



Application Packet for

**CPRSR**

Certified Peer Recovery Specialist  
Reciprocal

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**ABOUT THE MINNESOTA CERTIFICATION BOARD:**

The Minnesota Certification Board (MCB) is a nonprofit organization that administers certifications for a variety of professions including prevention professionals, alcohol and drug counselors, and peer recovery specialists. MCB is an approved testing center and administers credentialing examinations for numerous professions. 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, substance use treatment, and recovery professionals. Organized in 1981, IC&RC represents over 50,000 professionals and has member boards across the United States and internationally. For more information about IC&RC, visit [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

**CONTACT INFORMATION:**

If you have any questions, please contact us.

Minnesota Certification Board  
4817 Viking Blvd. NE, Suite 101  
Wyoming, MN 55092

Phone: 763.434.9787

Email: [mcb@mcboard.org](mailto:mcb@mcboard.org)

Website: [www.mcboard.org](http://www.mcboard.org)

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**DIRECTIONS/CHECKLIST**

Read the application packet thoroughly. Complete and submit the requested information and items. Applications may be submitted via mail or through our online system called Certemy.

If **applying by mail with a paper application**, the following items must be mailed to the MCB office as part of your application packet:

- Application (Form 1)
- Documentation of Experience Form (Form 2)
- Documentation of Supervision Form (Form 3)
- Code of Ethical Conduct for Peer Recovery Specialists (Form 4)
- Consent and Release Form (Form 5)
- Statistical Information (Form 6)
- Documentation of Disability Related Needs for Exam (Form 7)
- Payment of \$150 for your application (non-refundable). If paying by check or money order, it must be included and made payable to MCB.

Make sure to retain a photocopy of the entire application for your records. All materials will be entered into Certemy and become property of the MCB. Send your completed application forms, all necessary attachments, and the fee to:

Minnesota Certification Board  
4817 Viking Blvd. NE, Suite 101  
Wyoming, MN 55092

If **applying online**:

Start your application from our website at [www.mcboard.org](http://www.mcboard.org). Under the Certification tab, identify the credential you are interested in applying for and click on “apply online”. You will be directed to our online system called Certemy to begin the registration process and complete your application.

Follow the online instructions and submit the requested information. The online process requests the same information requested in the paper application.

Processing of Application:

After your application is approved and payment is processed, a pre-registration email will be sent to you to set up the date, time and location for the exam. Submissions are typically processed within one month of receipt. If there are any problems with the information provided, you will be notified by email or phone.

For candidates who fulfill all necessary requirements for the credential, final approval of the application is entered in Certemy. Your digital wallet will be updated with your certificate. You will also receive a paper certificate in the mail.

**Minnesota Certification Board**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**ABOUT PEER RECOVERY SPECIALISTS:**

Peer Recovery Specialists are individuals with personal lived experience related to substance use. 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 individuals find and utilize their values, assets, and strengths while supporting them in achieving success. They recognize that it is normal for recovering individuals to have gaps in their skills or development. The role of the specialist is to help individuals 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 individual.

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.

Formal post-secondary education is not a requirement for obtaining the peer recovery credential. Emphasis will be placed on training, specifically in the peer recovery domains (below). Ongoing continuing education will also be required for the maintenance of the peer recovery credential.

**Peer Recovery Domains**

The work of peer recovery specialists generally aligns with the following four peer recovery domains as identified by the International Certification and Reciprocity Consortium (IC&RC). More detailed descriptions of the recovery domains can be found in Appendix A.

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

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**REQUIREMENTS AND POLICIES FOR THE CPRSR CREDENTIAL**

**EXPERIENCE**

Must have a personal lived experience related to substance use.

500 hours of volunteer or paid work experience specific to the Peer Recovery domains.

- 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 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 Experience form (Form 2). Submit a separate form for each program where you have accumulated experience that you wish to apply toward your application.

**EDUCATION & TRAINING**

- A high school diploma or its equivalent
- A minimum of 46 hours of documented training specific to the Peer Recovery domains is required:
  - 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
- Education must include information on the principals and the characteristics of substance use and opioid use disorder, evidence-based approaches to their treatment, and understanding of Medication Assisted Treatment (MAT) and the potential for rejection of MAT as part of treatment by some cultural communities. This content may be included as part of the 46 hours of documented training specific to the Peer Recovery domains.
- For initial certification for the Certified Peer Recovery Specialist, education must be completed through an approved provider or the training event must be pre-approved to determine it is in alignment with the necessary education requirements.
- Education and training used to fulfill the requirements of this credential must adhere to the Minnesota Certification Board's Education Policy (Appendix B).

**EXAMINATION**

Applicants must successfully complete the IC&RC Peer Recovery examination, which assesses knowledge, skill and competency. A passing score is based upon the total score. If you fail the exam, you must retake the entire exam.

- **Format.** The Peer Recovery examination includes 75 multiple choice questions. The Minnesota Certification Board only offers the exam in the Computer Based Testing (CBT) format.
- **Time.** Candidates are allowed 2 hours to complete the exam.
- **Registration.** Upon approval of the application packet, the Minnesota Certification Board will pre-register you for the exam, and you will receive an email with instructions on how to schedule your exam date, time, and location. Applicants will be allowed up to 90 days to register for and complete the exam after they are approved by the MCB.

**Minnesota Certification Board**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

- **Location.** There are multiple computer based testing sites in Minnesota. Candidates can choose the testing site that is closest for their travel.
- **Exam Content.** The exam is based on the IC&RC Peer Recovery domains as determined by a comprehensive Job Analysis process. Additional exam details are available in the free Candidate Guide, which is available upon request.
- **Study Guide.** A free study guide, *The Rhode Island Peer Recovery Specialist Certification Guide: A Study Guide for the Certification Exam*, is available for this exam. Please visit our website to learn how to access the study guide or contact the board for more details.
- **Retest.** Applicants will only be allowed to fail the exam three consecutive times within a year, taking the exam once every 90 days. After failing the exam the third time, applicants must wait one calendar year after their last exam fail before taking the exam again. Before taking the exam a fourth time, the candidate must demonstrate that he or she has completed additional education related to the domains for this credential.
- **Accommodations.** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing with documentation, to the Minnesota Certification Board. Requests for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form (Form 7).
- **Cancellation/Rescheduling.** Candidates are required to arrive on time for their exam. Candidates who arrive late may not be permitted to test and may be charged a cancellation/rescheduling fee. Applicants may be required to pay a rescheduling or cancellation fee to in order to reschedule or cancel their exam.

#### **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 submit a signed and dated Code of Ethical Conduct for Peer Recovery Specialists (Form 4) that the applicant has read and will abide by the code of ethics. Additionally, a CPRSR must be familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services. A CPRSR shall not cross professional boundaries or practice outside of their scope of practice.

#### **SUPERVISION**

25 hours of supervision specific to the peer recovery domains are required.

- Supervision must be documented and signed off on by the supervisor on the Documentation of Supervision Form (Form 3). A copy of Form 3 must be submitted for each program/agency/site/position where the 25 hours of supervision were accumulated.
  - If you were employed as a Peer Recovery Specialist by a Department of Human Services licensed facility or a Recovery Community Organization (RCO) (as defined by Minn. Stat. § 254B.01, subd. 8), Form 3 may be signed by the licensed professional(s) at that facility who provided your supervision.
  - If you were practicing as a Peer Recovery Specialist outside of a Department of Human Services licensed facility or a Recovery Community Organization, Form 3 may be signed by the MCB approved supervisor or Certified Peer Recovery Specialist Reciprocal who provided your supervision.

**Minnesota Certification Board**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

- Supervision must have been provided at a rate of one hour of face-to-face supervision for every twenty hours of service provision.
- Supervision must have been provided regularly and evenly distributed for as long as the credential was maintained.
- 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.

**OTHER**

- Signed and dated Consent and Release Form.

**FEES**

- First Time Certification: \$150 (includes processing fee, IC&RC Peer Recovery Exam, and one year of certification)
- First Annual Renewal of Certification: \$75 (includes one year of certification)
- All Subsequent Recertifications/Renewals: \$150 (includes two years of certification)
- Retest Fee: \$125 (includes processing fee and IC&RC Peer Recovery Exam)

**RECIPROCITY**

The CPRSR credential holds reciprocity with other IC&RC member boards that offer the Peer Recovery (PR) credential. The Minnesota Certification Board has membership in the International Certification and Reciprocity Consortium (IC&RC). Each certifying body belonging to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. In turn, each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of other member board if they offer an equivalent certification.

Individuals holding the Minnesota's Certified Peer Recovery Specialist Reciprocal (CPRSR) credential who apply for reciprocity to another IC&RC member board will receive the equivalent of the Certified Peer Recovery Specialist Reciprocal (CPRSR) credential if a reciprocity-eligible peer recovery certification is available through that certification body. Individuals requesting to transfer their good-standing credential to another IC&RC member board should contact the Minnesota Certification Board to request an IC&RC Reciprocity application for peer recovery certification and for verification that the certification board in the new location offers a reciprocity eligible peer recovery certification.

**LENGTH OF INITIAL CERTIFICATION**

Initial MCB certification is good for **one year**, starting from the date your certification is approved. An expiration date will be provided on your certificate.

**FIRST ANNUAL RENEWAL**

After your initial certification, you must renew your certification after one year. Your certification will be renewed by paying your annual renewal fee of \$75, which will renew your certification for one additional year. A renewal notice will be emailed to your email address on file in advance of your renewal date. After your initial certification and first annual renewal, you will move to a two-year recertification cycle.

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**RECERTIFICATION**

Your first recertification will occur **two years** after your initial certification date. MCB requires recertification every two years in order to maintain high standards of professional practice and to assure that Peer Recovery Specialists remain up to date in the field. A recertification notice will be emailed to your email address on file in advance of your recertification date.

To be recertified as a Certified Peer Recovery Specialist Reciprocal (CPRSR), you need to:

1. Hold a current and valid Certified Peer Recovery Specialist Reciprocal (CPRSR) credential issued by MCB;
2. Complete 30 hours of MCB approved continuing education related to the Peer Recovery Domains including six hours in professional ethics and responsibilities. Credits must be earned within the two-year certification period;
3. Complete a Recertification Application;
4. Verify that you have reviewed, read and will uphold in your practice, the current MCB Code of Ethical Conduct for Certified Peer Recovery Specialists;
5. Verify that you have not violated the MCB Code of Ethical Conduct for Certified Peer Recovery Specialists;
6. Verify that you have practiced within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services;
7. Verify that you have received supervision consistent with MCB guidelines for this credential;
8. Pay the recertification fee of \$150 (includes two years of certification).

**ACCEPTABLE CONTINUING EDUCATION**

Information about acceptable continuing education can be found in the Acceptable Continuing Education Policy (Appendix C).

**LAPSED CERTIFICATION**

You need to submit to MCB your completed recertification application and annual renewal fee before the expiration date on your certificate. If the recertification is not postmarked by the expiration date, the individual will no longer hold a Certified Peer Recovery Specialist Reciprocal (CPRSR) credential and so may not represent themselves as such.

If you wish to become recertified after your certificate has lapsed, you may be eligible to a reinstatement, which includes a reinstatement fee and bringing all renewal fees, continuing education, and other requirements up to date. Please contact MCB for specific reinstatement policies.

**APPEAL PROCESS**

Test results may not be appealed. However, you may file an appeal to the Board of MCB if you believe some aspect of the application process was unfair or if mistakes were made by the MCB staff. For example you could ask the Board to review the staff's decision about your educational qualifications, your residency or your internship experience. The purpose of appeal is to determine if MCB staff accurately, adequately and fairly reviewed applicant's file. If you wish to appeal, you must write to MCB within 30 days when you were notified of the staff's action. The appeal letter must be postmarked no later than thirty days after the staff action. The written appeal will be sent to the MCB Board; Board members will review the action that is being appealed. Applicant will be notified in writing of the decision of the MCB Board.



**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 1  
APPLICATION**

Date of Application	
---------------------	--

Legal Name (as it appears on your driver's license):	
Prior Names, Known Aliases (submit legal documentation of name change):	

Last Four of SSN:		Date of Birth (mm/dd/yyyy)	
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Home Address (Street, APT #)			
City		State	
		ZIP	
Home Email		Home Phone	( )

Employer Name			
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  
 My preferred contact information to be listed publicly:  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.*

**Residency Information**

Do you live or work within the state of Minnesota at least fifty-one percent (51%) of the time?  Yes  No

**Education and Training Information**

Do you possess a high school diploma or jurisdictionally certified high school equivalency?  Yes  No  
*Attach a copy of your diploma or proof of equivalency to this application.*

Name of organization where you completed your required 46 hours of training specific to the Peer Recovery domains:	Dates of training:

*Attach a certificate of completion to your application.*

**Lived Experience**

Do you have a personal lived experience related to substance use?  Yes  No

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**Exam Information**

- I have passed the IC&RC Peer Recovery Exam. *(Attach a copy of your Final Results Letter to your application.)*
- I wish to take the IC&RC Peer Recovery Exam as part of the application process. *(You will receive instructions for registration once your application is approved.)*

**Payment Information**

- \$150

Fee 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 \_\_\_\_\_

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 2  
DOCUMENTATION OF EXPERIENCE**

500 hours of volunteer or paid work experience specific to the Peer Recovery domains are required. For explanations of acceptable experience, please see the Requirements and Policies section of this manual.

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 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					
Start Date		End Date		Total Hours	

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 relevant to the IC&RC Peer Recovery domains.

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

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

\_\_\_\_\_  
Date

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 3  
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/position. Please see the Documentation of Supervision section of this application packet for addition details.

- Supervision must have been provided at a rate of one hour of face-to-face supervision for every twenty hours of service provision.
- Supervision must have been provided regularly and evenly distributed for as long as the credential was maintained.
- 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.

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  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 4  
CODE OF ETHICAL CONDUCT FOR PEER RECOVERY SPECIALISTS**

***Principle: Personal Wellness and Recovery***

My primary obligation and responsibility is my own wellness and recovery. I will seek appropriate resources and support to maintain my wellness and recovery. If my wellness or recovery is impacted in a way that negatively affects my ability to provide peer recovery services to others, **I am expected to prioritize my own self-care before serving others.**

***Principle: Sharing My Lived Experience***

I will share my lived experiences only when it is believed to be beneficial to the individuals that I serve.

***Principle: Honoring Personal Recovery Pathways***

I will value all individuals seeking recovery and will honor their right to self-select their own recovery pathway.

***Principle: Confidentiality***

I will respect the privacy of those I serve. I am responsible for being aware of and in compliance with all applicable State and Federal guidelines, regulations, statutes, and agency policies related to confidentiality.

I am a mandated reporter and will report abuse, neglect, or maltreatment in accordance with the law.

***Principle: Non-Discrimination***

I will provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition.

If differences that impact the motivation for recovery occur, I will seek consultation and, if necessary, make referral to another Certified Peer Recovery Specialist.

***Principle: Conduct***

I will act in accordance with the law, employer policies, and professional standards.

I will never use physical force, verbal or emotional abuse; intimidate, threaten, manipulate, harass, or make unwarranted promises of benefits.

I will fairly and accurately represent myself and my capabilities to the individuals that I serve and the community.

I will not accept money or items of significant value from individuals that I serve.

I will not lend to or borrow from the individuals that I serve.

I will not enter into dual relationships/boundary issues or commitments that conflict with the interests of individuals that I serve. This applies to both in person and electronic/social media interactions or relationships.

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

I understand that there may be times when a dual relationship is unavoidable. While dual relationships may make it difficult to maintain appropriate professional boundaries, it is my professional responsibility to assume the full burden for setting clear, appropriate, and culturally responsive boundaries.

I will not engage in romantic/sexual activities or intimate relations with individuals that I serve and/or families that I serve. This applies to both in person and electronic/social media interactions or relationships.

I will not engage in romantic/sexual activities or romantic/sexual contact with individuals I have formerly served and/or families I have formerly served at any point after terminating services. This applies to both in person and electronic/social media interactions or relationships.

I will not provide services to individuals and/or families with whom I have had a prior romantic/sexual or intimate relationship. This applies to both in person and electronic/social media interactions or relationships.

I will not engage in harassment of any kind with anyone, which is defined as a single act or multiple occurrences of verbal, nonverbal, or physical actions that are known to be unwelcome or that are of the severity to be perceived as harassment by a reasonable person. Harassment includes, but is not limited to, sexual, electronic/social media, physical, personal, discriminatory, psychological, and bullying.

***Principle: Integrity***

I will not discontinue services to an individual without their knowledge and will make a referral for continued services when appropriate.

I will report violations of the Code of Ethics by other Certified Peer Recovery Specialists to the appropriate certifying entity.

I will cooperate with the Minnesota Certification Board regarding any investigation or inquiry in a timely and honest manner.

***Principle: Conflict of Interest***

I will not use my role as a CPRS to promote any treatment, procedure, product or service, which would prioritize my personal gain over the benefit of the individuals that I serve.

***Principle: Scope of Practice***

I will not perform services outside of my area of training, expertise, competence, or scope of practice.

***Principle: Personal Development***

I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

***Principle: Professional Standards***

I will meet and comply with all terms, conditions, or limitations of my certification.

I will stay knowledgeable of all current statutes, rules, and other professional standards relevant to practice as a Certified Peer Recovery Specialist in the state of Minnesota.

**Minnesota Certification Board**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

I understand that if I hold a certification, license, or other credential to practice as a professional related or unrelated to peer recovery, I will alert the Minnesota Certification Board if my credential has been suspended, revoked, placed on probation, etc. or if any other type of discipline is imposed.

By signing this document, I acknowledge that I have read and understand the Certified Peer Recovery Specialist Code of Ethical Conduct. I will, adhere to and honor this code in my professional and personal dealings.

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

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

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

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 5  
CONSENT & RELEASE FORM**

I request that the Minnesota Certification Board grant the Certified Peer Recovery Specialist Reciprocal credential to me based on the following:

- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct for Peer Recovery Specialists.
- 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 certify that the information provided 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 materials will nullify this application and will result in denial or revocation of certification.
- I understand that allegations of ethical misconduct reported to MCB before, during, or after submission of my application for certification will be investigated by MCB and could result in the nullification of the application or 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 MCB to officers, members, and staff of MCB.
- I give MCB permission to verify the status of my credential to all outside sources.
- I allow MCB to publicly list my name and identifying information on file as a credentialed professional.
- I understand that this consent is valid for the full lifetime of my certification with MCB.

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

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

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



**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

Form 6  
**STATISTICAL INFORMATION**

**Highest Educational Level Completed:**

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

**Race – select all that apply (optional):**

- Caucasian
- Black/African American
- Native American
- Asian
- Hispanic
- Native Hawaiian
- Pacific Islander (non-native Hawaiian)

**Gender (optional):**

- Female/Woman (cisgender)
- Male/Man (cisgender)
- Genderqueer, gender non-binary, or gender fluid
- Transgender female/woman
- Transgender male/man
- A gender not listed here (please indicate: \_\_\_\_\_)

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**FORM 7  
DOCUMENTATION OF DISABILITY RELATED NEEDS FOR EXAM**

If you do not have any known disabilities and do not wish to request an accommodation, please initial here: \_\_\_\_\_

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that the Minnesota Certification Board is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

**Professional Documentation**

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_ in my  
Exam Candidate Date

capacity as a \_\_\_\_\_.  
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangement listed below.

**Description of Disability:**

**Special Accommodations:**

- \_\_\_\_\_ Accessible Testing Site
- \_\_\_\_\_ Braille
- \_\_\_\_\_ Large Print Exam
- \_\_\_\_\_ Reader
- \_\_\_\_\_ Extended testing time (time and a half)
- \_\_\_\_\_ Distraction-free room
- \_\_\_\_\_ Other special accommodations (please specify)

**Comments:**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

**Appendix A  
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. Demonstrate 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**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

Appendix B  
**EDUCATION POLICY**

The Minnesota Certification Board defines education as formal, structured instruction that is aligned with the IC&RC domains for a specific credential. This definition and the subsequent information apply to education requirements necessary for initial certification and continuing education requirements.

- One clock hour of education is equal to (50) minutes of continuous instruction.
- One college/university credit (semester system) is the equivalent of 15 contact hours
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the IC&RC domains for the specific credential.
- All education must be documented. Applicants are responsible for acquiring and submitting documentation of attendance, the number of contact hours, instructor/provider information, dates, and content descriptions. Transcripts, certificates of completion, written verification from the provider, and other documentation may be accepted.

The Minnesota Certification Board recognizes the following formats for education:

- Synchronous/Live Format: Synchronous/Live events occur in real-time. They may be delivered in person or electronically (e.g., webinar, virtual meeting, etc.). Participants have the ability to interact directly and immediately with the instructor(s) for the duration of the event.
- Asynchronous Format: Asynchronous learning does not occur in real-time. Examples may include on-demand/recorded events (e.g., webinars and conferences), text-based courses, digital courses, home study, etc. Participants generally do not have the ability to interact directly and immediately with the instructor.
- Hybrid Format: Education offered via a hybrid format is any education that combines live education and distance education/home study.

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-bearing Courses that are aligned with the IC&RC domains specific to the credential may be accepted by the Minnesota Certification Board. Courses must be offered by a regionally-accredited institution of higher education. Courses must appear on a transcript. Credit is not allowed for any audited college or university courses. A course syllabus may be requested.
- Workshops, seminars, institutes, academies, conferences, and in-services that are aligned with the IC&RC domains specific to the credential may be accepted by the Minnesota Certification Board. Applicants must be able to provide verification of completion including the title of the education event, instructor name and credentials, sponsoring organization, course description and/or learning outcomes, relevance to the domains, date(s) of the event, and clock hours.
- On-demand/Recorded Events (e.g., webinars and conferences), Online Training/Course (non-credit bearing), Text-based Courses, Digital Courses, Home Study, etc. that are aligned with the IC&RC domains specific to the credential may be accepted by the Minnesota Certification Board. Applicants must be able to provide verification of completion including the title of the event or course, instructor/developer name and credentials, sponsoring organization, course description and/or learning outcomes, relevance to the domains, date(s) of completion, and clock hours. Evidence of completing a post-test may be requested.

**Minnesota Certification Board**  
**Certified Peer Recovery Specialist Reciprocal (CPRSR)**

The Minnesota Certification Board maintains processes for providers to preapprove education offerings. Education offerings that have been preapproved will state “Minnesota Certification Board Approved Education Hours” on completion verification documents. Education offerings that have been preapproved shall be guaranteed to meet Minnesota Certification Board education requirements.

The following are not accepted by the Minnesota Certification Board toward initial certification or continuing education requirements:

- Self-guided learning
- Therapeutic education
- Participation in self-help meetings

**Minnesota Certification Board  
Certified Peer Recovery Specialist Reciprocal (CPRSR)**

Appendix C

**ACCEPTABLE CONTINUING EDUCATION POLICY**

Continuing education must be in alignment with the Minnesota Certification Board's Education Policy (Appendix B). The Minnesota Certification Board accepts the following types of continuing education:

- College and University Credit-bearing Courses that are aligned with the IC&RC domains specific to the credential.
- Workshops, seminars, institutes, academies, conferences, and in-services that are aligned with the IC&RC domains specific to the credential.
- On-demand/Recorded Events (e.g., webinars and conferences), Online Training/Course (non-credit bearing), Text-based Courses, Digital Courses, Home Study, etc. that are aligned with the IC&RC domains specific to the credential.
- CPR/First Aid are acceptable for up to six (6) hours of continuing education.
- Up to 50% of the education hours for recertification can be met through the following alternatives to formal education:
  - Teaching/Training - Hours spent in teaching and/or training at educational events related to the IC&RC domains specific to the credential can be applied to continuing education hours. The number of contact hours applicable is equal to the number of contact hours for the event. The maximum hours allowed for teaching/training during each two-year recertification period is twelve (12) hours.
  - Publishing - Publishing more than 4,000 words in a journal or book in an area related to the IC&RC domains specific to the credential can be counted as the equivalent of twelve (12) contact hours. The maximum hours allowed for publishing during each two-year recertification period is twelve (12) hours.
  - Conference Presentation - The hours spent presenting at a state or national conference for credentialed professionals can be used as the equivalent number of contact hours for continuing education. The number of contact hours applicable is equal to the length of time of the presentation. The maximum hours allowed for conference presentations during each two-year recertification period is twelve (12) hours.

All continuing education must be documented. Applicants are responsible for acquiring and submitting documentation of attendance, the number of contact hours, instructor/provider information, dates, and content descriptions. Transcripts, certificates of completion, written verification from the provider, and other documentation may be accepted. For additional details, please see the Education Policy.

The Minnesota Certification Board does not accept self-guided learning, therapeutic education, participation in self-help meetings, general staff meetings, supervision, staff rounds, or case management as continuing education.