signature _____ Date _____

Applicant's Name: _____ Date: _____

Certified Recovery Peer Advocate—Provisional

Employer: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Was this unpaid/internship experience? " YES " NO

Supervisor's Name: _____ Average # of hours per week: _____

Human Resources Manager's Name: _____

Status: Work or Volunteer:

To be completed and signed by candidate's CURRENT SUPERVISOR ONLY

Supervisor Name: _____ Date: _____



While in this position, this candidate is:

- Providing peer recovery services including advocacy, mentoring and education? YES NO
- Providing peer recovery support? YES NO
- Receiving supervision specific to peer recovery services? YES NO

I provided supervision to this applicant on site at the agency: YES NO Number of hours provided: _____

How long have you supervised the applicant: _____ years _____ months

I am familiar with the CRPA certification standards, renewal process and NYCB Code of Ethical Conduct: YES NO

The applicant has a plan to complete all of the CRPA certification standards including passing the NYCB/IC&RC PR Exam and to complete the upgrade within 24 months of obtaining the CRPA-Provisional certification: YES NO

Verification Signature: My position in the organization is _____. I verify that I provide the applicant named above supervision and they are working or volunteering as a Peer Advocate in my organization.

Supervisor Signature

Supervisor Phone Number

Candidate's Signature _____ Date _____

Signed Assurances & NYCB Code of Ethical Conduct statement

- A. I hereby attest that all of the information given 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 the 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 *NYCB Code of Ethical Conduct* (2012) and the *NYCB Code of Ethical Conduct – Disciplinary Procedures* (2012) available on the NYCB’s website at <http://www.asapnys.org/ny-certification-board/>.
- D. I will hold NYCB, Inc., 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 or any other entity.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, renewal fees, etc. and that all NYCB fees are non-refundable without exception.
- F. I am interested in becoming a CRPA-Certified Recovery Peer Advocate and pledge to complete all CRPA requirements prior to the expiration of my CRPA-P certification including passing the NYCB/IC&RC Peer Recovery Computer-based Exam, payment of upgrade fees, etc. I understand that no extensions will be granted to me beyond the expiration date of my CRPA-P.

Authorization to Obtain Information

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 employer(s), 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 in 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 renew. 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.

By signing below, applicant agrees to all aspects of the Signed Assurances, NYCB Code of Ethical Conduct and Authorization to Obtain Information statements above.

Applicant’s Name: _____ Date: _____

Applicant’s Signature: _____



Certified Recovery Peer Advocate-Provisional (CRPA-P) Certification Attestation

Effective June 1, 2016, OASAS approved the NYCB to offer the **Certified Recovery Peer Advocate-Provisional (CRPA-P)** to candidates seeking to complete the requirements for the **Certified Recovery Peer Advocate (CRPA)** and currently working or volunteering in a peer support role. The **CRPA-P** will be issued to eligible candidates for 2 years without renewal who meet minimal requirements around training, education, current peer recovery experience and affirm their willingness to complete all remaining CRPA requirements prior to the expiration of their **CRPA-P**.

Applicants must attest to the following prior to issuance of the CRPA-P certification:

CATEGORY	REQUIREMENT	APPLICANT'S INITIALS <small>Please initial ALL boxes below</small>
<i>Peer Recovery Experience</i>	<i>Currently working/volunteering in a peer support role</i>	
<i>Code of Ethical Conduct</i>	<i>Read and agree to abide by the NYCB Code of Ethical Conduct and Disciplinary Procedures</i>	
<i>CRPA Upgrade Application</i>	<i>Complete the CRPA Upgrade application within 2 years of CRPA-P Issuance</i>	
<i>Peer Recovery Experience</i>	<i>Complete no less than 500 hours of peer recovery experience within 2 years of CRPA-P Issuance</i>	
<i>Peer Recovery Supervision</i>	<i>Complete no less than 25 hours of peer recovery supervision with a qualified supervision within 2 years of CRPA-P Issuance</i>	
<i>Peer Recovery Exam</i>	<i>Pass the NYCB/IC&RC Peer Recovery Computer-Based Exam <small>For instructions, please contact the NYCB office</small></i>	
<i>CRPA—Provisional Acronym</i>	<i>Indicate the Provisional status of CRPA by writing out in full acronym (CRPA-Provisional) at all times on clinical records, correspondence and business cards</i>	

By signing below, the applicant agrees to comply with all aspects of the CRPA-Provisional Certification Attestation above.

Applicant's Signature: _____ Date: _____



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

Important Information about Your CRPA-Provisional Application

Submission Requirements

- All forms submitted must be original and signed without any alterations or modifications. Any forms with white-out, scribble marks or changes will be denied. If a change is required, please complete a new form.
- Please do not fax any materials to the NYCB related to a certification application.
- Original and signed Letters of Recommendation (if required or sent voluntarily) should be mailed directly from the evaluator to the NYCB.

Application Review Process

- You must submit all required application materials before your application is reviewed. Incomplete applications will not be reviewed.

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.

Who Benefits from Certification?

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

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

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