



## **CERTIFIED PEER RECOVERY SPECIALIST (CPRS)**

*This classification is viewed as the title for the peer recovery support worker primarily involved in providing recovery support services to Candidates living with behavioral health disorders. This credential is governed by the Maryland Behavioral-health Professional Certification Board, as a consortium member of IC&RC. This is a reciprocal credential offered at the international level.*

There are certain knowledge areas and skills that are required of Candidates to provide effective Peer Recovery Support Services to individuals living with behavioral health disorders. Peer Recovery Specialists must demonstrate the ability to provide effective services within a given organization or setting in relation to the knowledge skills and abilities in Advocacy, Mentoring/Education, Recovery/Wellness, and the Ethical Responsibility Domains. In addition, Peer Recovery Specialists must provide services with which they have experiential expertise and be knowledgeable of the integrated services provided by the behavioral health systems.

### **THE KNOWLEDGE, SKILLS & ABILITY OF THE FOUR DOMAINS**

#### **1. Advocacy:**

*Job Tasks that should be performed by the Peer Recovery Specialist in the Advocacy domain are:*

1. Relate to the individual as an advocate.
2. Advocate within systems to promote person-centered recovery/wellness support services.
3. Describe the individual's rights and responsibilities.
4. Apply the principles of individual choice and self-determination.
5. Explain importance of self-advocacy as a component of recovery/wellness.
6. Recognize and use person-centered language.
7. Practice effective communication skills.
8. Differentiate between the types and levels of advocacy.
9. Collaborate with individual to identify, link, and coordinate choices with resources.
10. Advocate for multiple pathways to recovery/wellness.
11. Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

#### **2. Ethical Responsibility:**

*Job Tasks that should be performed by the Peer Recovery Specialist in the Ethical Responsibility domain are:*

1. Recognize risk indicators that may affect the individual's welfare and safety.
2. Respond to personal risk indicators to assure welfare and safety.
3. Communicate to support network personal issues that impact ability to perform job duties.
4. Report suspicions of abuse or neglect to appropriate authority.
5. Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.
6. Maintain documentation and collect data as required.
7. Adhere to responsibilities and limits of the role.
8. Apply fundamentals of cultural competency.
9. Recognize and adhere to the rules of confidentiality.

10. Recognize and maintain professional and personal boundaries.
11. Recognize and address personal and institutional biases and behaviors.
12. Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
13. Recognize various crisis and emergency situations.
14. Use organizational/departmental chain of command to address or resolve issues.
15. Practice non-judgmental behavior.

### **3. Mentoring/Education:**

*Job Tasks that should be performed by the Peer Recovery Specialist in the Mentoring/Education domain are:*

1. Serve as a role model for an individual.
2. Recognize the importance of self-care.
3. Establish and maintain a peer relationship rather than a hierarchical relationship.
4. Educate through shared experiences.
5. Support the development of healthy behavior that is based on choice.
6. Describe the skills needed to self-advocate.
7. Assist the individual in identifying and establishing positive relationships.
8. Establish a respectful, trusting relationship with the individual.
9. Demonstrate consistency by supporting Candidates during ordinary and extraordinary times.
10. Support the development of effective communication skills.
11. Support the development of conflict resolution skills.
12. Support the development of problem-solving skills.
13. Apply principles of empowerment.
14. Provide resource linkage to community supports and professional services.

### **4. Recovery/Wellness Support:**

*Job Tasks that should be performed by the Peer Recovery Specialist in the Recovery/Wellness Support domain are:*

1. Assist the individual with setting goals.
2. Recognize that there are multiple pathways to recovery/wellness.
3. Contribute to the individual's recovery/wellness team(s).
4. Assist the individual to identify and build on their strengths and resiliencies.
5. Apply effective coaching techniques such as Motivational Interviewing.
6. Recognize the stages of change.
7. Recognize the stages of recovery/wellness.
8. Recognize signs of distress.
9. Develop tools for effective outreach and continued support.
10. Assist the individual in identifying support systems.
11. Practice a strengths-based approach to recovery/wellness.
12. Assist the individual in identifying basic needs.
13. Apply basic supportive group facilitation techniques.
14. Recognize and understand the impact of trauma.

# TABLE OF CONTENTS

I.	Overview of Certification Requirements.....	4
	A. General Requirements.....	4
	B. Educational Requirements.....	4
	1. Academic Requirements.....	4
	2. Specialized Training.....	4
	C. Service Hour Requirements.....	5
	D. Supervision Requirements.....	5
	E. Residential Requirements.....	5
II.	Approved Trainings.....	6
III.	Certification Procedures.....	8
	A. Application Information.....	8
	B. Submitted by Applicant.....	8
	C. IC&RC Examination Information.....	8
	D. Special Accommodations.....	9
	E. Cancellation & Rescheduling.....	9
	F. Retest.....	9
	G. Examination Preparation Material.....	9
	H. Fees.....	9
IV.	Certification Time Period.....	10
V.	Re-Certification.....	10
VI.	Appeal Process.....	10
VII.	Certification Lapse.....	10
VIII.	Checklist.....	11
IX.	Application.....	12
X.	Appendix.....	23
	A. Grievance Process.....	24
	B. Reciprocity.....	25
	C. Ethical Violations.....	26
	D. Peer Supervision Log.....	29

## **I. OVERVIEW OF REQUIREMENTS**

The Maryland Certified Peer Recovery Specialist (CPRS) credential is an International Certification and Reciprocity Consortium (IC&RC) approved certification created to identify the implementation of Peer recovery supportive services provided by Candidates in long-term recovery from mental health and substance use disorders. The CPRS certification validates the person in long-term recovery has obtain formal training and education of the knowledge, skills and abilities in each of the four Domain and is committed to the adherence to the Ethics Code of Conduct, Principles and Service Guidelines.

Emphasis should be given to ensure the Applicant has had training to properly engage in the state's Recovery Oriented System of Care (ROSC). Subject matter may include substance use disorders and drug effects, mental health and medication assisted treatment, somatic health and nutritional issues in the behavioral health population such as relapse prevention, trauma, motivational enhancement and the stages of change.

In order to become a Certified Peer Recovery Specialist in the State of Maryland, all Applicants must meet the following requirements to qualify for the CPRS Examination:

### **A. General Requirements**

1. The Applicant must be at least eighteen (18) years of age;
2. The Applicant must be a resident in the State of Maryland at least 51% of the time;
3. The Applicant must self-identify as a person in long-term recovery from the **effects** of a behavioral health disorder (i.e. mental health and/or substance use disorder) for a period of two years or more.

### **B. Educational Requirement**

#### **1. Academic Requirements**

- a. The Applicant must provide proof of a High School Diploma or a General Equivalency Degree (GED) to be sent directly to MABPCB
- b. College transcripts may be submitted in lieu of High School Diploma or GED

#### **2. Specialized Training**

- a. The Applicant must complete 46 total hours of documented behavioral health Peer specific continuing education units (CEU's) provided by an MABPCB approved organizational provider within the following four (4) Domains:
  - i. Advocacy Domain – 10 hours
  - ii. Ethical Responsibility Domain – 16 hours
  - iii. Mentoring/Education Domain – 10 hours
  - iv. Recovery/Wellness Domain – 10 hours
- b. Applicants are allowed 12 in-service training hours as part of the 46 hours of training. In-service training must be provided within an agency by an agency employee. Training provided within an agency by an outside consultant or professional is not considered as in-service and is measured by the same standards as other general training hours. **In-service training must be domain relevant.**
- c. All Applicants are **required** to complete a minimum of one CORE training.
- d. All trainings for initial certification must be completed within the last 10 years.

- e. Domain specific college courses may qualify for CEU approval upon submission of CEU.

**C. Service Hour Requirements**

1. The Applicant must complete 500 service hours of documented supervised paid or volunteer peer recovery support experiences in a clinical or community setting, (inpatient, outpatient, institutions, residential, community or outreach) within the last two (2) years.
2. The Applicant experiences may be accumulated at multiple service organizations.
3. The Applicant must have 25 total hours of documented supervision by a RPS (see Supervision Requirement), conducted where the peer recovery support services are being provided.
4. The Peer is required to receive supervision at least twice per month.
5. The supervision hours must be specific to the following categories:
  - a. Advocacy 5 hours
  - b. Ethical Responsibility 5 hours
  - c. Mentoring/Education 5 hours
  - d. Recovery/Wellness 5 hours
  - e. General Supervision including Self Care 5 hours

**D. Supervision Requirement**

1. In order to become a Registered Peer Supervisor (RPS), the individual must meet one of the following criteria and provide supporting documentation from their current employer:
  - a. At least one year of supervision to Peer Recovery Specialist; or
  - b. 6 months of clinical/administrative supervision in a Behavioral Health setting; or
  - c. Hold a CPRS certification for at least 1 year
2. The individual seeking RPS must complete the 6-hour Peer Supervision training approved by MABPCB.
3. The individual must complete the RPS application and submit all subsequent documentation for approval and authorization.
4. The individual must submit \$50 to MABPCB upon completion of the 6-hour training session.
5. The RPS is required to complete the 6-hour Supervisor Refresher course every 2 years in order to maintain the RPS status.
6. It is suggested that individual or group Peer supervision be provided bi-weekly

**E. Residency Requirements**

To be certified in Maryland, one must live or work in Maryland 51% of the time.



## PRE-APPROVED TRAININGS FOR CPRS DOMAINS

### EDUCATIONAL REQUIREMENTS

ADVOCACY – 10 HOURS

ETHICAL RESPONSIBILITY – 16 HOURS

MENTORING/EDUCATION – 10 HOURS

RECOVERY/WELLNESS SUPPORT – 10 HOURS

### 1 CORE TRAINING IS REQUIRED

TRAINING	FEE	ADVOCACY	ETHICS	M/E	R/W	TOTAL
<b>CORE TRAINING</b>						
Recovery Coach Academy (CCAR)	Free - \$850	7.5	9	5.25	8.25	30
WRAP® Facilitator Training	\$799 - 1300	4.5	9	7	2.5	22
DBSA Peer Specialist Training	\$975	5	7	6	14	32
Intentional Peer Support (IPS)	\$750 - 900	3	4	20	3	30
Recovery Coaching – DBH	TBD	5.25	7.75	8.5	6.5	28
<b>ONLINE TRAINING</b>						
MAGELLAN (Online) Peer Support 1: Peer Specialists 101: Research, Core Competencies and Ethics	No Cost		1			1
MAGELLAN (Online) Peer Support 2: The Five Stages in Recovery & the role of Peer Specialists	No Cost				1	1
MAGELLAN (Online) Peer Support 3: Using Your Recovery Story	No Cost	1				1
NAADAC	Varies					Varies
BHA	No Cost					Varies
Relias Learning	Varies					Varies
<b>DOMAIN SPECIFIC TRAINING</b>						
Domain Specific – Certification	Free - \$60	6	6	6	6	6
Domain Specific – Re-Certification	Free - \$60	6	6	6	6	6
Leadership Empowerment Advocacy Project (OCA)	No Cost	12				12
Advocacy (NCADD-MD)	No Cost	4				4
CCAR -EDRC	FREE - \$250	12				12
CCAR – ETHICS	FREE - \$300		12			12
CCAR – Professionalism	Free - \$250	8	4			12
CCAR – Spirituality	Free - \$250				12	12
iNAPS	No Cost					TBD
<b>CONFERENCES</b>						
BHA Conference	\$55					TBD
NAMI MD Conference	\$75					TBD
On Our Own Conference	\$80 – 310					Max 7
Peer Networking Conference	No Cost					TBD
Peer Summit	No Cost	2	2	2		6
Tuerk Conference	\$85	6				6

**Approval for trainings not listed here may be obtained by submitting the TRAINING PROVIDER CEU APPLICATION from the website, along with the applicable fees.**

<b>ADDITIONAL TRAINING</b>						
TRAINING	FEE	ADVOCACY	ETHICS	M/E	R/W	TOTAL
Advocacy Chicken Soup	Varies	3				3
Annual Peer Summit (OCA)	No Cost	2	2	2		6
CPRS Exam Prep	\$50	1	1	1	1	4

Emotional CPR (eCPR)	Varies	4	2	3	1	10
MARS	Varies	9.75	1.5	8.25		19.5
Mental Health First Aid	Free - \$119	1	1	2.5	3.5	8
MISSION RECOVERY Peer Specialist Training	\$625	10	20	10	10	50
MOSAIC Certified Peer Specialist Training	No Cost	10	17.5	10	12.5	50
NAMI Connections Facilitator Training	Varies	3.5	4	4	1.75	13.25
NAMI Hearts & Minds	No Cost	1.5	.75	2.25		4.5
NAMI P2P Mentor Train the Trainer	Varies	1.75	1.75	2.5	2	8
NAMI P2P Mentor Training	No Cost	3	3.25	.5	3.75	10.5
NAMI Peer-to-Peer Recovery Education Program	No Cost	.25		4.75	6.3	11.30
NAMI In Our Own Voice Presenter Training	Varies	4.5	1.5	5	1.7	12.70
NAMI In Our Own Voice Train the Trainer	Facilitator's Discretion	3.75	1.75	5.25	1.5	12.25
NAMI Smarts for Advocacy	No Cost	2.3	0.7	2	0.3	5.3
OOO, MD - Anti-Stigma Project Workshop	No Cost	1			1	2
OOO, MD – 8 Dimensions of Wellness	No Cost			2	2	4
OOO, Md – Diverse Populations – LGBTQIA	Varies					Varies
OOO, Md - Storytelling for Advocates	No Cost	1.5				1.5
Self-Care: Essential Practice of Peers	No Cost				6	6
Sexual Health In Recovery	FREE	3	3	3	4	13
SMART Recovery Training	FREE	2	1	1.5	1.5	6
Trauma Awareness for Peers	Varies	1	1	3	1	6
WHAM	Varies	9	3	1.5	1.5	15
WRAP® Basic Class	Free - \$169	1		1	8	10
WRAP® Facilitator Refresher	Varies	5	1.75	2.75	3	12.5

**ORGANIZATIONAL PROVIDERS**

AGENCY	PROVIDER STATUS NUMBER
3C's RECOVERY	EP-65332
BHS BALTIMORE	EP-65334
HELPING UP MISSION	EP-65371
MISSION PEER RECOVERY TRAINING	EP-65363
Montgomery County Coalition for the Homeless	Ep-65414
MOSAIC GROUP	EP65400
OOO, MONTGOMERY COUNTY	EP-65323
OOO, MD	EP-65387
ORGANIZATION OF HOPE	EP-65374
NAMI	EP-65407
RECOVERY NETWORK	EP-65379
TREE OF HOPE ASSOCIATION	EP-65333
UMMS/BHA	EP-65403
WASHINGTON COUNTYHEALTH DEPT	EP-65376
WORK LIFE BEHAVIORAL HEALTH	EP-65347
VOICES OF HOPE	EP-65377

## **II. CERTIFICATION PROCEDURES**

### **I. Application Information**

All Applicants must submit the CPRS application and subsequent documentation to MABPCB for review and approval in order to qualify for the examination. It is the responsibility of each Applicant to ensure that all requirements are met prior to submission of the CPRS Application. In order for the application to be APPROVED to take the IC&RC Peer Specialist Examination, the following must be submitted to MABPCB:

### **II. Submitted by Applicant**

1. Completed Application
2. Copies of all Training Certificates related to the 4 Domains (46 hours)
3. Documentation to support 500 employment/volunteer service hours. Documentation must be submitted on organizational letterhead from current and/or former employers verifying service hours signed and dated by a Registered Peer Supervisor (RPS) and the Applicant, along with job descriptions for each employment location.
4. Personal Recovery Statement
5. Principles and Guidelines
6. Release form NOTARIZED by a Notary Public
7. Recovery Reference Record
8. \$125 Fee (check or money order, **NO CASH**, made payable to MABPCB)
9. Official Transcript from High School/College or GED Program
10. Reference Evaluation Forms (3) – one reference must be from a sponsor, accountability partner or former counselor regarding the Applicant’s recovery experience; two references must be from professionals (i.e., professor, instructor, former supervisor) who have had the opportunity to observe the Applicant’s recovery or support skills and competencies.
11. Supervision Form signed by a Registered Peer Supervisor (if Applicant has been supervised at multiple agencies, each Supervisor must submit a separate form to account for 25 supervision hours). Completed Peer Supervision Verification

Once application for certification is approved, Candidates will be notified by MABPCB on how to register for the computer-based exam.

### **III. IC&RC Examination Information**

The IC&RC exam is offered on demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from MABPCB on registering for on demand testing once application for certification is approved.

This credential requires successful completion of the IC&RC exam which is offered as a computer-based exam. Candidates will have two hours to complete the 75 multiple choice question, 10 are pre-test questions which are not graded as part of the examination. A score of 500 or greater is required to qualify for CPRS status.



The IC&RC Job Task Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

There are five computer-based testing sites in and around the Maryland area – Annapolis, Bel Air, and Columbia are in Maryland. Those who live on the Eastern Shore may choose to test in Georgetown, Delaware, and those in Western Maryland may opt for Morgantown, West Virginia. Candidates can choose whichever testing site is closest for their travel

#### **IV. Special Accommodations**

Candidates with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to MABPCB no fewer than 60 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact MABPCB on what constitutes official documentation. MABPCB will make arrangements for appropriate modifications to its procedures when documentation supports this need.

#### **V. Cancellation & Rescheduling**

Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a cancellation/rescheduling fee. Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a cancellation/rescheduling fee. Canceling or rescheduling an exam is done directly through IQT’s website at [iqtesting.com](http://iqtesting.com). Complete instructions for canceling or rescheduling an examination are listed below. For technical assistance, please contact IQT at (866) 773-1114 (toll free).

#### **VI. Retest**

Candidates receiving a score lower than 500 can retest after a 90-day waiting period from the date of the initial examination. Candidates will be sent retest instructions from MABPCB.

#### **VII. Examination Preparation Material**

The Candidate Guide is available for download at

[http://www.internationalcredentialing.org/resources/Candidate%20Guides/PR\\_Candidate\\_Guide.pdf](http://www.internationalcredentialing.org/resources/Candidate%20Guides/PR_Candidate_Guide.pdf)

IC&RC has an approved study guide which is currently offered by BHDDH of Rhode Island and is available for download at

[http://www.internationalcredentialing.org/resources/Documents/Peer\\_Study\\_Guide.pdf](http://www.internationalcredentialing.org/resources/Documents/Peer_Study_Guide.pdf)

#### **VIII. Fees**

Certification: (Application and fees must be submitted to establish PRS file)	\$125
Recertification:	\$125

#### **IV. CERTIFICATION TIME PERIOD**

MABPCB certification encompasses two calendar years commencing on the date of issuance of the credential. Two dates will appear on the certificate along with a certification number, the date of issue and valid through date.

#### **V. RECERTIFICATION**

To maintain the high standards of this certification and to assure continuing awareness of new knowledge in the field, MABPCB requires recertification every two years.

To be recertified as a CPRS, an individual must:

1. Hold a current and valid CPRS certificate issued by MABPCB;
2. Acquire 20 hours of MABPCB approved peer recovery specialist specific education. Of the require hours, the CPRS must complete a minimum 6-hour Ethical Consideration course within the two-year recertification cycle. (Ethical hours over multiple trainings will not be accepted)
3. Verify that you have reviewed, read and will uphold by practice the MABPCB Principles and Guidelines for Certified Peer Recovery Specialists;
4. Complete the Re-Certification application and pay the associated fee.

#### **VI. APPEAL PROCESS**

The purpose of appeal is to determine if MABPCB accurately, adequately and fairly reviewed Applicant's file. A letter requesting an appeal must be made to MAPCB in writing within 30 days of the notification of the board's action. A person shall be considered notified five days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not the Applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

#### **VII. CERTIFICATION LAPSE**

The completed recertification application should be received at MAPCB prior to the expiration date. If the application is incomplete, the Applicant will be notified by phone or email depending on what has been indicated by the Applicant.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a CPRS and no further use of the CPRS is permitted until the individual has recertified.

All Certified Peer Recovery Specialists should review the recertification application well in advance of the expiration date. A \$15 per month Reinstatement Fee over and above the Recertification \$125 Fee is due if the recertification is late between one day and 12 months. After 12 months, no recertification is possible and the Applicant would have to reapply for the certification, meeting all current requirements.

## VIII. CHECKLIST FOR APPLICATION SUBMISSION

- ✓ Application completed in its entirety
- ✓ \$125 Application Fees. Fees may be paid by check/money order (payable to MABPCB). One-half of fee is refundable if application is denied or cancelled prior to the exam – no refund if application is denied or cancelled after exam
- ✓ Official transcript is required to be submitted in original sealed envelope. If transcript is opened or not in the original sealed envelope, it will not be accepted
- ✓ Copies of certificates/letters of attendance for trainings/in-services/on-line trainings taken that are pertinent to the four domains
- ✓ Education/Training form must be completed to accompany your proof of completion of the 46 hours of training and education
- ✓ All required documentation to support completion of 500 service hours [**i.e. letters from current and/or former employers verifying employment, and job description(s), signed and dated by the Applicant and the Applicant’s supervisor(s) on organization letterhead**]
- ✓ Supervision form indicating the completion of 25 hours of supervision signed by supervisor
- ✓ Supervision Hours Log Sheet, signed by Applicant
- ✓ Principles and Guidelines signed and dated by Applicant.
- ✓ Release form notarized by a notary public which includes Notary number.
- ✓ Personal Peer Recovery Specialist Statement completed by the Applicant. This document is to be typed.
- ✓ 3 Reference Evaluation Forms (1 personal, 2 professional); each evaluation (2 pages) must be submitted in a sealed envelope and signed on the back by the person completing the document and given to the Applicant to be submitted with application

When the application is approved, the Applicant will be notified by mail. The certificate will be mailed 30 days after notification of congratulations on passing the CPRS examination. If there are any problems with the application, the Applicant will be notified by email or phone.

Please make a photocopy of the entire application prior to mailing to MABPCB. Send your completed application, copies of certificates of attendance, attachments, and fee by certified mail to:

MABPCB  
10807 Falls Rd.,  
PO Box #1376  
Brooklandville, MD 21022

Phone/Fax: (866) 537-5340 Website: [www.mapcb.wordpress.com](http://www.mapcb.wordpress.com) Email: [admin@mapcb.com](mailto:admin@mapcb.com)

## IX. APPLICATION FOR CPRS

Form can be completed and saved. You may then print the appropriate pages to submit to MABPCB.

Other past or current MABPCB credentials held:  CCDC  CCS  CCJP  CPRS  Other \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(required)

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Dates Employed – Peer Recovery Support Services : \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Name on Diploma: \_\_\_\_\_

If MAPCB needs to contact you, please indicate your preference:  Email  Phone

Why are you pursuing certification? (required) \_\_\_\_\_

I hereby attest that the Applicant is working in a position where a minimum of 51% of his/her time is spent providing direct peer recovery support services (coaching, mentoring, etc.).

The Applicant has primary responsibility for providing peer recovery support services (coaching, mentoring, etc.) in individual and/or group settings, preparing recovery or wellness plans, documenting client progress and is supervised by an individual who is knowledgeable in behavioral health or recovery support issues.

\_\_\_\_\_  
Supervisor's Signature & RPS#

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
If yes, please explain in full on a separate sheet.

Fee of \$125 check/MO (payable to MABPCB)

**Please print your name as it should appear on your certificate:**

**PREVIOUS EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Make additional copies of this page as necessary.

## EDUCATION/TRAINING FORM

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) which supports participation. Lack of appropriate documentation will result in the inability to apply these hours toward certification. List all training and academic courses that are relevant to each of the four Domains. Applicants must submit copies of training certificates or other verification of attendance at training events. **Please review each Domain before adding a class to its section. You will be asked to clarify any items on which the reviewer is unclear.**

Domain	Activity/Course	# Hours	Location/Date	Sponsor/Trainer
Advocacy				
Advocacy				
Advocacy				
Advocacy				
Advocacy				
Ethical Responsibility				
Ethical Responsibility				
Ethical Responsibility				
Ethical Responsibility				
Ethical Responsibility				
Mentoring/ Education				
Mentoring/ Education				
Mentoring/ Education				
Mentoring/ Education				
Mentoring/ Education				
Recovery/ Wellness Support				
Recovery/ Wellness Support				
Recovery/ Wellness Support				
Recovery/ Wellness Support				
Recovery/ Wellness Support				

Hours of training are measured at 60 min. = 1 Clock hour, 1 Clock hour = 1 CEU. College credits are measured by the hours described in official college transcripts with a typical 3-credit course = 36 clock hours.

# SUPERVISION

To Supervisor: Please complete this form indicating Applicant's on-the-job supervision. This form is not intended to document Applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the Applicant and the Peer Supervision Log. Supervision must be provided by an organization documented and qualified supervisory staff per job description. Supervision is a formal or informal process that is administrative, evaluative, service-oriented, and supportive. It may occur as part of eligible work experience, or independently, and can be provided by more than one person, it ensures quality of services provided, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

**Supervision must be provided by an individual who has completed 6 hours of pre-approved Peer Recovery Specialist Supervisor Training and possess a RPS number (ex. RPS000).**

**Please submit a copy of your RPS certificate with this document.**

Applicant's Name: \_\_\_\_\_

I hereby attest that a minimum of 25 hours of supervision in the domains have been attained by the above-named Applicant. At least **5 hours** in each of the domains were received as outlined below.

## PEER RECOVERY DOMAINS

## # OF HOURS RECEIVED IN EACH

- |  |       |
|--|-------|
| 1. Advocacy                                | _____ |
| 2. Ethical Responsibility                  | _____ |
| 3. Mentoring/Education                     | _____ |
| 4. Recovery/Wellness Support               | _____ |
| 5. General Supervision including self-care | _____ |

**TOTAL MUST BE AT LEAST 25 HOURS**

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (print) & RPS#

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM & RPS CERTIFICATION DIRECTLY TO APPLICANT IN SEALED & SIGNED ENVELOPE**

## **PRINCIPLES AND GUIDELINES FOR CERTIFIED PEER RECOVERY SPECIALISTS**

*A Certified Peer Recovery Specialist's sole mission is to help Candidates and families recover from behavioral disorders and their related problems. To that end, the Certified Peer Recovery Specialist will help remove or overcome all obstacles to recovery and help each individual and family find resources within and beyond themselves to both initiate and sustain the recovery process. The Certified Peer Recovery Specialist's actions will be guided by the following core recovery values and service guidelines.*

### **I. Gratitude & Service**

Certified Peer Recovery Specialists understand that service to others is a sacred trust and that their actions flow from themselves, from their peer organization, and from the larger recovery community. They offer their experience, strength, and hope to assist others in recovery out of gratitude to those who assisted them in their recovery.

### **II. Personal Recovery**

Certified Peer Recovery Specialists will work on their recovery so that they may be beneficial to those who depend on them for recovery support.

### **III. Face and Voice of Recovery**

Certified Peer Recovery Specialists will be a good example of recovery for those they serve.

### **IV. Self –Improvement**

Certified Peer Recovery Specialists will foster self-improvement.

### **V. Honesty**

Certified Peer Recovery Specialists will tell the truth and when wrong, they will promptly admit it.

### **VI. Authenticity**

Certified Peer Recovery Specialists will carry the recovery message in word and in deed.

### **VII. Keeping Promises**

Certified Peer Recovery Specialists promise to keep their promises.

### **VIII. Humility**

Certified Peer Recovery Specialists will work within their limitations, handle disagreements respectfully, and seek help when they need it.

### **IX. Loyalty**

Certified Peer Recovery Specialists will serve others as others served them and promote the recovery mission of their peer organization.

### **X. Hope**

Certified Peer Recovery Specialists will help others focus on their assets, strengths, and recovery possibilities.

### **XI. Respect**

Certified Peer Recovery Specialists will honor the imperfections of others and themselves and treat those seeking recovery with dignity.

### **XII. Acceptance**

Certified Peer Recovery Specialists accept all pathways to recovery however diverse, even those opposite their own.



### **XIII. Recovery Integrity**

Certified Peer Recovery Specialists can carry the message, but they cannot carry the person. They help others by empowering the recovery of others.

### **XIV. Protection**

Certified Peer Recovery Specialists do no harm by respecting privacy and refraining from gossip. They avoid all forms of exploitation or harassment of those they serve. Their relationship is a sanctuary of safety.

### **XV. Advocacy**

Certified Peer Recovery Specialists confront injustice when necessary on behalf of those who have not been empowered but never do for others what they can do for themselves.

### **XVI. Stewardship**

Certified Peer Recovery Specialists use or create resources in the wisest way possible to provide benefits others need to achieve recovery.

### **XVII. Honor**

Certified Peer Recovery Specialists will honor the rules and regulations of any organization to which they are attached, either through paid employment or volunteer work.

Adapted from *Ethical Guidelines for the Delivery of Peer-based Recovery Support Services*, William L. White, MA & the PRO-ACT Ethics Workgroup, August 2009.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE**

*(must be notarized below)*

I hereby request that MAPCB grant the certification to me based on the following assurances and documentation:

I subscribe to and commit myself to ethical conduct in keeping with the MAPCB Principles and Guidelines;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by MAPCB to officers, members, and staff of the aforementioned Board;

I consent to authorize MAPCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to MAPCB before, during, or after application for certification is made will be investigated by MAPCB and could result in the nullification of the application or denial or revocation of certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by me \_\_\_\_\_

a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereby set my hand and official seal. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**SEAL:**

## PERSONAL PEER RECOVERY SPECIALIST STATEMENT

Please write a response to all four questions:

***(Please type your response - Hand written responses will not be accepted):***

1. Briefly describe your experience with behavioral health recovery.

---

---

---

---

---

---

2. Briefly describe your history of sustained recovery from a behavioral disorder (*definition for sustained recovery: A process of change through which Candidates improve their health and wellness, live a self-directed life, and strive to reach their full potential. The process may include brief periods of relapse but generally shows substantial overall improvement.*)

---

---

---

---

---

---

3. Explain why you are interested in becoming a Certified Peer Recovery Specialist.

---

---

---

---

---

---

4. How do you think Peer Recovery Support can benefit others? What do you think peer recovery specialists may guide others to achieve, e.g. to assist in engaging Candidates in recovery from crisis services into treatment, to assist in accessing mutually-assisted recovery supports, etc.

---

---

---

---

---

---

# RECOVERY REFERENCE RECORD

Please list the name, address and phone number of the sponsor, counselor, spiritual advisor/mentor or accountability partner to whom you have given evaluation forms. Both evaluation forms should be completed.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

\*\*\*\*\*

Please list the names of two professional references to who you have given evaluation forms. These should be people, other than sponsors, friends in recovery or family members, who know you professionally and can attest to your support skills.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

\*\*\*\*\*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

.....

**RECOVERY REFERENCE FORM – Part I**

Applicant Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Relationship to Applicant:  Sponsor  Former/Current Counselor  Supervisor

Accountability Partner  Spiritual Advisor/Mentor  Other \_\_\_\_\_

Evaluator Address: \_\_\_\_\_

Evaluator Telephone: \_\_\_\_\_

How long have you known Applicant? \_\_\_\_\_

Please describe the reasons that you would or would not endorse the Applicant to work in the behavioral health field as a Peer Recovery Specialist: (You may type a response and attach if preferred)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL, AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THE APPLICANT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Maryland Addictions and Behavioral-health Professional Certification Board reserves the right to request further information from you concerning this Applicant.

**PLEASE RETURN THIS FORM DIRECTLY TO APPLICANT IN SEALED & SIGNED ENVELOPE**

## RECOVERY REFERENCE FORM – Part II

APPLICANT'S NAME \_\_\_\_\_

EVALUATOR'S NAME \_\_\_\_\_

Following are the skills and knowledge needed by Peer Recovery Specialists. Please evaluate the above named Applicant based on the abilities you have seen him/her demonstrate. Use the following scale to evaluate the Applicant:

1 = NOT APPLICABLE

2 = POOR

3 = AVERAGE

4 = ABOVE AVERAGE

5 = EXCELLENT

### Skills and Knowledge Rating

\_\_\_\_ Common sense in dealing with others

\_\_\_\_ Respect for others

\_\_\_\_ Care and concern for others

\_\_\_\_ Empathy for others

\_\_\_\_ Flexibility with others

\_\_\_\_ Spontaneity with others

\_\_\_\_ Capacity for confrontation with others

\_\_\_\_ Capacity for appropriate self-disclosure

\_\_\_\_ Can convey ideas clearly

\_\_\_\_ Ability to communicate effectively with others

\_\_\_\_ Ability to set boundaries with others

\_\_\_\_ Knowledge of the behavioral health field

\_\_\_\_ Capacity for acting in an ethical manner

\_\_\_\_ Ability to set limits with others

\_\_\_\_ Ability to facilitate appropriate change

\_\_\_\_ Knowledge of physical, behavioral, attitudinal, and affective manifestations of behavioral health disorders

GENERAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM DIRECTLY TO APPLICANT IN SEALED & SIGNED ENVELOPE**

# **X. APPENDIX**



## A. GRIEVANCE PROCEDURES

When a Candidate or Member does not agree with the results of a decision that has been rendered by MABPCB, the individual may file a grievance. All grievances will be reviewed by the MABPCB Ethics Committee. The individual is required to submit their grievance(s) within 30 calendar days of receipt of notification of the decision, or any other action they deem unmerited.

It is the individual's responsibility to ensure all required grievance documents are submitted and completed in an accurate fashion. The completed Grievance Form and any other necessary documentation are to be forwarded to the Maryland Addiction Behavioral-health Professional Counseling Board c/o Ethics Committee CERTIFIED MAIL in the following manner:

MABPCB  
c/o Ethics Committee – Grievance  
10807 Falls Road  
PO Box 1376  
Brooklandville, Maryland 21022

Please allow 30 days for grievance to be reviewed by MABPCB and the Ethics Committee. Any grievances that are incomplete upon receipt by MABPCB and the Ethics Committee, will generate a deficiency notification to be sent by email and/or regular mail. Any request for additional documentation must be received by MABPCB and the Ethics Committee within 30 days of the request. If the additional documentation is not received within the required time frame, the grievance will be forfeited.

MABPCB will forward the disposition of the investigation of the grievance within 60 days of all required documentation.





## B. Reciprocity

Professionals that hold eligible certifications or licenses are able to transfer their credentials between jurisdictions that use IC&RC products.

Boards may offer reciprocity to certified or licensed professionals in other jurisdictions and have the authority to set reciprocity requirements for entry to their jurisdiction. Not all certifications and licenses are eligible for reciprocity. It is vitally important that certified professionals investigate reciprocity prior to relocating to another jurisdiction, because it can be a very complicated process. It is recommended to reciprocate at least three months prior to a credential's expiration.

### Reciprocity Process

1. Professional contacts the IC&RC Member Board in the jurisdiction to which s/he wants to relocate to learn about the requirements to reciprocate credential.
2. Professional contacts current IC&RC Member Board for Reciprocity Application.
3. Professional completes the application and returns it to current board with the appropriate fee.
4. Current board verifies application and sends it to IC&RC.
5. IC&RC approves the application, notifies the professional, and sends it to board in new location.
6. New board contacts professional when the process is completed.



## C. MABPCB Ethics Committee Policy and Procedure

In filing a formal complaint, the information provided will determine the action to be taken by the Board. The complaint must contain first-hand information. The person filing the complaint must provide a statement in their own words describing the nature of the complaint and include as many details as possible, such as dates, time, and documented evidence relative to the complaint. The emphasis should be on providing necessary factual information. They must describe any action taken prior to contacting the Board.

A complaint can be submitted by anyone who believes that a credentialed professional of MABPCB has engaged in conduct that conflicts with the ethical guidelines which are related to their professional responsibilities.

**Note:** The Board can only investigate credentialed professionals who have been credentialed through MABPCB, or Applicants who are actively seeking credentialing through MABPCB.

The Board can only investigate valid complaints that are violations of MABPCB Code of Ethics and are within its jurisdiction (Maryland).

The decision to or not to investigate the complaint will be sent to the person filing the complaint.

Within 10 days of receipt of a complaint, the Board will send a written notification of receipt to the complainant. Then, the complaint is investigated, and if no violation can be substantiated, the case will be closed, and the complainant will be notified.

If the case involves criminal activity, the agency/agent filing the complaint will be responsible for legal follow up; after which said agency/agent will inform the Board of the action taken.

The MABPCB may deny certification to any Applicant. The Board may also fine, reprimand, place on probation, suspend, or revoke a credential, if it is determined that an Applicant or credentialed professional has violated the regulations governing the practice of a Certified Chemical Dependent Counselor, Certified Criminal Justice Professional, Certified Co-Occurring Disorder Professional, Certified Clinical Supervisor, Certified Peer Recovery Specialist, and Registered Peer Supervisor.

The complainant must fill out the official complaint form and, within 10 days of receipt, return it to:

MABPCB  
Attn: Ethics Committee



# MABPCB

## Ethics Complaint Form

**Please Type or Print**

Check One:

- CCDC   
  CCS   
  CCJP   
  CCDP   
  RPS   
  CPRS

**Subject's Information:**

**Printed Name:** Last, First, Middle:

**Birthdate:**

**Certification #:**

**Home Ph #:**

**Cell Ph #:**

**Home Address:**

**Street #:**

**City:**

**State:**

**Zip code:**

**Employer Name:**

**Work Phone #:**

**Fax #:**

**Work Address:**

**City:**

**State:**

**Zip Code:**

**Complainant's Information:**

**Printed Name:** Last, First, Middle

**Credential:**

**Certification#:**

**Date of Incident:**

**Relation to subject named above:**

**Name of Business:**

**Street #:**

**City:**

**State:**

**Zip Code:**

**Details of Complaint:**  
**who, what, when, where, why, how**

**Signature:**

**Date:**



Celebrating 40 Years Certifying Maryland's

Substance Use and Behavioral Health Professionals

## Recovery Specialist

# D. PEER SUPERVISION LOG

DATE	DOMAIN	TIME	TYPE OF SUPERVISION (I/G)	RPS SUPERVISOR NAME & NUMBER (print)	RPS SUPERVISOR SIGNATURE


I \_\_\_\_\_ *certify* that all *information provided* as part of the CPRS application is true and correct to the best of my knowledge. I give my consent for MABPCB to contact the RPS of record to verify the information provided.

\_\_\_\_\_  
Peer Recovery Specialist Signature

\_\_\_\_\_  
Date