



Application Form for

Approved Supervisor
to provide supervision to Certified
Peer Recovery Specialists

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

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.

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

Website: www.mcboard.org

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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)
- Code of Ethical Conduct for Peer Recovery Specialists (Form 2)
- Consent & Release Form (Form 3)
- Statistical Information (Form 4)
- Payment of \$75 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
PO Box 586
Wyoming, MN 55092

If **applying online**:

Start your application from our website at 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:

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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ABOUT APPROVED SUPERVISORS FOR PEER RECOVERY SPECIALISTS:

The Approved Supervisor (Peer Recovery) credential is intended for appropriately certified or licensed professionals in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who are dedicated to providing exceptional supervision to Certified Peer Recovery Specialists and are committed to their professional development. Approved Supervisors (Peer Recovery) are 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.

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REQUIREMENTS AND POLICIES FOR THE APPROVED SUPERVISOR CREDENTIAL

CURRENT CERTIFICATION OR LICENSURE

Must possess a current certification (e.g., CPRSR, ADCR-MN, AACDR-MN) or licensure (e.g., LADC, LPCC, LICSW) in a behavioral health field in the state of Minnesota and ensure that the credential will be maintained in good standing for the duration of approval as a supervisor.

EDUCATION & TRAINING

3 hours of education (e.g., training, workshop) that covers each of the following topics: the MCB Peer Recovery Specialist Code of Ethical Conduct; the IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota; and supervision concepts pertinent to peer recovery. Education and training used to fulfill the requirements of this credential must adhere to the Minnesota Certification Board's Education Policy (Appendix B).

RESIDENCY

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

CODE OF ETHICS

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

SUPERVISION POLICIES

- Certified Peer Recovery Specialists who are practicing Peer Recovery outside of a Minnesota Department of Human Services (DHS) licensed facility or Recovery Community Organization (RCO) (as defined by Minn. Stat. § 254B.01, subd. 8) must be working under the supervision of a MCB approved supervisor.
- Supervision must be provided at a rate of one hour of face-to-face supervision for every twenty hours of service provision. The supervision must be provided regularly and evenly distributed for as long as the credential is maintained. At least 50 percent of the required supervision hours must be provided 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 provided on an individual basis. The remaining 50 percent may be provided in a group setting.
- Supervision must be documented and signed off on by the supervisor on the Monthly Supervision Log (Appendix D). Documentation of supervision must be provided to the Minnesota Certification Board upon request.

OTHER

- Signed and dated Consent and Release Form.

FEES

- \$75 (includes processing fee and two years of approval)

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LENGTH OF APPROVAL/RENEWAL

Approval for supervision is good for two years starting from the date you are approved. A renewal notice will be emailed to your email address on file in advance of your expiration date. Approval as a supervisor may be renewed after two years if the following criteria are met:

- Applicant continues to possess an appropriate certification or licensure in good standing.
- Applicant is in good standing with the Minnesota Certification Board
- Applicant has completed 6 hours of continuing education during the two-year period. The continuing education must be related to the peer recovery domains and/or peer recovery supervision with at least 2 hours being specifically focused on peer recovery ethics.
- Applicant submits a \$75 renewal fee for 2 additional years of approval as a supervisor.

An applicant may renew their supervisor approval status multiple times if the renewal criteria are met.

ACCEPTABLE CONTINUING EDUCATION

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

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**FORM 1
APPLICATION**

Date of Application	
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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

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

Payment Information (non-refundable)

Fee of \$75 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 _____

Current Certification or Licensure

Do you possess a current certification (e.g., CPRSR, ADCR-MN, AADCR-MN) or licensure (e.g., LADC, LPCC, LICSW) in a behavioral health field in the state of Minnesota? Yes No

Attach proof (e.g., certificate) of your good standing certification or licensure in a behavioral health field.

I agree that the identified certification or licensure will be maintained in good standing for the duration of approval as a supervisor. If my certification or licensure is no longer in good standing at any point during this time, I will notify the board immediately. Yes No

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Education and Training

Provide verification of a total of 3 hours of education covering each of the following:

- the MCB Peer Recovery Specialist Code of Ethical Conduct
- the IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota
- and supervision concepts pertinent to peer recovery

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed:	
Content Areas Covered:	<input type="checkbox"/> MCB Peer Recovery Specialist Code of Ethical Conduct <input type="checkbox"/> IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota <input type="checkbox"/> Supervision concepts pertinent to peer recovery		

You must attach a certificate of completion to your application.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed:	
Content Areas Covered:	<input type="checkbox"/> MCB Peer Recovery Specialist Code of Ethical Conduct <input type="checkbox"/> IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota <input type="checkbox"/> Supervision concepts pertinent to peer recovery		

You must attach a certificate of completion to your application.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed:	
Content Areas Covered:	<input type="checkbox"/> MCB Peer Recovery Specialist Code of Ethical Conduct <input type="checkbox"/> IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota <input type="checkbox"/> Supervision concepts pertinent to peer recovery		

You must attach a certificate of completion to your application.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed:	
Content Areas Covered:	<input type="checkbox"/> MCB Peer Recovery Specialist Code of Ethical Conduct <input type="checkbox"/> IC&RC Peer Recovery domains; relevant statutes, rules, and standards relevant to the provision of peer recovery services in Minnesota <input type="checkbox"/> Supervision concepts pertinent to peer recovery		

You must attach a certificate of completion to your application.

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FORM 2
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.

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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.

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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: _____

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**FORM 3
CONSENT & RELEASE FORM**

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

- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct 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 supervise Certified Peer Recovery Specialists 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 approval as a supervisor. Falsification of any records or documents in my application materials will nullify this application and will result in denial or revocation of my approval as a supervisor.
- I understand that allegations of ethical misconduct reported to MCB before, during, or after submission of my application for approval as a supervisor will be investigated by MCB and could result in the nullification of the application or denial or revocation of my approval as a supervisor.
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by MCB to officers, members, and staff of MCB.
- I give MCB permission to verify the status of my approval as a supervisor to all outside sources.
- I allow MCB to publicly list my name and identifying information on file as an approved supervisor.
- 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
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.

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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.

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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 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.

