



Application Packet for

**CPRS**

Certified Peer Recovery Specialist

## Directions/Checklist

Read the application packet thoroughly. Complete and submit the following items to the Minnesota Certification Board. Items may be mailed or hand delivered during office hours.

- Form 1: Application for Certified Peer Recovery Specialist (CPRS) Credential
- Forms 2a – 2d: Education Training Verification Forms. Certificates of completion MUST be attached.
- Form 3: Certified Peer Recovery Specialist (CPRS) Code of Ethical Conduct
- Form 4: Consent and Release Form
- Form 5: Statistical Information
- Form 6: Supervision Agreement Form
- Form 7: Monthly Supervision Log
- Form 8: Documentation of Disability Related Needs for Exam
- Form 9: Request for Special Accommodations
- Payment of \$150 (Submit a check or contact the MCB for details on credit card payments).

When the application is approved, you will receive an approval letter and proof of certification in the mail. Application packets are typically processed within one month of receipt. If there are any problems with the application, you will be notified by email or phone.

Make sure to retain a photocopy of the entire application for your records. All materials submitted become property of the MCB. Send your completed application, copies of verifications, documents attachments, and the fee to:

MCB  
4817 Viking Blvd. Suite 101  
Wyoming, MN 55092  
Phone: 763 434 9787 Fax: 763 413 1746  
Website: [www.mcboard.org](http://www.mcboard.org)  
Email: [mcb@mcboard.org](mailto:mcb@mcboard.org)

## **ABOUT THE MINNESOTA CERTIFICATION BOARD:**

The Minnesota Certification Board (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, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, five Native American regions, and all branches of the U.S. military.

IC&RC protects the public by establishing standards, developing examinations and facilitating reciprocity for the credentialing of addiction-related professionals.

## **ABOUT PEER RECOVERY SPECIALISTS:**

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 service recipients find and utilize their values, assets, and strengths while supporting them in achieving success. They recognize that it is normal for recovering service recipients to have gaps in their skills or development. The role of the specialist is to help service recipients 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 recipient.

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. Peer Recovery Specialists may be individuals in recovery, members of recovery community organizations, those affected by substance abuse and mental health, those who work in the substance abuse or mental health field that do not meet the present educational and supervisory criteria for clinical based certifications, and others who possess knowledge and support of long-term recovery.

Formal post-secondary education is not a requirement for obtaining the peer recovery credential. However, emphasis will be placed instead on training, specifically in the domains of advocacy, ethical responsibility, mentoring and education, and recovery/wellness support. Ongoing training will also be required for the maintenance of the peer recovery credential.

# REQUIREMENTS AND POLICIES FOR THE CPRS CREDENTIAL

## EXPERIENCE

There is no prior work experience required for this credential.

## 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

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

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

All education must be appropriately documented on the Training Verification form (Forms 2a – 2d). Transcripts, certificates of completion, or other verifications must be attached.

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

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

Therapeutic education and attendance at self-help meetings such as AA and Al-Anon, etc. are not accepted as education for certification.

## EXAMINATION

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

- **Format.** The Peer Recovery examination includes 75 multiple choice questions. The Minnesota Certification Board only offers the exam in the Computer Based Testing (CBT) format. Candidates are allowed 2 hours to complete the exam.
- **Registration.** Upon approval of the application packet, the Minnesota Certification Board will pre-register you for the exam, and you will receive an email with instructions on how to schedule your exam time and location. Applicants will be allowed up to 90 days to register for and complete the exam after they are approved by the MCB.
- **Location.** The exam may be taken at the Minnesota Certification Board office or other ISO-Quality Testing centers across the United States.
- **Exam Content.** The exam is based on the IC&RC Peer Recovery domains as determined by a comprehensive Job Analysis process. Additional exam details are available in the free Candidate Guide, which is available on the Minnesota Certification Board website.
- **Study Guide.** A free study guide, *The Rhode Island Peer Recovery Specialist Certification Guide: A Study Guide for the Certification Exam*, is available for this exam. Please contact the board for more details.
- **Retest.** Applicants will only be allowed to fail the exam three consecutive times within a year, taking the exam once every 90 days. After failing the exam the third time, applicants must wait one calendar year after their last exam fail before taking the exam again. Before taking the exam a fourth time, the candidate must demonstrate that he or she has completed additional education related to the domains for this credential.
- **Accommodations.** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing with documentation, to the Minnesota Certification Board. Requests for disability accommodations must be submitted on the Documentation of Disability Related Needs for Exam form (Form 8) and Request for Special Accommodations (Form 9).
- **Cancellation/Rescheduling.** Candidates are required to arrive on time for their exam. Candidates who arrive late may not be permitted to test and may be charged a cancellation/rescheduling fee. Applicants may be required to pay a rescheduling or cancellation fee in order to reschedule or cancel their exam.

## RESIDENCY

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

## CODE OF ETHICS

- Must submit a signed and dated Code of Ethical Conduct statement that the applicant has read and will abide by the code of ethics. Additionally, a CPRS must be familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services. A CPRS shall not cross professional boundaries or practice outside of their scope of practice.

## SUPERVISION

- Must be supervised by an appropriately certified or licensed professional in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who is knowledgeable of the Peer Recovery domains, the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- Supervision must be 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 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.
- Supervision must be documented and signed off on by the supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.
- Must complete the Supervision Agreement Form (Form 6)
- Supervision must be documented and signed off on by the supervisor on the Monthly Supervision Log (Form 7). Documentation of supervision must be provided to the Minnesota Certification Board upon request.
- The applicant must notify the Minnesota Certification Board immediately in writing of termination of the supervision relationship and identify a plan for submitting a Supervision Agreement Form for a new supervisor. Service may not be provided under the representation of this credential during periods which there is not an approved supervisor on file with the board.

## OTHER

- Signed and dated Consent and Release Form.

## FEES

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

## RECIPROCITY

This is a state level credential and **does not** meet the IC&RC requirements for reciprocity.

## LENGTH OF INITIAL CERTIFICATION

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

## FIRST ANNUAL RENEWAL

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

## RECERTIFICATION

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

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

1. Hold a current and valid Certified Peer Recovery Specialist (CPRS) credential issued by MCB;
2. Complete 20 hours of MCB approved continuing education related to the Peer Recovery Domains including six hours in professional ethics and responsibilities. Credits must be earned within the two year certification period;
3. Complete a Recertification Application;
4. Verify that you have reviewed, read and will uphold in your practice, the current MCB Code of Ethical Conduct for Certified Peer Recovery Specialists;
5. Verify that you have not violated the MCB Code of Conduct for Certified Peer Recovery Specialists;
6. Verify that you have practiced within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services;
7. Verify that you have received supervision consistent with MCB guidelines for this credential;
8. Pay the recertification fee of \$150 (includes two years of certification).

## LAPSED CERTIFICATION

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

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

## **APPEAL PROCESS**

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



## 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. Teach clients life skills.
  - e. Encourage clients how to self-advocate.
- Recovery Support
  - a. Serve as an active and equal member of the client's recovery-oriented team(s).
  - b. Assure that all recovery-oriented tasks and activities build on the client's strength and resiliencies.
  - c. Support the client in identifying his or her options and assist client with prioritization related to establishing and achieving recovery goals.
  - d. Support the client's developing problem-solving skills so they can respond to challenges to their recovery.
  - e. Support the client's access to services and supports that will help them attain their individual recovery goals.
- Ethical Responsibility
  - a. Respond appropriately to risk indicators to assure the clients' welfare and physical safety.
  - b. Immediately report suspicions that the client is being abused or neglected to an identified authority.
  - c. Maintain confidentiality.
  - d. Communicate personal issues that impact your ability to perform job duties.
  - e. Assure that interpersonal relationships, services, and supports reflect the clients' individual differences and cultural diversity.
  - f. Document service provisions as required by the employer.
  - g. Gather information regarding the clients' personal satisfaction with their progress toward recovery goals.
  - h. Become familiar with and practice within the scope of all relevant statutes, rules, and standards relevant to the provision of peer recovery services.
  - i. Maintain professional boundaries with clients and other professionals.

## Minnesota Certification Board Certified Peer Recovery Specialist (CPRS)

### APPLICATION

*Form can be completed and saved. You may then print the appropriate pages to submit to MCB.*

What other MCB certifications do you hold? \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

County: \_\_\_\_\_ Email: \_\_\_\_\_

*(Required)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If MCB needs to contact you, please indicate your preference:  Home Phone  Cell Phone

**Education**

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

**Additional Information**

Why are you seeking certification?

\_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
*If yes, please explain in full on a separate sheet and attach to this form.*

**Payment Information**

Fee of \$150 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 \_\_\_\_\_

**Please print your name as it should appear on your certificate:**

\_\_\_\_\_

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**EDUCATION TRAINING VERIFICATION FORM – ADVOCACY**

- A **minimum of 8 hours** is required in this domain. Please read the Peer Recovery Domains document for details on allowable training content in this domain.
- Please attach copies of certificates of completion to this cover sheet in the order they are listed on the form.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**EDUCATION TRAINING VERIFICATION FORM – MENTORING/EDUCATION**

- A **minimum of 8 hours** is required in this domain. Please read the Peer Recovery Domains document for details on allowable training content in this domain.
- Please attach copies of certificates of completion to this cover sheet in the order they are listed on the form.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**EDUCATION TRAINING VERIFICATION FORM – RECOVERY SUPPORT**

- A **minimum of 8 hours** is required in this domain. Please read the Peer Recovery Domains document for details on allowable training content in this domain.
- Please attach copies of certificates of completion to this cover sheet in the order they are listed on the form.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**EDUCATION TRAINING VERIFICATION FORM – ETHICAL RESPONSIBILITY**

- A **minimum of 16 hours** is required in this domain. Please read the Peer Recovery Domains document for details on allowable training content in this domain.
- Please attach copies of certificates of completion to this cover sheet in the order they are listed on the form.

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

Title of Training:			
Sponsoring Organization:			
Presenter Name(s):			
Date(s) of Training:		Hours Completed in This Domain:	
Brief Summary of Training:			

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS) and  
Certified Peer Recovery Specialist Reciprocal (CPRSR)  
CODE OF ETHICAL CONDUCT**

**UNLAWFUL CONDUCT**

- Rule 1.1** Once certified, a Certified Peer Recovery Specialist/Certified Peer Recovery Specialist Reciprocal (hereafter referred to as CPRS) shall not be cited, arrested, or convicted for any summary offense, misdemeanor, or felony relating to the individual's ability to provide substance abuse and other behavioral health services or that reflects conduct unbecoming a CPRS as determined by MCB,INC.
- Rule 1.2** A CPRS shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

**SEXUAL MISCONDUCT**

- Rule 2.1** A CPRS shall, under no circumstances, engage in sexual activities or sexual contact with an active client, whether such contact is consensual or forced.
- Rule 2.2** A CPRS shall not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation for potential harm to the client.
- Rule 2.3** A CPRS shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.
- Rule 2.4** A CPRS shall not provide services to individuals with whom they have had a prior sexual relationship.

**FRAUD RELATED CONDUCT**

- Rule 3.1** A CPRS shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  3. present or cause to be presented a false or fraudulent claim or benefit application.
  4. present proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  5. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes, but is not limited to, the misrepresentation of professional qualifications, education, certification, accreditation, affiliations,

employment experience, the plagiarism of application and recertification materials, or the falsification of references.

- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.
- Rule 3.4** A CPRS shall not provide service under a false name or a name other than the name under which his or her certification is held.
- Rule 3.5** A CPRS shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.
- Rule 3.6** A CPRS shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A CPRS who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the CPRS should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

#### **EXPLOITATION OF CLIENTS**

- Rule 4.1** A CPRS shall not develop, implement, or maintain exploitative relationships with clients and/or family members of clients.
- Rule 4.2** A CPRS shall not misappropriate property from clients and/or family members of clients.
- Rule 4.3** A CPRS shall not enter into a relationship with a client which involves financial gain to the CPRS or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A CPRS shall not promote to a client for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A CPRS shall not ask for nor accept gifts or favors from clients and/or family members of client.
- Rule 4.6** A CPRS shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a client referral.
- Rule 4.7** A CPRS shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the CPRS is employed.

#### **PROFESSIONAL STANDARDS**

- Rule 5.1** A CPRS shall not in any way participate in discrimination on the basis of race, color, sex, sexual/gender orientation, age, religion, national origin, socioeconomic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A CPRS who fails to seek assistance under professional care for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other type of physical or mental health related adversity that interferes with his/her professional functioning shall



be in violation of this rule. Where any such conditions exist and impede his/her ability to function competently, a CPRS must request inactive status of their CPRS certificate for medical reasons for as long as necessary, not forsaking timely recertification. Such assistance for impairment may be obtained from a variety of professional mechanisms to maintain wellness, including therapy, support systems/groups, psychiatric nurses, medication management, etc.

- Rule 5.3** A CPRS shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A CPRS shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A CPRS shall not perform services outside of his/her area of training, expertise, competence, or scope of practice.
- Rule 5.6** A CPRS shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** The CPRS shall not permit publication of photographs, disclosure of client names or records, or the nature of services being provided without securing all requisite releases from the client, or parents or legal guardians of the clients.
- Rule 5.8** The CPRS shall not discontinue professional services to a client nor abandon the client without facilitating an appropriate closure of professional services for the client.
- Rule 5.9** A CPRS shall not fail to obtain an appropriate consultation or make an appropriate referral when the client's problem is beyond his/her area of training, expertise, competence, or scope of service.

#### **SAFETY & WELFARE**

- Rule 6.1** A CPRS shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.
- Rule 6.2** All CPRS's are mandated child abuse reporters.

#### **RECORD KEEPING**

- Rule 7.1** A CPRS shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the client record.

#### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

- Rule 8.1** A CPRS shall not refer a client to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

#### **DISCIPLINE IN OTHER JURISDICTIONS**

- Rule 9.1** A CPRS holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the MCB, Inc. of such disciplinary action.

## COOPERATION WITH THE BOARD

**Rule 10.1** A CPRS shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed.

Interference attempts may include, but are not limited to:

1. willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusal to accept and/or respond to a letter of complaint, allowing a certificate to lapse while an ethics complaint is pending, or attempting to resign a certification while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified CPRS's certification until the ethical complaint is resolved.

**Rule 10.2** A CPRS shall:

1. not make a false statement to the MCB, Inc. or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleagues could take corrective action;
3. report violations of professional conduct of other CPRS's to the appropriate licensing/disciplinary authority when he/she knows or should have known that another CPRS has violated ethical standards and has failed to take corrective action after informal intervention.
4. Will not practice counseling skills if not a licensed counselor.

**Rule 10.3** A CPRS shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A CPRS with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with MCB Inc. investigation or disciplinary proceeding. Failure or unwillingness to cooperate in MCB Inc. investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A CPRS shall not file a complaint or provide information to MCB, Inc. which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to MCB, Inc. a CPRS shall comply with any requirements pertaining to the disclosure of client information established by the federal or state government.

By signing this document, I acknowledge that I have read and understand this Code of Ethical Conduct.

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

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

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

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**CONSENT & RELEASE FORM**

I request that MCB grant the Certified Peer Recovery Specialist credential to me based on the following:

- I subscribe to and commit myself to professional conduct that meets the MCB Code of Ethical Conduct.
- 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 given 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 will nullify this application and will result in 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 Board.

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

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

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

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**STATISTICAL INFORMATION**

**Highest Educational Level Completed:**

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

**Race: (optional)**

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

**Gender: (optional)**

- Female
- Male

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**SUPERVISION AGREEMENT FORM**

- Certified Peer Recovery Specialists must be supervised by an appropriately certified or licensed professional in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who is knowledgeable of the Peer Recovery domains, the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- Supervision must be 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 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.
- Supervision must be documented and signed off on by the supervisor on the Monthly Supervision Log (Form 7). Documentation of supervision must be provided to the Minnesota Certification Board upon request.
- The applicant must notify the Minnesota Certification Board immediately in writing of termination of the supervision relationship and identify a plan for submitting a Supervision Agreement Form for a new supervisor. Service may not be provided under the representation of this credential during periods which there is not an approved supervisor on file with the board.

Applicant Name:	
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Name of Organization Where Hours will be Completed:	
Position Title of Applicant While Hours will be Completed:	
General Description of Position:	

Supervisor Name:	
Supervisor Title:	
Supervisor Credential (see below for additional details):	

\*\*If the supervisor does not possess the CPRSR credential from the Minnesota Certification Board (or equivalent reciprocal level peer recovery credential from another IC&RC board), they must attach a resume, a statement explaining their experience in the following peer recovery domains (Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility), a statement documenting 500 hours of volunteer or paid peer recovery work experience specific to the domains, a copy of the proposed supervisor’s good standing credential, and documentation of 46 hours specific to the domains, with 10 hours each in the domains of Advocacy, Mentoring/Education, and Recovery/Wellness Support and 16 hours in the domain of Ethical Responsibility. A more detailed explanation of the peer recovery domains is available from the Minnesota Certification Board upon request.

**Acknowledgements**

I acknowledge that I have read the form and will uphold the requirements set forth by the Minnesota Certification Board in this supervision agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that I have read the form and will uphold the requirements set forth by the Minnesota Certification Board and will uphold the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services as I provide supervision for the noted applicant.

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

## Minnesota Certification Board Certified Peer Recovery Specialist (CPRS)

### MONTHLY SUPERVISION LOG

- A CPRS must be supervised by an appropriately certified or licensed professional in the behavioral health field (CPRSR, ADCR-MN, LADC, LPCC, etc.) who is knowledgeable of the Peer Recovery domains, the MCB Peer Recovery Specialist Code of Ethical Conduct, and relevant statutes, rules, and standards relevant to the provision of peer recovery services.
- Supervision must be provided at a rate of one hour of face to face supervision for every twenty hours of service provision.
- Supervision must be **documented on this form** and signed off on by the supervisor. Documentation of supervision must be provided to the Minnesota Certification Board upon request.

Month/Year:	
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Name:	
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Supervisor Name:	
Supervisor Credential:	

Number of Hours Practiced During this Month:	
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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 \_\_\_\_\_

**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**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**.

<b>Professional Documentation</b>	
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:	
Signed: _____	Title _____
Printed Name: _____	
Address: _____	
City/State/Zip: _____	
Telephone Number: _____	Email: _____
License Number: _____	Date: _____
<small>(if applicable)</small>	



**Minnesota Certification Board  
Certified Peer Recovery Specialist (CPRS)**

**REQUEST FOR SPECIAL ACCOMMODATIONS**

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to the Minnesota Certification Board for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. 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**.

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

<p><b>Special Accommodations</b></p> <p>_____ Accessible Testing Site</p> <p>_____ Braille</p> <p>_____ Large Print Exam</p> <p>_____ Reader</p> <p>_____ Extended testing time (time and a half)</p> <p>_____ Distraction-free room</p> <p>_____ Other special accommodations (please specify)</p> <p>Comments:</p>          <p>Signed _____ Date: _____</p>
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