



Application Packet for

# **Upgrade from CPRS to CPRSR**

## Directions/Checklist

Read the application packet thoroughly. Submit your application forms in the following order with supporting documents. You are only required to submit material sufficient to meet the requirements of the certification for which you are applying. If you have used any names other than the name on the application, please submit legal documentation of a name change along with the Peer Recovery Specialist.

All information must be typed or printed legibly. Items may be mailed or hand delivered during office hours. ALL APPLICATIONS NEED TO BE SUBMITTED IN HARDCOPY. E-mailed or faxed applications will not be accepted.

- Form 1: Application
- Form 2: Documentation of 500 hours of work experience
- Form 3: Documentation of 25 hours of supervision
- Form 4 Documentation of 6 additional hours of education
- Payment of \$30 (If paying by check, it must be included and made payable to MCB)

When the application is approved, you will receive an approval letter and proof of certification 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 photocopy of the entire application for your records. All materials submitted become property of the MCB and may be disposed of after 3 years. Send your completed application, accompanying materials, 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)

## **UPGRADING FROM CPRS (Certified Peer Recovery Specialist) to CPRSR (Certified Peer Recovery Specialist Reciprocal)**

This packet allows you to upgrade your non-reciprocal Certified Peer Recovery Specialist credential to the Certified Peer Recovery Specialist Reciprocal. The upgrade is based on acquiring 500 hours of work experience, 25 hours of supervision and 6 hours of additional education. Your CPRS must be current and in good standing to be eligible for the upgrade process.

### **COMPLETE UPGRADE APPLICATION (FORM 1)**

### **DOCUMENTATION OF WORK EXPERIENCE (FORM 2)**

EXPERIENCE: 500 hours of volunteer or paid supervised work experience specific to the Peer Recovery domains are required.

- Experience must have been gained within the last seven years
- Experience is based on the applicant providing direct services relevant to the peer recovery domains
- Applicant must be clinically supervised by an individual who is knowledgeable of the peer recovery domains
- Experience may be gained as an intern, volunteer, or paid employee for an organization providing peer recovery services

Applicant must document their experience on the Documentation of Work Experience form (Form 2). Submit a separate form for each program where you have accumulated experience that you wish to apply toward your application.

### **DOCUMENTATION OF SUPERVISION (FORM 3)**

SUPERVISION: 25 hours of supervision specific to the Peer Recovery domains are required.

- Supervision must have been provided by an organization's documented and qualified supervisory staff per job description. The supervisor must have been 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.
- Supervision must be documented and signed off on by the supervisor on the Documentation of Supervision Form (Form 3).
- Supervision must have been provided at a rate of one hour of face to face supervision for every twenty hours of service provision. The supervision must have been provided

regularly and evenly distributed. At least 50 percent of the required supervision hours must have been received in person. The remaining 50 percent of the required supervision hours may have been telephone or technology-based. At least 50 percent of the required hours of supervision must have been received on an individual basis. The remaining 50 percent may have been received in a group setting.

- If the supervisor does not possess the CPRSR credential from the Minnesota Certification Board (or equivalent reciprocal level peer recovery credential from another IC&RC board), they must attach a resume, a statement explaining their experience in the following peer recovery domains (Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility), a statement documenting 500 hours of volunteer or paid peer recovery work experience specific to the domains, a copy of the proposed supervisor's good standing credential, and documentation of 46 hours specific to the 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. A more detailed explanation of the peer recovery domains is available from the Minnesota Certification Board upon request.

#### **DOCUMENTATION OF ADDITIONAL EDUCATION/TRAINING (FORM 4)**

The Certified Peer Recovery Specialist (CPRS) credential required you to have the following education/training:

- High school diploma or jurisdictionally certified high school equivalency
- A minimum of 40 hours of documented training specific to the Peer Recovery domains:
  - At least 8 hours in the domain of Advocacy
  - At least 8 hours in the domain of Mentoring/Education
  - At least 8 hours in the domain of Recovery Support
  - At least 16 hours in the domain of Ethical Responsibility

The Certified Peer Recovery Specialist Reciprocal (CPRSR) credential requires:

- High school diploma or jurisdictionally certified high school equivalency
- A minimum of 46 hours of documented training specific to the Peer Recovery domains:
  - At least 10 hours in the domain of Advocacy
  - At least 10 hours in the domain of Mentoring/Education
  - At least 10 hours in the domain of Recovery Support
  - At least 16 hours in the domain of Ethical Responsibility

To upgrade to the CPRSR credential you must document how you have acquired the additional training required for the CPRSR credential which includes:

- Additional 2 hours in the domain of Advocacy
- Additional 2 hours in the domain of Mentoring/Education
- Additional 2 hours in the domain of Recovery Support

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and approved distance education.

- One clock hour of education is equal to (50) minutes of continuous instruction.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the IC&RC Domains for this credential.
- All education must be documented. Applicants are responsible for securing and submitting documentation of attendance, the number of contact hours, dates, and content descriptions.
- Transcripts, certificates of completion, or other verifications must be attached.

Sources of Education - Acceptable sources of education are listed below. Education obtained through a source other than those listed must be submitted to MCB for approval.

- College and University Credit Courses: Courses taken for credit that are specific to the IC&RC Alcohol and Drug Counselor Domains and offered by an accredited institution of higher education will be accepted toward completion of this standard. Credit is not allowed for any 5 audited college courses. One college credit (semester system) is the equivalent of 15 contact hours.
- Workshops, seminars, institutes, and in-services that are specific to the IC&RC Alcohol and Drug Counselor Domains will be accepted. Applicants must be able to provide verification of completion including the title of the training, instructor name and credentials, sponsoring agency, course description, learning outcomes, relevance to the domains, date(s) of the event, and clock hours. Unless approved by another IC&RC member board, the MCB reserves the right to determine if the event will be approved.
- Distance Education/Home Study Courses: Distance education/home study courses, offered by providers other than colleges and universities, may be used if the provider and course are approved by MCB. Home study courses include education that is completed in a non-traditional education setting including webinars, correspondence courses, and teleconferences.
- Therapeutic education and attendance at self-help meetings such as AA and Al-Anon, etc. are not accepted as education for certification.

**MINNESOTA CERTIFICATION BOARD  
UPGRADE FROM CPRS TO CPRSR  
Application**

**\*Please print clearly to prevent delays in the processing of your application.**

Date of Application		Date of Birth	
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Name (as you want it to appear on your certificate):	
Prior Names, Known Aliases (submit legal documentation of name change)	

SSN:	XXX-XX-	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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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 Phone  Work Phone

**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 Date \_\_\_\_\_
- CVC# \_\_\_\_\_
- Third Party Payer Information \_\_\_\_\_

**MINNESOTA CERTIFICATION BOARD  
UPGRADE FROM CPRS TP CPRSR  
Documentation of Work Experience**

500 hours of supervised experience specific to the Peer Recovery Domains are required. For explanations of acceptable experience, please see the Documentation of Experience section in the CPRSR application page 3.

Section I - Applicant Information

Name					
Home Address (Street, APT #)					
City		State		ZIP	

Section II - Program Information - To be completed by the applicant's supervisor, program director, or personnel office.

Program Name					
Program Address (Street, APT #)					
City		State		ZIP	
Program License #		Phone			

Section III - Documentation of Experience - To be completed by the applicant's supervisor, program director, or personnel office. **A copy of the applicant's official job description for the position listed must be attached.** Please complete a separate copy of this form for each position used toward the experience requirement.

Applicant's Position					
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Start Date		End Date		Total Hours	
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By signing below, I attest that the applicant (named in Section I) performed competently at the program (named in Section II) providing supervised peer recovery services for the agency.

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

\_\_\_\_\_  
Supervisor: Print Name and Title

\_\_\_\_\_  
Date

**MINNESOTA CERTIFICATION BOARD  
UPGRADE FROM CPRS TO CPRSR  
Documentation of Supervision**

Section I - Applicant Information

Name					
Home Address (Street, APT #)					
City		State		ZIP	

Section II - Program Information - To be completed by the applicant's supervisor, program director, or personnel office.

Program Name					
Program Address (Street, APT #)					
City		State		ZIP	
Program License # (if applicable)		Phone			

Section III - Documentation of Supervision. Please complete a separate form for each unique program/agency/site.

Supervision must have been provided by an organization's documented and qualified supervisory staff per job description. The supervisor must have been 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. For explanations of acceptable supervision, please see the Requirements and Policies section of this manual. Please note that verification of the supervisor's credential must be provided. See page 4 for details.

Document below the total number of hours of supervision for each of the IC&RC Peer Recovery domains.

Advocacy		Recovery Support	
Mentoring/Education		Ethical Responsibility	
Supervision is required in each domain.			

Start Date		End Date		<b>Total Hours</b>	
A total of at least 25 hours of supervision is required.					

\_\_\_\_\_  
Supervisor's Signature (verifying all information provided on this form)

\_\_\_\_\_  
Supervisor: Print Name, Title, and Credentials

\_\_\_\_\_  
Date



**MINNESOTA CERTIFICATION BOARD  
UPGRADE FROM CPRS TO CPRSR  
Documentation of Additional Education/Training**

Use this form to document 6 additional hours of education/training beyond requirements met for the Certified Peer Recovery Specialist (CPRS) credential, which needs to include an additional 2 hours in each of the following domains. Duplicate this form as necessary. Please attach copies of certificates of completion to this cover sheet in the order they are listed on the form.

**Advocacy**

Title of Training	
Sponsoring Organization	
Presenter Name (s):	
Date(s) of Training:	
Hours of Training:	
Brief Summary of Training as it relates to this domain	

**Mentoring**

Title of Training	
Sponsoring Organization	
Presenter Name (s):	
Date(s) of Training:	
Hours of Training:	
Brief Summary of Training as it relates to this domain	

**Recovery Support**

Title of Training	
Sponsoring Organization	
Presenter Name (s):	
Date(s) of Training:	
Hours of Training:	
Brief Summary of Training as it relates to this domain	