

Certified Recovery Peer Specialist Work or Volunteer Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named in Part 1 of this form to verify and document his or her related work or volunteer experience in pursuit of the Certified Recovery Peer Specialist (CRPS) designation.

Please carefully read the Description of a Certified Recovery Peer Specialist and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Recovery Support Specialist Related Work Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Work Experience Verification (applicant name)

Description of a Certified Recovery Peer Specialist (CRPS)

The Certified Recovery Peer Specialist (CRPS) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a CRPS helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery from substance use or mental health conditions. The CRPS achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Specialist must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Related Work Experience Requirements

500 hours of supervised work and/or volunteer experience providing peer-to-peer recovery support services in any of the following domains of practice:

1. Advocacy
2. Mentoring
3. Recovery Support

Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.

Experience must have been gained within the last 5 years.

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Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Applicant Name: _____

Employer: _____

Type of Position (select all that apply): ☐ Full-time ☐ Part-time ☐ Paid ☐ Volunteer

Position Title: _____

Employment Dates: _____

Immediate Supervisor: _____

Part 2: To be completed by the personnel officer or designee only.

Section A: Verifier's Information	
Last Name _____	First Name _____
Title _____	Employer _____
Employer Webpage Address _____	Business Phone _____
Work Address Line 1 _____	
Work Address Line 2 _____	
City _____	State _____
Zip code _____	County _____
Section B: Experience Attestation	
<p>I have read and understand the on-the-job experience requirements for Recovery Peer Specialist (CRPS) certification. The following information can be verified by employment records maintained by the agency.</p> <p>Applicant's Position Description Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*If no, please attach a written description of the applicant's duties on agency letterhead.</p> <p>Applicant's Dates of Employment/Service Provision: _____</p> <p>Type of Position (select all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer</p> <p>Average number of hours per week providing related services: _____</p> <p>By my signature, I attest that the above material is true to the best of my knowledge.</p>	
Signature _____	Date _____