



## ***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 individuals living with behavioral health disorders. This is a reciprocal credential offered at the international level.*

There are certain knowledge areas and skills that are required to provide effective peer recovery support services to individuals living with behavioral health disorders. Certified Peer Recovery Specialists must demonstrate the ability to provide effective services including advocacy, mentoring, education, recovery support, and engage in ethical responsibility. In addition, Certified Peer Recovery Specialists must provide services with whom they have experiential expertise, and be knowledgeable of the integrated services provided by the behavioral health systems.

### **THE FOUR CPRS PERFORMANCE 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 individuals 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.

## EXPERIENCE

500 hours of specific paid or volunteer peer recovery support experience in a clinical or community setting (inpatient, outpatient, residential, community or outreach) in the last two years is required. 500 hours equals three months of full-time (40 hours per week) work. Experience does not have to all occur in one setting, but it must occur in the context of working with peers with behavioral health or recovery support issues, coincide with the performance domains, and be documented by a supervisor. Experience may be concentrated in any of the following: substance use, mental health, co-occurring disorders, or trauma-informed care.

**Applicant must be currently performing direct peer recovery work, either paid or unpaid, in an approved setting at the time the application is submitted.**

## EDUCATION

### Academic Requirements:

- A minimum of a high school diploma or GED, verified via transcript.

### Specialized Training:

- 46 total hours are required. Of those 46 hours of behavioral health specific training, 10 hours will each be in domains 1, 3 and 4, and 16 hours will be in domain 2. These trainings may include a concentration on substance use disorders, mental health, co-occurring disorders, or trauma-informed care. Overall training will involve integrated care.
- **One of the trainings must be a week-long, pre-approved core training, e.g. CCAR Recovery Coach Academy, WRAP® Facilitator Training, Intentional Peer Support (IPS) or the DBSA Peer Specialist Training. See APPENDIX for complete list of pre-approved trainings.**
- Emphasis should be given to ensure the applicant has had training to properly engage in the state's Recovery Oriented System of Care (ROSC) and health home environments. 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, relapse prevention, trauma, motivational enhancement and the stages of change. 6 hours of recovery support specific ethics is mandatory (included in domain 2).
- Training may be in the form of workshops, seminars, institutes, in-services, college/university credit courses and MAPCB approved distance education. Education must be specifically related to the knowledge and skills necessary to perform the tasks within the four domains, and must be obtained within the last 10 years.
- In-service training is defined as "training provided within an agency by an agency employee, which has been approved by MAPCB." 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. Maximum in-service hours for the CPRS application is 12 hours.**
- Hours of education are measured at 60 minutes = 1 clock hour. College credits are measured by their hours described in official college catalogs or transcripts with a typical 3-credit course = 36 clock hours. Exceptions are evaluated on an individual basis. All education must be documented.

## SUPERVISION

- Documentation of 25 hours of supervision, at least 5 hours in each of the domains and 5 hours of general supervision which includes self-care must be submitted (see supervision document on page 11 for additional information). Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge. Supervision must take place in a setting where behavioral health and/or recovery and crisis support services are being provided. Supervision may occur as part of eligible work experience, or independently, and may be completed under more than one supervisor or agency. All supervision hours must be documented.
- Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
- Supervisors must have two (2) years' experience supervising peer recovery specialists in the behavioral health and/or recovery and crisis support field.
- **Supervision must be provided by an individual who has completed 6 hours of pre-approved Peer Recovery Specialist Supervisor Training.**

## PERSONAL PEER RECOVERY SPECIALIST STATEMENT

The applicant must document two (2) years sustained recovery as defined in the literature (see page 15 for a definition). Documentation will be required through a personal Peer Recovery Specialist statement.

## REFERENCES

The applicant must provide three recovery references with an acceptable score on each one. One reference must be from a sponsor, accountability partner or former counselor regarding the applicant's recovery experience; two 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. **References must be returned directly to the Board by the raters.**

*Submitting falsified course certificates, transcripts, diplomas and other documents ascertaining qualifications (i.e., name inserted, dates changed, or supervision requirements falsely reported) will invalidate an application.*

## CODE OF ETHICS

Applicants must sign a peer recovery specialist-specific code of ethics statement or affirmation statement. The certification board must have a written enforcement and appeals mechanism to maintain ethical standards.

## RECERTIFICATION

20 hours of peer recovery specialist-specific continuing education earned every two years, six hours of which must be in ethics.

## RESIDENCY REQUIREMENT

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

## FEES

Certification: (includes application and exam fees) (fees must accompany application and materials)	\$100
Recertification:	\$100

## CERTIFICATION TIME PERIOD

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

## 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 applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## EXAMINATION INFORMATION

**Type:** This credential requires successful completion of the IC&RC exam which is offered as a computer based exam. Two hours are permitted to complete the 75 question, multiple choice exam. Candidates will be notified by MABPCB, once application for certification is approved, on how to register for the computer based exam.

**Content:** 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.

**Candidate Guide:** The Candidate Guide is available for download from the CPRS page.

**Study Guides:** *The CPRS Study Guide is not yet available.* Once a Study Guide is available, all test candidates will be notified.

**Dates:** 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.

**Locations:** 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.

**Special Situations:** Individuals 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.

**Cancellation/Rescheduling Policy:** 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 \$35.00 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 \$25.00 cancellation/rescheduling fee.

**Retest:** Candidates failing the exam can retest after a 60 day waiting period from date of last taking the exam. Candidates will be sent retest instructions from MABPCB.

## **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 including six hours in ethics and responsibilities received within the two year recertification cycle.
3. Verify that you have reviewed, read and will uphold by practice the MABPCB Principles and Guidelines for Certified Peer Recovery Specialists;
4. Complete an application and pay the recertification fee.

## **LAPSED CERTIFICATION**

The completed recertification application should be received at MAPCB prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by 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 \$100 Fee is due if the recertification is late between one day and 12 months. After 12 months, no recertification is possible and applicant would have to reapply for the certification, meeting all current requirements.

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## 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 ☐ CCDP ☐ 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

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 \$100 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. Supervision must be provided by an organization's 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.

Supervisors must have two (2) years' experience supervising peer recovery specialists in the behavioral health and/or recovery and crisis support field.

**Supervision must be provided by an individual who has completed 6 hours of pre-approved Peer Recovery Specialist Supervisor Training.**

Please attach your resume and any credentials to this form when you send it back.

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)

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

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM DIRECTLY TO:

MARYLAND ADDICTIONS and BEHAVIORAL-health PROFESSIONAL CERTIFICATION BOARD  
10807 Falls Rd., PO Box #1376, Brooklandville, MD 21022

***Please do not return this form to the applicant***

## **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.

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Signature

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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:**

## **DIRECTIONS/CHECKLIST**

- ☐ Official transcript is required and sent directly from your high school/GED program to the MABPCB Office.
- ☐ Certificates/letters of attendance for trainings you took that are pertinent to the four domains. Fill out the Education/Training form to accompany your documentation. *46 hours*
- ☐ All required documentation to support employment (i.e. letters from former employers verifying employment, and current job description, signed and dated by you and your supervisor(s) on organization letterhead). *500 hours*
- ☐ Personal Peer Recovery Specialist Statement filled in by you.
- ☐ References' Evaluation Forms sent directly by them to the MABPCB office.
- ☐ You sign and date the Principles and Guidelines.
- ☐ Release form notarized by a notary public.
- ☐ Supervision form completed and signed by supervisor, and sent directly to the MABPCB office. *25 hours*
- ☐ Fee of \$100. 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.

When the application is approved, you will be notified by mail. Your certificate will be mailed within 30 days. If there are any problems with the application, you will be notified by email or phone.

Keep a photocopy of the entire application. 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)

## 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 individuals 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 individuals 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

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)

[illegible]

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:

MARYLAND ADDICTIONS and BEHAVIORAL-health PROFESSIONAL CERTIFICATION BOARD

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

***Please do not return this form to the applicant***

## RECOVERY REFERENCE FORM

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:

MARYLAND ADDICTIONS and BEHAVIORAL-health PROFESSIONAL CERTIFICATION  
BOARD

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

***Please do not return this form to the applicant***

**APPENDIX**

**PRE-APPROVED TRAININGS**

**FOR THE CPRS**

## PRE-APPROVED TRAININGS FOR CPRS DOMAINS



### EDUCATIONAL REQUIREMENTS

ADVOCACY (ADV) - 10 HOURS  
 ETHICAL RESPONSIBILITY (ETH) - 16 HOURS  
 MENTORING/EDUCATION (M/E) - 10 HOURS  
 RECOVERY/WELLNESS SUPPORT (R/W) - 10 HOURS

**1 CORE TRAINING REQUIRED**      \* = **CORE TRAINING**

### HOURS

TRAINING TITLE	ADV	ETH	M/E	R/W	TOTAL HRS
<b>RECOVERY COACH ACADEMY (CCAR) *</b>	7.5	9	5.75	8.75	31
<b>WRAP® FACILITATOR TRAINING *</b>	4.5	9	7	2.5	22
<b>DBSA PEER SPECIALIST TRAINING *</b>	5	7	6	14	32
<b>INTENTIONAL PEER SUPPORT (IPS) *</b>	3	4	20	3	30
WRAP® BASIC CLASS	1		1	8	10
MAGELLAN (Online) Peer Support E-Course 1: Peer Specialists 101: Research, Core Competencies and Ethics		1			1
MAGELLAN (Online) Peer Support E-course 2: The Five Stages in Recovery and the role of Peer Specialists				1	1
MAGELLAN (Online) Peer Support E-course 3: Using Your Recovery Story	1				1
MENTAL HEALTH FIRST AID	1	1	2.5	3.5	8
ANNUAL CPRS SUMMIT (Office of Consumer Affairs)	2	2	2		6
ANTI-STIGMA PROJECT WORKSHOP (OOOMD)	1			1	2
DOMAIN SPECIFIC TRAININGS Offered by the State (6 HOURS EACH)	6	6	6	6	
NAMI HEARTS & MINDS	1.5	0.75	2.25		4.5
NAMI CONNECTIONS FACILITATOR TRAINING	3.5	4	4	1.75	13.25
NAMI PEER-TO-PEER RECOVERY EDUCATION PROGRAM	6.4	1.2	5.5	3.25	16.35
NAMI P2P MENTOR TRAINING	10	2	5	3	20
NAMI P2P MENTOR TRAIN THE TRAINER	2.6	1.3	1.75	2.75	8.4

NAMI IN OUR OWN VOICE PRESENTER TRAINING	4.25	.25	4.7	1.25	10.45
NAMI IN OUR OWN VOICE TRAIN THE TRAINER	4.25	0.25	4.7	1.25	10.45
NAMI SMARTS FOR ADVOCACY	2.3	0.7	2.0	0.3	5.3
MOSAIC Certified Peer Specialist Training	10	17.5	10	21	58.5
MISSION RECOVERY Peer Specialist Training	10	20	10	10	50

#### **INTERNATIONAL ASSOCIATION OF PEER SUPPORTS (iNAPS) PRESENT AND PAST WEBINARS**

These webinars offer 1 hour in various domains. Submit the certificate and the Peer Review Committee will determine to which domain the webinar applies.

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