



Maryland Addiction and Behavioral-Health Professionals Certification Board
Certified Peer Recovery Specialist Recertification Application

Please complete the checklist below verifying all material requested for the recertification process are completed and enclosed before mailing.

	Yes	No
1. Completed CPRS Recertification Application	_____	_____
2. Attach training certificates (Minimum 20 hours of related coursework; <u>at least a 6-hour Ethics training course</u>)	_____	_____
3. Completed and signed questions page	_____	_____
4. Signed copy of the “Principles and Guidelines”	_____	_____
5. \$125 check made payable to: MABPCB	_____	_____

The above completed checklist verifies that this recertification application packet has been completed prior to submission.

Signature of Applicant

Date

**Mail your recertification packet to:
MABPCB
10807 Falls Road #1376
Brooklandville, MD 21022**



APPLICATION FOR RECERTIFICATION

MARYLAND CERTIFIED PEER RECOVERY SPECIALIST

PLEASE PRINT CLEARLY

PART I - Contact Information

DATE: _____ CPRS CERTIFICATE # _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET

CITY STATE ZIP CODE

HOME PHONE _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PART II - TRAINING RECORD

Please list all completed continuing education trainings and the number of CEU hours for each. Attach/include a copy of certificates for each training.

TRAINING	DATE	LOCATION	HOURS	MABPCB#

PART III - CURRENT EMPLOYMENT/VOLUNTEER EXPERIENCE

Are you currently employed/volunteering as a Peer Recovery Specialist? ___ YES ___NO

If YES,

What is your Job Title? _____

Name of Employer: _____

How many hours per week do you work? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

If NO,

Are you looking for work as a CPRS? _____

Are you working in another capacity? _____

What is your Job Title? _____

Name of Employer: _____

How many hours per week do you work? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

PART IV - SUPPLEMENTAL INFORMATION

Have you served in the Military Services? ___ YES ___ NO

Foreign Language skills ___ Spanish ___ American Sign Language ___ Other

Proficiency Level: ___ Native/Bilingual (fluent - can read/write/speak/translate)

___ Working Proficiency (can translate/speak/write)

___ Limited Proficiency (can speak/understand to an extent)

Do you have experience working with the following populations?

___ Veterans ___ Homeless ___ Addictions ___ Victims of Trauma ___ Families ___ Youth

___ Intellectual/Developmental Disabilities ___ Deaf/Hard of Hearing/Deaf-Blind ___ Older Adults

___ Other (specify) _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I certify that I am at least 18 years of age and have a minimum of two years demonstrated continuous and current recovery before applying for recertification. I also certify that I am a current or former consumer of mental health and/or substance use services. I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways which did not abuse, neglect or exploit any consumer or family member situation in my role as a Certified Peer Recovery Specialist. I understand that acceptance of this application indicates only that I have the necessary experience, training and supervision to work in the capacity of a Peer Recovery Specialist. I understand that all personal information will remain confidential and data will only be used in a non-identifying manner.

Signature of Applicant _____ **Date** _____

INTEGRITY DOCUMENT

Please answer “yes” or “no” to the following questions for **incidents since your last certification period** and return this form with your application

1. Has any State certifying or Disciplinary Board or a comparable body in the Armed Services denied your application for certification, licensure, reinstatement or renewal or taken action against your certification or licensure, including, but not limited to reprimand, suspension or revocation? _____
2. Have you ever surrendered or failed to renew a licensure or certification in any State? _____
3. Are there any outstanding complaints, investigations, or charges against you in any State by any licensing, certifying or disciplinary Board, or a comparable body in the Armed Services? _____
4. Have you any physical or mental illness that impairs you ability to practice your profession? _____
5. During your last certification period have you plead guilty, nolo contendere or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)? _____
6. Have you ever plead guilty, nolo contendere, or been convicted of or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense? _____
7. Has any hospital or related health care institution or employer denied any application for privileges of employment, failed to renew your privileges or contract or limited, restricted, suspended, revoked or terminated your privileges or contract for any reason related to your practice? _____
8. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reasons related to your practice? _____
9. Has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you? _____

Please sign and attach a detailed explanation for any questions answered “YES”.

SIGNATURE _____ **DATE** _____

PRINCIPLES AND GUIDELINES FOR CERTIFIED PEER RECOVERY SPECIALISTS

A Certified Peer Recovery Specialist's sole mission is to help individuals 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