



Application Packet for

**Upgrade from
CPRS to CPRSR**

**Minnesota Certification Board
Upgrade from CPRS to 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 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)
- Documentation of 500 hours of work experience (Form 2)
- Documentation of 25 hours of supervision (Form 3)
- Documentation of 6 additional hours of education (Form 4)
- Completion of the IC&RC Peer Recovery Exam (Form 5)
- Code of Ethical Conduct for Peer Recovery Specialists (Form 6)
- Consent & Release Form (Form 7)
- Documentation of Disability Related Needs for Exam (Form 8)
- Payment for your application (non-refundable). If paying by check or money order, it must be included and made payable to MCB.
 - o \$75 – if applicant has previously passed the IC&RC Peer Recovery Exam
 - o \$155 – if applicant wishes to complete the IC&RC Peer Recovery Exam as part of the upgrade process

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:

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 (if IC&RC Peer Recovery Exam has not been previously passed). 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.

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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 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

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**REQUIREMENTS AND POLICIES FOR UPGRADING FROM THE CPRS (Certified Peer Recovery Specialist)
to CPRSR (Certified Peer Recovery Specialist Reciprocal)**

This packet allows you to upgrade your non-reciprocal Certified Peer Recovery Specialist credential to the Certified Peer Recovery Specialist Reciprocal. The upgrade is based on acquiring 500 hours of work experience, 25 hours of supervision and 6 hours of additional education (if applicant did not complete a 46-hour training for their initial certification). Your CPRS must be current and in good standing to be eligible for the upgrade process.

COMPLETE APPLICATION (FORM 1)

DOCUMENTATION OF WORK EXPERIENCE (FORM 2)

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

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

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

DOCUMENTATION OF SUPERVISION (FORM 3)

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

- Supervision must 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.

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- 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.

DOCUMENTATION OF ADDITIONAL EDUCATION/TRAINING (FORM 4)

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

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

Prior to January 2021, the Certified Peer Recovery Specialist (CPRS) credential required you to have the following education/training:

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

If you did not submit 46 hours of training consistent with the requirements of the CPRSR when you applied for your CPRS, you must submit documentation of the following education/training to upgrade your credential. The additional hours must be in the following domains:

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

Education and training used to fulfill the requirements of this credential must adhere to the Minnesota Certification Board's Education Policy (Appendix B).

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COMPLETION OF IC&RC PEER RECOVERY EXAM (FORM 5)

To upgrade to the Certified Peer Recovery Specialist Reciprocal (CPRSR) credential, applicants must demonstrate they have passed the IC&RC Peer Recovery Exam. Please complete Form 5 to indicate if you have previously completed the exam or if you need to complete the exam. If you need to complete this exam, you must also complete the Documentation of Disability Related Needs for Exam form.

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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	
Home Email		Home Phone	()

Employer Name			
Work Address (Street, Suite #)			
City		State	
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

Payment Information (non-refundable)

- \$75 – if applicant has already passed the IC&RC Peer Recovery Exam
- \$155 – if applicant wishes to complete the IC&RC Peer Recovery Exam as part of the upgrade process

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 _____

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FORM 2
DOCUMENTATION OF WORK EXPERIENCE

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

Section I - Applicant Information

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

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

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

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

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

Supervisor's Signature

Supervisor: Print Name and Title Date

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**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		Total Hours	
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

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FORM 4

DOCUMENTATION OF ADDITIONAL EDUCATION/TRAINING

I completed a 46-hour training to complete the requirements for my CPRS certification. *No additional action is necessary for Form 4.*

I completed a 40-hour training (prior to January 2021) to complete the requirements for my CPRS certification. *Complete the remainder of Form 4.*

Document 6 additional hours of education/training beyond those submitted for initial certification as a Certified Peer Recovery Specialist (CPRS). Two additional hours in each of the following domains needs to be documented. Attach copies of certificates of completion to this form in the order they are listed.

Advocacy

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

Mentoring

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

Recovery Support

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

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FORM 5

COMPLETION OF IC&RC PEER RECOVERY EXAM

- I previously passed the IC&RC Peer Recovery Exam as a requirement for my CPRS credential.

- I have NOT previously passed the IC&RC Peer Recovery Exam and wish to complete it as part of this upgrade process. I understand that my upgrade fee will be \$155 due to the cost of taking the exam. Please proceed to complete Form 6.

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FORM 6

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.

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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.

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

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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.

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 7
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: _____

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FORM 8

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)

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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