



## **Recertification Packet**

## Recertification Packet

### 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 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  
PO Box 586  
Wyoming, MN 55092

Phone: 763.434.9787

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

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

### DIRECTIONS/CHECKLIST

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

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

- Application for Recertification (Form 1)
- Documentation of Continuing Education (Form 2)
- Proof of completion of continuing education (copies of certificates, transcripts, etc.). Provide copies, not originals.
- Consent and Release Form (Form 3)
- Statistical Information (Form 4)
- Payment for your recertification (non-refundable). If paying by check or money order, it must be included and made payable to MCB.

When your recertification is approved, you will receive an email notifying you of your recertification. An electronic certificate will be generated and appear in your digital wallet in Certemy. A paper certificate will be mailed to your address on file. If there are any problems with the information provided, you will be notified by email or

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

Minnesota Certification Board  
PO Box 586  
Wyoming, MN 55092

### If **renewing online**:

1. Navigate to the login page using any web browser on your phone or computer.
  - a. Click: <https://mcb.certemy.com/entry/login>. Bookmark this page for future use.
  - b. You may also access Certemy from our website: [www.mcboard.org](http://www.mcboard.org).
2. Enter your Login Email
  - a. Use your email address that is on file with Minnesota Certification Board.
3. Enter your Login Password
  - a. Use this temporary password: Certemy2020!
  - b. Change your password at any time using the "Reset Password" link on the login page.
4. Follow the online instructions and submit the requested information. The online process requests the same information requested in the paper application.

Processing of Application:

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.

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### REQUIREMENTS AND POLICIES FOR RECERTIFICATION

#### GENERAL INFORMATION

1. Recertification record keeping is the responsibility of the certified professional. All recertification documents must be submitted together. Keep copies of everything submitted.
2. Education and training used to fulfill the requirements of recertification must adhere to the Minnesota Certification Board's Education Policy (Appendix A).
3. Education for recertification must have been acquired no earlier than two years prior to the applicant's current expiration date.
4. All continuing education must be approved by the MCB. Continuing education may be approved in advance OR applicants may elect to request approval of their continuing education when applying for recertification. If continuing education that is submitted for approval at the time of recertification does not meet MCB requirements, the applicant may be deemed to be deficient in meeting the requirements for recertification and need to request an extension while additional continuing education is completed.
5. Education must be verified to be approved. Proper verification (e.g., certificate of completion, letter of attendance, transcript, etc.) must include date of training, number of hours completed, title of training, name of sponsoring organization, and your name.
6. Due to MCB's commitment to sound ethical behavior by certified professionals, six hours of MCB approved education on professional ethics and responsibilities are mandated as part of the total hours of continuing education required.
7. Your credential must be in good standing in order to be eligible for recertification.
8. If you have more than one credential, please pay the full fee for your first credential. You may deduct 10% off each additional credential you are recertifying.

#### GENERAL REQUIREMENTS AND FEES BY CREDENTIAL TYPE

| <b>Alcohol and Drug Counselors</b>  |                 |  |
|---|-----------------|--|
| <b>Domains:</b> 1. Screening, Assessment, and Engagement; 2. Treatment Planning, Collaboration, and Referral; 3. Counseling; and 4. Professional & Ethical Responsibilities |                 |  |
| Credential  | Fee             | Education Requirement  |
| ADC-MN  | \$180 (2 years) | 40 hours relevant to alcohol and drug counselor domains every 2 years from initial certification including: <ul style="list-style-type: none"><li>• 6 hours in professional ethics and responsibilities.</li></ul> |
| ADCR-MN   | \$180 (2 years) | 40 hours relevant to alcohol and drug counselor domains every 2 years from initial certification including: <ul style="list-style-type: none"><li>• 6 hours in professional ethics and responsibilities.</li></ul> |

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| <b>Advanced Alcohol and Drug Counselors</b>   |                 |  |
|---|-----------------|--|
| <b>Domains:</b> 1. Screening, Assessment, and Engagement; 2. Treatment Planning, Collaboration, and Referral; 3. Counseling and Education; 4. Professional & Ethical Responsibilities |                 |  |
| Credential  | Fee             | Education Requirement  |
| ADCR-MN   | \$180 (2 years) | 40 hours relevant to the advanced alcohol and drug counselor domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> <li>• 6 hours related to the co-occurrence of substance use disorders with other related disorders and their interaction.</li> </ul> |

| <b>Clinical Supervisors</b>   |                 |   |
|---|-----------------|---|
| <b>Domains:</b> 1. Counselor Development; 2. Professional & Ethical Standards; 3. Program Development & Quality Assurance; 4. Performance Evaluation; 5. Administration; and 6. Treatment Knowledge |                 |   |
| Credential  | Fee             | Education Requirement   |
| CCSR  | \$180 (2 years) | 6 hours related to the clinical supervisor domains.<br><br>Must also hold a current and valid ADCR-MN, AADCRCR-MN, CCJPR, CCDP, or CCDPD credential issued by MCB. The 6 hours of continuing education related to the clinical supervisor domains may be counted as part of the continuing education hours required for recertification for the primary credential. |

| <b>Criminal Justice Professionals</b>   |                 |  |
|---|-----------------|--|
| <b>Domains:</b> 1. Dynamics of Addiction & Criminal Behavior; 2. Criminal Justice System & Processes<br>3. Screening, Assessment, and Treatment Planning; and 4. Case Management and Counseling |                 |  |
| Credential  | Fee             | Education Requirement  |
| CCJP  | \$180 (2 years) | 40 hours relevant to criminal justice professional domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> </ul> Must also hold a current and valid ADCR-MN or AADCRCR-MN credential issued by MCB. |

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| <b>Co-Occurring Disorder Professionals</b>  |                 |  |
|---|-----------------|--|
| <b>Domains:</b> 1. Screening & Assessment; 2. Crisis Prevention and Management; 3. Treatment and Recovery Planning; 4. Counseling; 5. Management and Coordination of Care; Education of the Person, Their Support System, and the Community; and 6. Professional Responsibility |                 |  |
| Credential  | Fee             | Education Requirement  |
| CCDP  | \$180 (2 years) | 40 hours relevant to co-occurring disorder professional domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> </ul> |
| CCDP-Diplomate  | \$180 (2 years) | 40 hours relevant to co-occurring disorder professional domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> </ul> |

| <b>Peer Recovery Specialists</b>   |                 |  |
|--|-----------------|--|
| <b>Domains:</b> 1. Advocacy; 2. Mentoring/Education, 3. Recovery Support; and 4. Ethical Responsibility  |                 |  |
| Credential   | Fee             | Education Requirement  |
| CPRS   | \$150 (2 years) | 30 hours relevant to the peer recovery domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> </ul> <p>*Reminder: If you are practicing as a CPRS outside of a Department of Human Services licensed facility or a Recovery Community Organization, you must be working under the supervision of an MCB approved supervisor or Certified Peer Recovery Specialist Reciprocal. If you fall into this category, you are required to submit a copy of your monthly supervision logs (Appendix B) signed by your supervisor with your recertification application.</p> |
| CPRSR  | \$150 (2 years) | 30 hours relevant to the peer recovery domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 hours in professional ethics and responsibilities.</li> </ul>  |
| <b>Domains:</b> 1. Advocacy; 2. Mentoring/Education, 3. Recovery Support; 4. Ethical Responsibility; 5. Foundations of the Criminal Justice System and Correctional System Overview; 6. Trauma Informed Care in the Criminal Justice System; and 7. Integration, Reintegration, and Reentry. |                 |  |
| Forensic Endorsement   | \$50 (2 years)  | 6 hours relevant to the forensic endorsement domains every 2 years from initial certification.   |

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| <b>Prevention Professionals</b>   |                 |  |
|---|-----------------|--|
| <b>Domains:</b> 1. Planning and Evaluation; 2. Prevention Education and Service Delivery; 3. Communication; 4. Community Organization; 5. Public Policy and Environmental Change; and 6. Professional Growth and Responsibility |                 |  |
| Credential  | Fee             | Education Requirement  |
| CPP   | \$180 (2 years) | 40 hours relevant to prevention professional domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 of the hours must be in professional ethics and responsibilities.</li> </ul> |
| CPPA  | \$180 (2 years) | 40 hours relevant to prevention professional domains every 2 years from initial certification including: <ul style="list-style-type: none"> <li>• 6 of the hours must be in professional ethics and responsibilities.</li> </ul> |
| CPPR  | \$180 (2 years) | 40 hours relevant to prevention professional domains every 2 years from initial certification: <ul style="list-style-type: none"> <li>• 6 of the hours must be in professional ethics and responsibilities.</li> </ul>           |

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### ACCEPTABLE CONTINUING EDUCATION POLICY

Continuing education must be in alignment with the Minnesota Certification Board's Education Policy (Appendix A). 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.

### CODE OF ETHICS

All applicants must verify that they have reviewed, read, and will uphold in their practice, the current MCB Code of Ethical Conduct for the specific credential(s) being renewed. Copies of the current MCB Code of Ethical Conduct for each credential can be found on the MCB website at [www.mcboard.org](http://www.mcboard.org).



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### CONSENT AND RELEASE FORM

All applicants for recertification must sign and date a Consent and Release Form.

### EXPIRATION OF CREDENTIALS

Expiration dates for credentials are printed on the certificate for your credential. Recertification is considered late if it is postmarked after your expiration date. If recertification is not completed prior to the expiration date, your certification is expired. Once expired, you may not represent yourself as a certified professional.

### EXTENSIONS

If applicants are unable to complete their recertification process prior to the expiration, an extension may be granted if compelling circumstances exist. Extensions are granted only for family crisis situations or severe medical conditions which severely limit normal activities and are handled on a case-by-case basis. Contact MCB directly, in writing, to request an extension.

### LAPSED CERTIFICATION/REINSTATEMENT

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.

- If it is within 30 days of your recertification date, you will be assessed a \$30 late fee. You would also be responsible for any missed fees and continuing education requirements.
- If you have missed your recertification date by 1 month to 1 year, you will be assessed a \$100 reinstatement fee. You would also be responsible for any missed fees and continuing education requirements.
- If you have missed your recertification date by 1 year to 2 years, you will be assessed a \$250 reinstatement fee. You would also be responsible for any missed fees and continuing education requirements.
- If your certification has lapsed for more than two years, your file will be closed, and you will not be eligible to reinstate your credential. You would be required to apply for a new credential, meeting the current requirements for the credential at that time.

### INACTIVE STATUS

A credential may be put into inactive status for up to two years. Requests for inactive status must be submitted in writing prior to the expiration date of the credential. Professionals will be responsible for meeting recertification requirements when the full two years active status has lapsed. The fee for inactive status is \$100.

### EMERITUS STATUS

MCB has established an Emeritus Status to accommodate certified professionals who are retired from the work force but wish to maintain a connection to MCB. Approval of Emeritus Status is at the discretion of MCB.

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Applicants will be notified by MCB of the approval or denial of emeritus status via email approximately 7 to 10 business days after the request is received.

Eligibility for Emeritus Status:

1. Certified and in good standing
2. At least fifty-five (55) years of age
3. Minimum of ten years of certification without lapse in certification
4. Retiring with no intention of returning to any form of addiction-related employment

Procedure for obtaining Emeritus Status:

1. Request Emeritus Status in writing from MCB
2. Include documentation for eligibility with the request
3. Pay \$60.00 Emeritus Status fee every two years
4. No continuing education is required for this status

Certified professional who are approved for Emeritus Status will receive a certificate(s) from MCB for all credentials held indicating the change to Emeritus Status on the certificate(s).

### INTERNATIONAL CERTIFICATES

Addiction Professionals who hold a reciprocal level credential through MCB will automatically be issued an international certifications seal on the Minnesota Certification Board certificate. MCB has added the IC&RC seal to your certificate indicating the international status of your certification. If you would like to receive a separate certificate from the IC&RC, an order form to obtain one is available directly from the IC&RC. The International Certificates are: ADCR-MN = ICADC, AACR-MN = ICAADC, CCSR = ICCS, CPPR = ICPS, CCJP = ICCJP, CPRSR = ICPR, CCDP = ICCDP, and CCDP-Diplomate = ICCDPD.

The international certificate provides recognition of your status as an internationally certified addiction professional. International certification for professionals is required by the Federal Department of Transportation (DOT) for recognition as a Substance Abuse Professional (SAP).

### 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 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.

## Recertification Packet

FORM 1

### APPLICATION FOR RECERTIFICATION

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

|  |  |
|--|--|
| What credentials and/or endorsement(s) are you recertifying? |  |
|--|--|

|   |  |
|---|--|
| 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) |  |
|-------------------|--|----------------------------|--|

|                              |  |       |            |         |  |
|------------------------------|--|-------|------------|---------|--|
| 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 and Ethical Conduct**

Have you ever received any disciplinary action from another certification or licensing authority during the past two years or that you have not otherwise reported to MCB?  Yes  No *If yes, please explain in full on a separate sheet and attach to this form.*

Have you violated the MCB Code of Ethical Conduct for your respective credential(s) during the past two years or are there prior violations that have not been reported to MCB?  Yes  No *If yes, please explain in full on a separate sheet and attach to this form.*

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### Fee Checklist

| Fee Amount |  | Credential(s) |
|------------|--|---------------|
| \$         | Fee for renewing 1 <sup>st</sup> credential (Full Price)                                       |               |
| \$         | Fee for renewing each additional credential and /or endorsement(s) at this time (10% discount) |               |
| \$         | <b>TOTAL</b>   |               |

### Payment Information

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

## Recertification Packet

### FORM 2

### DOCUMENTATION OF CONTINUING EDUCATION

- This form must be fully completed for the application to be accepted.
- For all continuing education completed during the period prior to expiration of your current certification, attach documentation of completion, (certificates of completion, college transcript, letter from employer, etc.) contact hours, date(s), and the title of offering (attach additional sheets as needed).
- Please attach additional copies of this form, as necessary.
- Complete a separate form for each credential being recertified.

|  |  |  |  |
|--|--|--|--|
| Applicant Name:                                      |  |  |  |
| Credential(s) and/or endorsements being Recertified: |  |  |  |

|  |  |   |  |
|--|--|---|--|
| Title of Training:                                       |  |   |  |
| Sponsoring Organization:                                 |  |   |  |
| Presenter Name(s):                                       |  |   |  |
| Location:  |  |   |  |
| Date(s) of Training:                                     |  | Contact Hours   |  |
| Domain(s) Fulfilled:                                     |  |   |  |
| Has this event been pre-approved or endorsed by the MCB? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did this event cover Ethical and Professional Responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |   |  |
|--|--|---|--|
| Title of Training:                                       |  |   |  |
| Sponsoring Organization:                                 |  |   |  |
| Presenter Name(s):                                       |  |   |  |
| Location:  |  |   |  |
| Date(s) of Training:                                     |  | Contact Hours   |  |
| Domain(s) Fulfilled:                                     |  |   |  |
| Has this event been pre-approved or endorsed by the MCB? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did this event cover Ethical and Professional Responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                          |  |  |  |
|--------------------------|--|--|--|
| Title of Training:       |  |  |  |
| Sponsoring Organization: |  |  |  |

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|  |  |   |  |
|--|--|---|--|
| Presenter Name(s):                                       |  |   |  |
| Location:  |  |   |  |
| Date(s) of Training:                                     |  | Contact Hours   |  |
| Domain(s) Fulfilled:                                     |  |   |  |
| Has this event been pre-approved or endorsed by the MCB? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did this event cover Ethical and Professional Responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |   |  |
|--|--|---|--|
| Title of Training:                                       |  |   |  |
| Sponsoring Organization:                                 |  |   |  |
| Presenter Name(s):                                       |  |   |  |
| Location:  |  |   |  |
| Date(s) of Training:                                     |  | Contact Hours   |  |
| Domain(s) Fulfilled:                                     |  |   |  |
| Has this event been pre-approved or endorsed by the MCB? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Did this event cover Ethical and Professional Responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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FORM 3

### CONSENT & RELEASE FORM

I request that the Minnesota Certification Board grant me recertification of my credential(s) listed on my Application for Recertification form based on the following assurances:

- I have thoroughly reviewed the current version of the MCB Code of Ethical Conduct for my respective credential(s). Copies of the current MCB Code of Ethical Conduct for each credential can be found on the MCB website at [www.mcboard.org](http://www.mcboard.org).
- I verify that I have reported any violations of the MCB Code of Ethical Conduct for my respective credential(s) during this or any prior certification period on my application form.
- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct for my respective credential(s).
- I have thoroughly reviewed the current version of the application for my credential(s) and understand the requirements and scope for the credential(s).
- I verify that I have and will continue to practice within the scope of all relevant statutes, rules, and standards relevant to my credential(s).
- I have read and understand the domains for my credential(s). 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 recertification 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: \_\_\_\_\_

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FORM 4

**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: \_\_\_\_\_)



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### Appendix A 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.

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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

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Appendix B

**MONTHLY SUPERVISION LOG**

- An individual certified as a CPRS practicing as a Peer Recovery Specialist outside of a Department of Human Services licensed facility or a Recovery Community Organization must be working under the supervision of an MCB approved supervisor or Certified Peer Recovery Specialist Reciprocal.
  - You will be required to submit a copy of your supervision logs signed by your supervisor at the time of recertification or upon request by the Minnesota Certification Board.
  - Supervision must be documented on this form.
  - Supervision must be provided at a rate of one hour of face-to-face supervision for every twenty hours of service provision.
  - 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.

|             |  |
|-------------|--|
| Month/Year: |  |
|-------------|--|

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

|                        |  |
|------------------------|--|
| Supervisor Name:       |  |
| Supervisor Credential: |  |

|  |  |
|--|--|
| Number of Hours Practiced During this Month: |  |
|--|--|

| Log of Supervision |        |                    |
|--------------------|--------|--------------------|
| Date               | Length | Supervisor Initial |
|                    |        |                    |
|                    |        |                    |
|                    |        |                    |
|                    |        |                    |
|                    |        |                    |
|                    |        |                    |
|                    |        |                    |

By my signature, I acknowledge that contents of this form are true and accurate to the best of my knowledge.

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

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