



Certified Recovery Peer Advocate – Family CRPA-F Application Form

Please print clearly or type

First Name:	M.I.	Last Name:
Home Address:		
City:	ST:	Zip:
Email:		Date of Birth:
Cell phone number:	Home phone number:	
Online Training completion date:	In-Person Training completion date:	

CRPA-F Fees

(All NYCB Fees are Non-Refundable)

CRPA-F Application Filing Fee *	\$100.00
CRPA-F Certification Renewal **	\$50

NYCB Fee Policy: By signing below, I acknowledge the current fees associated with the CRPA-F certification (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 (<http://www.asapnys.org/ny-certification-board/>).

I understand that I am responsible for all fees associated with the certification process at the time of my initial application and that my application will not be processed until payment is received.

All fees must be paid by check or money order (payable to NYCB), or credit card. **No cash payments will be accepted.** A fee of \$35 will be due for all returned checks and a hold will be placed on my application until the original and returned check fees are received by the NYCB. To pay by credit card, please use our online payment portal at <https://events.r20.constantcontact.com/register/eventReg?oeidk=a07egzma44e90cbb28&oseq=&c=&ch=>.

* Please note that all incomplete applications and fees paid expire one year after receipt.

** A fee of \$25 will be charged for all CRPA-F renewal applications not received within 45 days of the renewal date.



Candidate's Signature _____ Date _____



Checklist for the CRPA-Family Application

- Pay the application filing fee of \$100.00.** You may pay by check or money order (payable to NYCB). You may also pay by credit card for all payments required for CRPA-F certification using the NYCB Peer Certification Payment Portal at <https://events.r20.constantcontact.com/register/eventReg?oeidk=a07egzrna44e90cbb28&oseq=&c=&ch=>. You can only select one option for payment. If you don't see a choice relevant for you, please email ekranson@asapnys.org.
- **Include** a written Description of Qualifying Lived Experience (see page 3).
- **Complete, sign, and date** all four pages of this application. Electronic signatures will be accepted.
- **Attach** copies of training certificates confirming your successful completion of **20 hours of NYCB-approved CRPA-Family specific training**, including:
 - Online Training Prerequisite: 10 hours
 - Approved CRPA-F In-Person Training: 10 hours
- **Make a copy** of the entire packet you are sending for your own records prior to submitting it to NYCB.

New York Certification Board (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 both the *NYCB Code of Ethical Conduct* and the *CRPA-F Family Supported Recovery Ethical Standards* (2019), both available on the NYCB website at <http://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 or any other entity.
- E. I attest that I qualify for the CRPA-F certification because I am already a Certified Recovery Peer Advocate in good standing and I have lived experience as a parent or primary caregiver of a youth (21 years of age or younger at onset of family exposure to active addiction) who has participated in, or navigated, the substance use disorder services system. I understand that my certification will be verified.

By signing below, I agree to all of the statements above and have fulfilled all application submission requirements:

Candidate's Name (print): _____ Date: _____



Candidate's Signature: _____



Statement of Lived Experience

In addition to education and training, a requirement of the CRPA-F certification is that the candidate has 'lived experience' as the parent or primary caregiver of a child or youth with a significant social, emotional, developmental, medical, substance use and/or behavioral challenge.

There are four parts to this section. Be sure to fully complete all four parts.

The fourth part of this section asks that you briefly and thoughtfully describe your experience by answering four questions. Share in a manner that feels appropriate and comfortable to you. For the last question, you will describe how you use, or plan to use, your lived experience when you work with families.

Part 1

Are you the parent (biological/foster/adoptive) or primary caregiver of a child/youth who has a significant social, emotional, developmental, medical, substance use and/or behavioral disability that manifested itself prior to age 21? Yes No

Part 2

Each experience you have navigating systems makes you more qualified in a support role for others who may have similar involvements. It may be helpful for you to think about those experiences as you develop your written response (Part 4, below). Have you navigated one or more of the systems listed below? Yes No

- Early Intervention
- Complex Healthcare Needs
- Mental Health
- Special Education – IEP/504 Plan
- Child Welfare – Preventive/Protective Services (DSS/ACS)
- Child Welfare – Foster Care/Adoption
- Substance Use Treatment/Addiction Services
- Juvenile Justice-PINS Diversion/PINS
- Juvenile Justice-Probation/Placement
- Criminal Justice-Criminal Court
- Intellectual /Developmental Disabilities Services (OPWDD)

Part 3

Are you willing to share relevant aspects of your personal experience, as a family peer, in the course of providing services to other families whose children have similar challenges? Yes No

Part 4

Please include a typed response to the following questions on a separate page (use page 4 included or your own page). Please write legibly, clearly print, or type your response. At the bottom of the page, print your name, and include your signature and a date. Please be sure not only to describe your experience, but also how you use this experience in your work with families.

1. Describe your experience as a family member of a child with social, emotional, behavioral, medical, substance use and/or developmental challenges. Areas for discussion include (but are not limited to) your challenges and successes, the effect of stigma, grief acceptance, etc.
2. Do you have an interesting example of your advocacy efforts on behalf of your child that you'd like to share?
3. How do you see using your lived experience in your work as a CRPA-F? How might your sharing benefit families in areas such as empowerment, engagement, and hope?

Candidate's Name (print): _____ Date: _____



Candidate's Signature: _____



Part 4: Statement of Lived Experience

Candidate's Name (print): _____ Date: _____



Candidate's Signature: _____