



# **Certified Peer Recovery Specialist (CPRS) APPLICATION MANUAL**

## **ARIZONA BOARD for CERTIFICATION of ADDICTION COUNSELORS**

**Address: P.O. Box 83165 Phoenix, Arizona 85071**

**Email: [abcac@abcac.org](mailto:abcac@abcac.org)**

**Phone: 602-402-7197**

**Website: [abcac.org](http://abcac.org)**

ABCAC is a member of the International Certification Reciprocity  
Consortium / Alcohol and Other Drug Abuse  
(IC&RC / AODA)

## **DIRECTIONS/CHECKLIST**

- Documentation of high school diploma/GED or official transcript required sent directly from college/university to the ABCAC.
- Certificates of attendance for trainings.
- Current job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Sign and date the ABCAC Certified Peer Recovery Specialist Code of Ethical Conduct.
- Supervision form completed and signed by supervisor.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application and any relevant documentation.
- If you have ever been convicted of a felony, please include a letter of explanation with your application and any relevant documentation.
- A check or money order made out to ABCAC for \$200. This includes the application manual, testing, and processing fees.

If there are any problems with the application, you will be notified.

*Keep a photocopy of the entire application.*

Applicants can email or mail the completed application, copies of certificates of attendance, attachments to:

**ABCAC**  
**P.O. Box 83165 Phoenix, Arizona 85071**  
Phone: 602-402-7197  
Email: [abcac@abcac.org](mailto:abcac@abcac.org)  
Website: [abcac.org](http://abcac.org)

## **ROLE OF CPRS**

The Certified Peer Recovery Specialist (CPRS) is designed for individuals with personal, lived experience in their own recovery or experience as a family member or loved one. Peer support services are an important component in a recovery oriented systems of care. By offering insight into the recovery process based on their own experience, peers are able to provide a unique perspective to those with similar life issues.

The role of the CPRS reflects a collaborative and strengths-based approach, with the primary goal being to assist individuals and family members in achieving sustained recovery from the effects of addiction and/or mental health issues. CPRSs are not clinicians; they serve in a supportive role within the community and/or treatment setting. They do not replace other professional services; they complement the existing array of support services. The peer is not a sponsor, case manager or a therapist but rather a role model, mentor, advocate and motivator. Services provided by the CPRS are a permanent critical component of the continuum of care services that will substantially improve an individual's ability to sustain recovery and wellness.

The primary function of the CPRS is to provide individuals and family members in recovery with a support system to develop and learn healthy skills and gain access to needed community resources. CPRSs serve people in the recovery process by supporting them in accessing community-based resources, implementing self-directed recovery/wellness plans and navigating state and local systems (including addiction and mental health treatment systems). They encourage individuals to develop a strong foundation in recovery (e.g. establishing support systems, self-care, independence/self-sufficiency, healthy coping skills) that support long-term wellness and recovery.

## **REQUIREMENTS FOR CPRS**

### **Employment**

- 500 hours of supervised volunteer or paid practical experience specific to the domains.
- Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised substance abuse internship, or practicum may be applied toward the employment requirement.
- Supervised work experience must be in the four CPRS domains.

### **Supervision**

- 25 hours of supervision specific to the domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.

### **Education**

- High school diploma/GED.
- 46 hours of education relevant to domains, of which ten (10) are specific to Advocacy, ten (10) are specific to Mentoring/Education, ten (10) are specific to Recovery/Wellness Support and 16 are specific to Ethical Responsibility.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and ABCAC approved distance education. There is no limit to the number of distance learning/online education that can be submitted.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

### **Examination**

- Pass the IC&RC Peer Recovery Specialist Examination.

### **Other**

- Signed and dated ABCAC Peer Recovery Specialist Code of Ethical Conduct statement.
- Current job description dated and signed by supervisor and applicant.
- Applicant must either live or work at least 51% for a year in Arizona at the time of application.

### **Certified Peer Recovery Domains**

1. Advocacy
2. Mentoring/Education
3. Recovery/Wellness Support
4. Ethical Responsibility

## Fees

Test:	\$150
Retest:	\$150
Application Manual	\$50
Re-certification	\$100

## CERTIFICATION TIME PERIOD

CPRS encompass two calendar years and may be recertified. 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 ABCAC accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to ABCAC in writing within 30 days of the notification of the board's action. A person shall be considered notified three 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 an IC&RC exam. This exam is offered as an on-demand computer based exam administered at an approved testing site. Candidates may register for the exam after application approval.

**Dates:** The IC&RC computer based exam is offered on-demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them.

**Content:** The IC&RC Job 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.

**Locations:** Computer based exams can be taken at either the testing site in Phoenix or in Flagstaff.

**Special Situations:** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to ABCAC 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 ABCAC on what constitutes official documentation. ABCAC will make arrangements for appropriate modifications to its procedures when documentation supports this need.

**Cancellation/Rescheduling Policy:** Individuals who cancel or don't show up for their test will have to pay again in order to take the test. If there are extenuating circumstances then the candidate will not have to pay again. Extenuating circumstances must be communicated and approved with ABCAC and documentation must be provided by the candidate.

**Retest:** Candidates failing the exam can retest after a 60 day wait period from date of last taking the exam and must pay each time.

## RECERTIFICATION

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

To be recertified as a CPRS, an individual must:

1. Hold a current and valid certificate issued by ABCAC;
2. Acquire 20 hours of ABCAC approved continuing education. This 20 hours must include six (6) hours in professional ethics and responsibilities and three (3) hours of cultural diversity received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the ABCAC Peer Recovery Specialist Code of Ethical Conduct for professional behavior;
4. Complete a re-certification application and pay the re-certification fee of \$100.

## **LAPSED CERTIFICATION**

The completed recertification application should be received at ABCAC prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email.

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. There will be a \$10 per month late fee for each month after the credential has expired. After 12 months, you must re-apply for your credential(s) and complete all the requirements for initial certification.

# **APPLICATION FOR CERTIFIED PEER RECOVERY SPECIALIST**

*Please type or print only.*

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate*

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

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

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

College/University: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

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

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Employer State: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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

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

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent serving individuals in the recovery process by supporting them in accessing community-based resources, implementing recovery/wellness plans, navigating state and local systems (including addiction and mental health treatment systems) and providing recovery support services. The applicant coaches service recipients to help them develop a strong foundation in recovery (e.g. establishing support systems, self-care, independence/self-sufficiency, healthy coping skills and other skills) that support long-term recovery.

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

Why are you pursuing certification?  
*(required)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **BACKGROUND INFORMATION**

Yes    No    Do you hold, or have you ever held licensure, certification, or registration in any other state?  
If yes, complete the following:

Title of Credential	State	Date Issued	Current Status

Yes    No    Do you hold a certificate through a behavioral health professional association? If yes, give professional credential held:

Yes    No    Have you ever applied for and been denied a license, certificate or registration in any behavioral health profession?

Yes    No    Have you ever had any disciplinary action taken against you by the authority issuing the license, certificate or registration in any behavioral health profession?

Yes    No    Have you ever surrendered or canceled your license, certification or registration in lieu of disciplinary proceedings by the issuing authority in any behavioral health profession?

Yes    No    Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association?

Yes    No    Have you ever been convicted or pled guilty or pled no contest to a criminal offense?

Yes    No    Have you ever been the defendant in a malpractice suit, and either entered into a settlement agreement or paid court-awarded damages, or is there such a suit pending?

Yes    No    Have you ever been involuntary terminated from any behavioral health or related employment for unprofessional conduct?

If the answers to any of these questions are YES, please explain below. Use a separate sheet of paper if necessary and enclose any relevant documents.

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\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





# ABCAC Certified Peer Recovery Specialist

## CODE OF ETHICAL CONDUCT

### UNLAWFUL CONDUCT

- Rule 1.1** Once certified, a certified professional shall not be cited, arrested, or convicted for any summary offense, misdemeanor, or felony relating to the individual's ability to provide substance abuse and other behavioral health services or that reflects conduct unbecoming a certified professional as determined by ABCAC.
- Rule 1.2** A certified professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

### SEXUAL MISCONDUCT

- Rule 2.1** A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with clients, whether such contact is consensual or forced.
- Rule 2.2** A certified professional shall not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation for potential harm to the client.
- Rule 2.3** A certified professional shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.
- Rule 2.4** A certified professional shall not provide clinical services to individuals with whom they have had a prior sexual relationship.

### FRAUD-RELATED CONDUCT

- Rule 3.1** A certified professional shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  3. present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent
  4. proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  5. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.
- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

- Rule 3.4** A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.
- Rule 3.5** A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.
- Rule 3.6** A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

#### **EXPLOITATION OF CLIENTS**

- Rule 4.1** A certified professional shall not develop, implement, or maintain exploitative relationships with clients and/or family members of clients.
- Rule 4.2** A certified professional shall not misappropriate property from clients and/or family members of clients.
- Rule 4.3** A certified professional shall not enter into a relationship with a client who involves financial gain to the certified professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A certified professional shall not promote to a client for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A certified professional shall not ask for nor accept gifts or favors from clients and/or family members of client.
- Rule 4.6** A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.
- Rule 4.7** A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

#### **PROFESSIONAL STANDARDS**

- Rule 5.1** A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A certified professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a certified professional must request inactive status of their ABCAC credential for medical reasons for as long as necessary.

- Rule 5.3** A certified professional shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A certified professional shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A certified professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.
- Rule 5.6** A certified professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** The certified professional shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients.
- Rule 5.8** The certified professional shall not discontinue professional services to a client nor shall they abandon the client without facilitating an appropriate closure of professional services for the client.
- Rule 5.9** A certified professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond their area of training, expertise, competence, or scope of service.

#### **SAFETY & WELFARE**

- Rule 6.1** A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.
- Rule 6.2** All certified professionals are mandated child abuse reporters.

#### **RECORD KEEPING**

- Rule 7.1** A certified professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

#### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

- Rule 8.1** A certified professional shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

#### **DISCIPLINE IN OTHER JURISDICTIONS**

- Rule 9.1** A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

#### **COOPERATION WITH THE BOARD**

- Rule 10.1** A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed.

Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other
4. legal action from being filed, prosecuted or completed;
5. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

**Rule 10.2** A certified professional shall:

1. not make a false statement to the ABCAC or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the ABCAC investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the ABCAC investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A certified professional shall not file a complaint or provide information to the ABCAC, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to ABCAC, a certified professional shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

I have read the entire ABCAC Certified Peer Recovery Specialist Code of Ethical Conduct and subscribe to it

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

Printed Name: \_\_\_\_\_

# RELEASE

I hereby request that ABCAC grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the ABCAC Certified Peer Recovery Specialist Code of Ethical Conduct;

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 ABCAC to officers, members, and staff of the aforementioned Board;

I consent to authorize ABCAC 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 ABCAC before, during, or after application for certification is made will be investigated by ABCAC and could result in the nullification of the application or denial or revocation of certification.

I declare under penalty of perjury that all information I have provided is true and correct:

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

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

Printed Name: \_\_\_\_\_