



Application Form for

**Approved Supervisor**  
to provide supervision to Certified  
Peer Recovery Specialists

## Directions/Checklist

Read the application form thoroughly. Complete and submit the following items to the Minnesota Certification Board. Items may be mailed or hand delivered during office hours.

- Form 1: Application for Approved Supervisor
- Form 2: Certified Peer Recovery Specialist (CPRS) Code of Ethical Conduct
- Form 3: Consent and Release Form
- Payment of \$30

When the application is approved, you will receive an approval letter in the mail. Application packets are typically processed within one month of receipt. If there are any problems with the application, you will be notified by email or phone.

Make sure to retain a copy of the entire application for your records. All materials submitted become property of the MCB. Send your completed application and the fee to:

MCB  
4817 Viking Blvd. Suite 101  
Wyoming, MN 55092  
Phone: 763 434 9787 Fax: 763 413 1746  
Website: [www.mcboard.org](http://www.mcboard.org)  
Email: [mcb@mcboard.org](mailto:mcb@mcboard.org)

## **ABOUT THE MINNESOTA CERTIFICATION BOARD:**

The Minnesota Certification Board (MCB) is the Minnesota member board of the International Certification and Reciprocity Consortium (IC&RC). IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.

IC&RC protects the public by establishing standards, developing examinations and facilitating reciprocity for the credentialing of addiction-related professionals.

## **ABOUT PEER RECOVERY SPECIALISTS:**

Peer Recovery Specialists help a person become ready and willing to seek treatment (if needed) and enter recovery by helping the person explore their options for recovery or treatment. Peer Recovery Specialists ask questions, offer insight, and help service recipients as they become whole, resourceful, and capable of choosing what is best for them.

Peer Recovery Specialists use a strengths-based approach helping service recipients find and utilize their values, assets, and strengths while supporting them in achieving success. They recognize that it is normal for recovering service recipients to have gaps in their skills or development. The role of the specialist is to help service recipients recognize and fill these gaps with the skills needed. Peer Recovery services focus on the present and future and are based on partnership with the recipient.

The role of Peer Recovery Specialists can be viewed on a continuum of services and falls between the role of recovery support individuals/recovery sponsor and the substance abuse or mental health counselors. The role of the Peer Recovery Specialist has emerged from the recognition of a need to reconnect substance abuse and mental health treatment to the larger continuum of recovery management. The peer is not a sponsor or a therapist but rather a role model, mentor, advocate, and motivator.

The Certified Peer Recovery Specialist credential may lend itself to the workforce crisis facing the substance abuse and mental health field today. By the identification of these individuals who are in the recovery community, a pool of recovery experts will be created, some of whom may choose to go on to work in a treatment setting in various capacities. Peer Recovery Specialists may be individuals in recovery, members of recovery community organizations, those affected by substance abuse and mental health, those who work in the substance abuse or mental health field that do not meet the present educational and supervisory criteria for clinical based certifications, and others who possess knowledge and support of long-term recovery.

Formal post-secondary education is not a requirement for obtaining the peer recovery credential. However, emphasis will be placed instead on training, specifically in the domains of advocacy, ethical responsibility, mentoring and education, and recovery/wellness support. Ongoing training will also be required for the maintenance of the peer recovery credential.

## REQUIREMENTS AND POLICIES FOR APPROVED SUPERVISOR

### CRITERIA

- Must be an appropriately certified or licensed professional in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who is knowledgeable of the Peer Recovery domains, the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- A current resume
- 500 hours of volunteer or paid work experience with experience in each of the peer recovery domains (Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility).
- 46 hours of education specific to the peer recovery domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility.

### RESIDENCY

- Applicants must **live or work within the state of Minnesota fifty-one (51%) percent of the time** at the time of the initial application.

### CODE OF ETHICS

- Must sign and date a waiver that you have read and will abide by the Code of Ethical Conduct. Approved supervisors must also be familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services.

### SUPERVISION POLICIES

- Certified Peer Recovery Specialists must be supervised by an appropriately certified or licensed professional in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who is knowledgeable of the Peer Recovery domains, the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- A Supervision Agreement Form (Form 6a) must be on file with the Minnesota Certification Board for any period of time when a Certified Peer Recovery Specialist is providing peer recovery services. For periods of time when peer recovery services are not provided, a Supervision Waiver Form (Form 6b) must be on file with the Minnesota Certification Board. Service may not be provided under the representation of this credential during periods which there is not an approved supervisor on file with the board.
- Supervision must be provided at a rate of one hour of face to face supervision for every twenty hours of service provision. The supervision must be provided regularly and evenly distributed for as long as the credential is maintained. At least 50 percent of the required supervision hours must be received in person. The remaining 50 percent of the required supervision hours may be telephone or technology-based. At least 50 percent of the required hours of supervision must be received on an individual basis. The remaining 50 percent may be received in a group setting.

- Supervision must be documented and signed off on by the supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.
- Supervision must be documented and signed off on by the supervisor on the Monthly Supervision Log (Form 7). Documentation of supervision must be provided to the Minnesota Certification Board upon request.

#### **OTHER**

- Signed and dated Consent and Release Form.

#### **FEES**

- \$30 (includes processing fee and two years of approval)

#### **LENGTH OF APPROVAL**

Approval for supervision is good for two years starting from the date you are approved. An expiration date will be provided to you in a letter. After the expiration of your approval, you must reapply.

## IC&RC PEER RECOVERY DOMAINS

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

Peer Recovery Specialists must have the knowledge necessary to understand the process of the peer recovery domains listed above. Applicants must have competence to perform duties associated with each of these domains in order to be certified as a Peer Recovery Specialist. Definitions are as follows:

- Advocacy
  - a. Serve as the client's individual advocate
  - b. Advocate within systems to promote client centered recovery support services.
  - c. Assure that the client's choices define and drive their recovery planning process.
  - d. Promote client-driven recovery plans by serving on the client's recovery oriented team.
- Mentoring/Education
  - a. Serve as a role model to individuals in recovery including how to constructively share your own story of hope and recovery.
  - b. Establish and maintain a "peer" relationship rather than a hierarchical one.
  - c. Promote social learning through shared experiences.
  - d. Teach clients life skills.
  - e. Encourage clients how to self-advocate.
- Recovery Support
  - a. Serve as an active and equal member of the client's recovery-oriented team(s).
  - b. Assure that all recovery-oriented tasks and activities build on the client's strength and resiliencies.
  - c. Support the client in identifying his or her options and assist client with prioritization related to establishing and achieving recovery goals.
  - d. Support the client's developing problem-solving skills so they can respond to challenges to their recovery.
  - e. Support the client's access to services and supports that will help them attain their individual recovery goals.
- Ethical Responsibility
  - a. Respond appropriately to risk indicators to assure the clients' welfare and physical safety.
  - b. Immediately report suspicions that the client is being abused or neglected to an identified authority.
  - c. Maintain confidentiality.
  - d. Communicate personal issues that impact your ability to perform job duties.
  - e. Assure that interpersonal relationships, services, and supports reflect the clients' individual differences and cultural diversity.
  - f. Document service provisions as required by the employer.
  - g. Gather information regarding the clients' personal satisfaction with their progress toward recovery goals.
  - h. Become familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services.
  - i. Maintain professional boundaries with clients and other professionals.

## Minnesota Certification Board Approved Supervisor (Peer Recovery)

### APPLICATION

|                     |  |               |  |
|---------------------|--|---------------|--|
| Date of Application |  | Date of Birth |  |
|---------------------|--|---------------|--|

|       |  |
|-------|--|
| Name: |  |
|-------|--|

|                   |         |         |                               |                                 |
|-------------------|---------|---------|-------------------------------|---------------------------------|
| Last Four of SSN: | XXX-XX- | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------|---------|---------|-------------------------------|---------------------------------|

|                              |  |            |     |     |
|------------------------------|--|------------|-----|-----|
| Home Address (Street, APT #) |  |            |     |     |
| City                         |  | State      |     | ZIP |
| Home Email                   |  | Home Phone | ( ) |     |

|                                |  |            |     |     |
|--------------------------------|--|------------|-----|-----|
| Work Address (Street, Suite #) |  |            |     |     |
| City                           |  | State      |     | ZIP |
| Work Email                     |  | Work Phone | ( ) |     |

If MCB needs to contact you, please indicate your preference:  Home Contact  Work Contact

**Disciplinary Actions**

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 and attach to this form.*

**Payment Information**

Fee of \$30 paid by:

- Check/Money Order (Payable to MCB)
- Credit Card # \_\_\_\_\_  
 Expiration XX/XX \_\_\_\_\_ CSC# (3 digit code from back of card) \_\_\_\_\_
- Third Party Payer Information \_\_\_\_\_

**Credential**

Attach proof (e.g. certificate) of your good standing certification or licensure in a behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.).

**Resume**

Attach a copy of your current resume to this application form. Please be sure to list all relevant paid and volunteer work experiences related to peer recovery.

**Verification of 500 Hours of Volunteer or Paid Work Experience Relevant to the Peer Recovery Domains**

| <b><i>Advocacy</i></b>               |                |       |                       |
|--------------------------------------|----------------|-------|-----------------------|
| Organization Hours were Completed At | Nature of Work | Dates | Total Number of Hours |
|                                      |                |       |                       |

| <b><i>Mentoring/Education</i></b>    |                |       |                       |
|--------------------------------------|----------------|-------|-----------------------|
| Organization Hours were Completed At | Nature of Work | Dates | Total Number of Hours |
|                                      |                |       |                       |

| <b><i>Recovery/Wellness Support</i></b> |                |       |                       |
|---|----------------|-------|-----------------------|
| Organization Hours were Completed At    | Nature of Work | Dates | Total Number of Hours |
|   |                |       |                       |

| <b><i>Ethical Responsibility</i></b> |                |       |                       |
|--------------------------------------|----------------|-------|-----------------------|
| Organization Hours were Completed At | Nature of Work | Dates | Total Number of Hours |
|                                      |                |       |                       |

**46 Hours of Education Specific to the Peer Recovery Domains**

***Advocacy – Total of 10 hours***

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

***Mentoring/Education – 10 hours***

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

***Recovery/Wellness Support – 10 hours***

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

**Ethical Responsibility – 16 hours**

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

|                          |  |                                    |  |
|--------------------------|--|------------------------------------|--|
| Title of Training:       |  |                                    |  |
| Sponsoring Organization: |  |                                    |  |
| Presenter Name(s):       |  |                                    |  |
| Date(s) of Training:     |  | Hours Completed<br>in This Domain: |  |

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS) and  
Certified Peer Recovery Specialist Reciprocal (CPRSR)  
CODE OF ETHICAL CONDUCT**

**UNLAWFUL CONDUCT**

- Rule 1.1** Once certified, a Certified Peer Recovery Specialist/Certified Peer Recovery Specialist Reciprocal (hereafter referred to as CPRS) 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 CPRS as determined by MCB,INC.
- Rule 1.2** A CPRS shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

**SEXUAL MISCONDUCT**

- Rule 2.1** A CPRS shall, under no circumstances, engage in sexual activities or sexual contact with an active client, whether such contact is consensual or forced.
- Rule 2.2** A CPRS 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 CPRS shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.
- Rule 2.4** A CPRS shall not provide services to individuals with whom they have had a prior sexual relationship.

**FRAUD RELATED CONDUCT**

- Rule 3.1** A CPRS 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.
  4. present 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 CPRS shall not provide service under a false name or a name other than the name under which his or her certification is held.
- Rule 3.5** A CPRS 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 CPRS shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A CPRS 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 CPRS 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 CPRS shall not develop, implement, or maintain exploitative relationships with clients and/or family members of clients.
- Rule 4.2** A CPRS shall not misappropriate property from clients and/or family members of clients.
- Rule 4.3** A CPRS shall not enter into a relationship with a client which involves financial gain to the CPRS 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 CPRS shall not promote to a client for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A CPRS shall not ask for nor accept gifts or favors from clients and/or family members of client.
- Rule 4.6** A CPRS shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.
- Rule 4.7** A CPRS 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 CPRS is employed.

#### **PROFESSIONAL STANDARDS**

- Rule 5.1** A CPRS shall not in any way participate in discrimination on the basis of race, color, sex, sexual/gender orientation, age, religion, national origin, socioeconomic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A CPRS who fails to seek assistance under professional care for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other type of physical or mental health related adversity that interferes with his/her professional functioning shall

be in violation of this rule. Where any such conditions exist and impede his/her ability to function competently, a CPRS must request inactive status of their CPRS certificate for medical reasons for as long as necessary, not forsaking timely recertification. Such assistance for impairment may be obtained from a variety of professional mechanisms to maintain wellness, including therapy, support systems/groups, psychiatric nurses, medication management, etc.

- Rule 5.3** A CPRS shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A CPRS shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A CPRS shall not perform services outside of his/her area of training, expertise, competence, or scope of practice.
- Rule 5.6** A CPRS 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 CPRS 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 CPRS shall not discontinue professional services to a client nor abandon the client without facilitating an appropriate closure of professional services for the client.
- Rule 5.9** A CPRS shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond his/her area of training, expertise, competence, or scope of service.

#### **SAFETY & WELFARE**

- Rule 6.1** A CPRS 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 CPRS's are mandated child abuse reporters.

#### **RECORD KEEPING**

- Rule 7.1** A CPRS 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 CPRS 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 CPRS 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 MCB, Inc. of such disciplinary action.

## COOPERATION WITH THE BOARD

**Rule 10.1** A CPRS 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. willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. 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. 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 legal action from being filed, prosecuted or completed;
4. refusal to accept and/or respond to a letter of complaint, allowing a certificate to lapse while an ethics complaint is pending, or attempting to resign a certification while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified CPRS's certification until the ethical complaint is resolved.

**Rule 10.2** A CPRS shall:

1. not make a false statement to the MCB, Inc. or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleagues could take corrective action;
3. report violations of professional conduct of other CPRS's to the appropriate licensing/disciplinary authority when he/she knows or should have known that another CPRS has violated ethical standards and has failed to take corrective action after informal intervention.
4. Will not practice counseling skills if not a licensed counselor.

**Rule 10.3** A CPRS 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 CPRS with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with MCB Inc. investigation or disciplinary proceeding. Failure or unwillingness to cooperate in MCB Inc. investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A CPRS shall not file a complaint or provide information to MCB, Inc. which he/she knows or should have known, is false or misleading.

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

**Minnesota Certification Board  
Approved Supervisor (Peer Recovery)**

**CONSENT & RELEASE FORM**

I request that MCB approve me to provide supervision to Certified Peer Recovery Specialists:

- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct.
- I will become familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- I have read and understand the Peer Recovery domains. I possess the competence necessary to perform duties associated with each of these domains.
- I understand that I must maintain all criteria including good standing certification or licensure.
- I certify that the information given in this application is true and complete to the best of my knowledge. 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 allow MCB to publicly list my name as an approved supervisor.
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by MCB to officers, members, and staff of Board.

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

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

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