



# New York Certification Board – CRPA or Upgrade to CRPA Application INSTRUCTIONS for Role Experience & Supervision Verification

[Candidate: give this entire document to each supervisor if you have more than one.]

## PROFESSIONAL:

Candidates for CRPA certification must have:

- **Completed** at least 500 hours providing peer recovery support services for those in recovery from substance use disorder.
- **Received** at least an additional 25 hours of supervision in a one-on-one and/or group setting.

*To avoid any suggestion of a conflict of interest, role experience and supervision occurring in a treatment setting while a candidate was in treatment at that setting will not meet the CRPA certification requirement. If the candidate is in long-term medication-supported recovery at that setting, however, hours may be considered providing they meet the following conditions:*

- Candidates do not access confidential information related to other service recipients.
- Candidates are not serving in a dual role – i.e., receiving services alongside their own clients/individuals to whom they currently (or previously) providing peer services.
- Candidates recuse themselves from providing services when faced with a potential dual-role conflict to prioritize personal recovery.

**Print or email this document to your supervisor(s). You will complete part of page 2, and your supervisor(s) will complete the remainder.**

1. **Print** your name and job title at the top of page 2 and complete the information about where you were providing peer support (name and address).
2. **Give or email** a copy of this entire document to your supervisor for completion. If you have more than one supervisor, give or email a copy to each supervisor.
3. **Write** your initials at the bottom of the page once your supervisor has completed and returned the form. This shows you have read and agreed to the information on the page.
4. **Make sure** that all questions have been answered, or the form will be rejected, and your application will be incomplete.
5. **Upload** a completed **PDF** copy of page 2 **PLUS** any additional page(s) from the supervisor into the Role Experience & Supervision step of your CRPA or Upgrade to CRPA application. **NOTE: Uploaded Word documents will not be accepted.** We do not need a copy of this page of instructions.

## SUPERVISOR:

Please complete the Supervisor part of page 2. **ALL SUPERVISOR QUESTIONS MUST BE ANSWERED, AND BOXES INITIALED, OR THE FORM WILL BE RETURNED.**

Supervisors are encouraged to review the CRPA KSAs (knowledge, skills and abilities) to determine the activities which meet the role experience requirement for CRPA certification. Please see *NYCB Role Experience & Supervision Overview* and *NYCB Supervision Recommendations for Supervisors* on the List of Resources below.

If you have questions about what Role Experience qualifies for CRPA certification, please contact either Elisabeth Kranson ([ekranson@iuany.org](mailto:ekranson@iuany.org)) or Cathie Gifford ([cgifford@iuany.org](mailto:cgifford@iuany.org)).

Some CRPA candidates may work with clients who have co-occurring disorders in mental health and substance use disorders. **Only hours providing peer recovery support services for individuals in recovery from substance use disorder meet the requirements for CRPA certification.**

**Candidates for CRPA certification must have:**

- **Completed** at least 500 hours providing peer recovery support services for those in recovery from substance use disorder.
- **Received** at least an additional 25 hours of supervision in a one-on-one and/or group setting.

Please note: HR sign-off is required only if the direct supervisor cannot complete the form.

## LIST OF RESOURCES:

- **Role Competencies:** <https://www.asapnys.org/wp-content/uploads/2024/06/NYCB.CRPA-competencies.Jun-2024.pdf>
- **NYCB Role Experience & Supervision Overview:** <https://www.asapnys.org/wp-content/uploads/2024/06/NYCB.supervision-overview.Jun-2024.pdf>
- **NYCB Supervision Recommendations for Supervisors:** <https://www.asapnys.org/wp-content/uploads/2024/06/NYCB-TR.supervision-guide.Jun-2024.pdf>
- **NYCB Code of Ethical Conduct:** <https://www.asapnys.org/wp-content/uploads/2024/03/ASAP-NYCB.Ethical-Code.Mar-2024.pdf>

**NOTE: When you have completed this form, please give or email a PDF version of page 2 and any additional pages to the candidate to upload into their application.**



## New York Certification Board – CRPA or Upgrade to CRPA Application Role Experience & Supervision Verification

[Candidate: give this entire document to each supervisor if you have more than one.]

<b>Candidate's Name:</b>
<b>Candidate's Job Title:</b>

**PLEASE PRINT**

Organization Name:		
Address:		
City:	State:	Zip:
<b>The information below is to be completed and signed ONLY by the candidate's SUPERVISOR or MANAGER or Human Resource Manager as applicable. (Please PRINT CLEARLY and fill in all information.)</b>		
Supervisor/Manager/HR Name:		
Supervisor's Job Title:		
Direct Phone (incl. ext.):	Email:	
<b>Supervisor or HR Manager: Initial each box.</b> ↓		
Candidate's Date of Hire:	How many months and/or years did the candidate work in this position?	
If this candidate is no longer providing services at your agency, <u>what date</u> did they leave?		
Average # of hours per week:	Position (circle one): <i>paid</i>   <i>unpaid</i>   <i>both</i>	
Total number of hours candidate provided peer recovery support services for individuals in or seeking recovery from substance use disorder:		
Total number of hours of supervision this candidate received in this position:		
I verify the candidate named above is or was an employee or volunteer providing peer recovery support services for individuals in recovery from SUD in my organization.		
While in this position, did this candidate provide peer recovery support for those with substance use disorder, which may be co-occurring? [NOTE: Only hours working with those with substance use disorder will meet the requirements for CRPA certification.]		(circle one) YES   NO
I have provided <u>at least 25 hours</u> of direct supervision to this candidate: <b><i>If you did not directly supervise this candidate, please explain on a separate page with specific details, including the name and position of the person who did supervise this candidate and why that person did not complete this form.</i></b>		(circle one) YES   NO
I am familiar with the CRPA certification standards, upgrade process, and the NYCB Code of Ethical Conduct. <b><i>If NO, please review the list of resources on page 1.</i></b>		(circle one) YES   NO
<b>SIGN HERE:</b> → [Supervisor's Signature]	Date:	
Please write a brief job description here, continuing on page 3 if extra space is needed. Or attach an existing agency job description document. <a href="#">Please save completed document in PDF format before returning page 2 and any additional pages to candidate to upload in their application.</a>		
<b>CANDIDATE: Initial here when form has been completed and is ready to upload to your application.</b> →		



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**ADDITIONAL NOTES for Role Experience & Supervision Verification**

[Candidate: give this entire document to each supervisor if you have more than one.]

**Candidate's Name:**  
**(please print)**