



NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST

NCPRSS

Credential Application

Please note: If any documentation required for the NCPRSS credential application was issued under a previous name, you must submit a copy of the legal document to verify the change. (If by divorce, copy only that portion of the document showing the name change.)

Dr. Mr. Ms. Other: _____

I. Personal Data

Name: _____

Address: _____

City/State/ZIP+4 _____

Phone (w): _____ (cell): _____ (f): _____

E-mail: _____

II. Payment/Fee Information

Credential: NCPRSS

Application Fee: \$ 235.00 (non-refundable)

Amount Enclosed: \$ _____.00 (check/money order payable to NCC AP)

Credit card amount: \$ _____.00 Company card Personal card

MasterCard Visa American Express

Full name of card holder (please print)

Credit card number / *Exp Date* *CVC #*

Billing address

Card holder's signature

III. NCPRSS Credential Eligibility & Application Requirements

1. Candidate must have a GED or High School diploma. Candidate must submit copy of GED, high school or higher diploma/transcript.
2. Candidate must self-attest to a minimum of two years of recovery from lived-experience in substance use and/or co-occurring disorders or mental health disorders.” (See page 11 of the application.)
3. Candidate must have a minimum of 200 hours of direct practice (volunteer or paid) in a peer recovery support environment.
Supervisor must attest that the candidate has a minimum of 200 hours of direct practice (volunteer or paid). (See page 11 of the application.)
4. Candidate must provide evidence of earning 60 continuing education contact hours (CEs) of peer recovery-focused education and training.
 - a. At least 48 hours of peer recovery-focused education and training, including education in documentation, community/family education, case management, crisis management, Recovery-Oriented Systems of Care (ROSC), screening and intake, identification of indicators of substance use and/or co-occurring disorders for referral, service coordination, service planning, cultural awareness and/or humility, and basic pharmacology.
 - b. At least 6 hours of Ethics education/training within the last six years.
 - c. At least 6 hours of HIV/other pathogens education/training within the last six years.
5. Candidate must sign a statement that they have read and will adhere to the NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics. (See page 11 of the application.)
6. Candidate must submit two references. At least one of the references must be a professional reference. Both references must accompany the NCPRSS application in sealed envelopes. (Note: Candidate has option to provide one professional and one personal reference **or** two professional references. See pages 5-8.)
7. Candidate must mail application and all supporting documents with the non-refundable application fee of \$235 to:

NCC AP
ATTN: Credentialing
44 Canal Center Plaza, Suite 301
Alexandria, VA 22314

8. A passing score on one of the following exams:
 - National Certified Peer Recovery Support Specialist (NCPRSS) exam through NCC AP.
 - Core Peer Recovery Specialist (PR) exam through the Arkansas Peer Specialist Program.
 - Advanced Peer Recovery Specialist (APR) exam through the Arkansas Peer Specialist Program.
 - Peer Recovery Peer Supervisor (PRPS) exam through the Arkansas Peer Specialist Program.

Candidates who have already passed the PR, APR or PRPS exam will need to provide a copy of their exam results with their application. If successful examination has not occurred, you will be provided registration information for NCC AP’s NCPRSS exam once your application has been approved. (Exam fee is an additional \$150.)

IV. Education Record

Candidate must submit copy of GED, high school or higher diploma or transcript.

Training Hours Summary: Candidate must submit copies of training events (college transcripts, conference/seminar attendance certificates and any other continuing education credits). All CE certificates must show the title of the training, name of the presenter/education provider (complete with their signature), number of CEs earned and date that the training occurred. You may not apply the same title training more than once every two years. We ask that you do not submit duplicate CE certificates.

Candidate's Worksheet of Education and Training:

Education and training hours translate as:

- 1 hour of education/training = 1 CE
- 1 quarter college credit = 10 CEs
- 1 semester college credit = 15 CEs

Below are topics for the required 48 CEs of education/training:

<input type="checkbox"/> Basic Pharmacology	<input type="checkbox"/> Identification of Indicators of Co-occurring Disorders for Referral
<input type="checkbox"/> Case Management	<input type="checkbox"/> Recovery-Oriented Systems of Care
<input type="checkbox"/> Community/Family Education	<input type="checkbox"/> (ROSC)
<input type="checkbox"/> Crisis Management	<input type="checkbox"/> Screening and Intake
<input type="checkbox"/> Cultural Awareness and/or	<input type="checkbox"/> Service Coordination
<input type="checkbox"/> Humility	<input type="checkbox"/> Services Planning
<input type="checkbox"/> Documentation	

Summary of Candidate's Education and Training

<input type="checkbox"/> Contact hours of peer recovery-focused education and training (48 CEs required)
<input type="checkbox"/> <input type="checkbox"/> Undergraduate or graduate CEs (documented by college transcript).
<input type="checkbox"/> <input type="checkbox"/> Other education and training CEs (documented by CE certificates).
<input type="checkbox"/> Contact hours of Ethics education and training within the last six years (6 CEs are required – documented by CE certificates).
<input type="checkbox"/> Contact hours of HIV/other pathogens education and training within the last six years (6 CEs are required – documented by CE certificates).

Intentional Blank Page

V. PROFESSIONAL REFERENCE

Candidate's Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company's Name: _____

Company's Address: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Length of time as Candidate's Supervisor: _____

Please check the area(s) in which you are certified/licensed:

SUD/Professional
Counselor Social Worker
Mental Health
Marriage & Family

Psychologist
Psychiatrist
Medical Doctor
Other: _____ (Please specify)

This candidate is applying for the National Certification Commission for Addiction Professionals' National Certified Peer Recovery Support Specialist credential. Your evaluation is of the utmost importance to the candidate's application process.

Please rate the candidate in each area listed below, using the following scale:						
	1	2	3	4	5	N/A
a. Documentation						
b. Community/Family Education						
c. Case Management						
d. Crisis Management						
e. Recovery-Oriented Systems of Care (ROSC)						
f. Screening and Intake						
g. Identify Indicators for SUD and/or Co-occurring Disorders for referral						
h. Service Coordination						
i. Service Planning						
j. Cultural Awareness and/or Humility						
k. Basic Pharmacology						
l. Other: (please provide)						
m. Other: (please provide)						

Please complete the following statements:

The candidate is an asset to the field of peer recovery support services because:

The candidate is a liability to the field of peer recovery support services because:

Additional Comments:

“I recommend the candidate for certification as a National Certified Peer Recovery Support Specialist.”

“I do not recommend the candidate for certification as a National Certified Peer Recovery Support Specialist.”

“I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief.”

Supervisor's Signature

Date

Please return your reference to the candidate in a sealed envelope.

NOTE: Candidate must submit two references. At least one reference must be a professional reference.

VI. PERSONAL REFERENCE

Candidate's Name: _____

Reference's Name & Title: _____

Address: _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Length of time you've known the Candidate: _____

Please check the area(s) in which you are certified/licensed (not required) if applicable:

SUD/Professional Counselor

Psychologist

Social Worker

Psychiatrist

Mental Health

Medical Doctor

Marriage & Family

Other: _____
(please specify)

This candidate is applying for the National Certification Commission for Addiction Professionals' National Certified Peer Recovery Support Specialist credential. Your evaluation is of the utmost importance to the candidate's application process.

Please rate the candidate in each area listed below by selecting the column regarding the candidate's relationship with you and others. In addressing interpersonal relationships, we believe that these traits impact client care.				
	Strongly Agree	Agree	Disagree	Strongly Disagree
Respect for others				
Care and concern for others				
Genuineness				
Empathy				
Flexibility				
Judgment				
Honesty				
Capacity for appropriate confrontation				
Sense of immediacy				
Other: _____ (please provide)				
Other: _____ (please provide)				

Please complete the following statements:

The candidate is an asset to the field of peer recovery support services because:

The candidate is a liability to the field of peer recovery support services because:

Additional Comments:

"I recommend the candidate for certification as a National Certified Peer Recovery Support Specialist."

"I do not recommend the candidate for certification as a National Certified Peer Recovery Support Specialist."

"I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief."

Signature

Date

Please return your reference to the candidate in a sealed envelope.

NOTE: Candidate must submit two references. One reference must be a professional reference.

VII-a. Career History

In providing your employment history, please list your current position first and work backwards until you have documented the required minimum of 200 hours of direct practice in a peer recovery support environment (volunteer or paid). Attach additional pages as needed. You may also submit your resume.

Current Employer: _____

Address: _____

Job title: _____

Position held from: *(month/year)* _____ to: *(month/year)* _____

Supervisor Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

VII-b. Career History

Previous Employer: _____

Address: _____

Job title: _____

Position held from *(month/year)* _____ to *(month/year)* _____

Supervisor Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

VIII. Candidate's Confirmation of Recovery (Self-Attestation)

"I verify having a minimum of two years of recovery from lived-experience in substance use and/or co-occurring disorders or mental health disorders."

Applicant's Signature

Date

Applicant's Name (*please print*)

IX. Supervisor's Verification of Candidate's Direct & Ethical Practice

"I verify that, to my knowledge, this candidate has a minimum of 200 hours of direct practice (volunteer or paid) in a peer recovery support environment. In addition, I verify, to the best of my knowledge, that this candidate engages in ethical peer recovery practice."

Supervisor's Signature

Date

Supervisor's Email Address

X. NAADAC/NCCAP NCPRSS Code of Ethics

All those holding the NCC AP NCPRSS credential are required to adhere to the NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics. Ethics code violations may result in disciplinary actions, including loss of your credential. The full NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics is located in full at <http://www.naadac.org/ncprss-code-of-ethics>.

"I hereby attest that I have read, understand, and will adhere to the NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics."

Candidate's Signature

Date

XI. Candidate's Affirmation

"I certify that I meet the eligibility requirements for the National Certified Peer Recovery Support Specialist (NCPRSS) national credential, and that the information in this application and its supporting documents is accurate, correct and complete. I also certify that the state credential/license presented is not encumbered in any manner and that I do not hold a credential/license from any other state that is or has been subject to criminal or ethical complaint. The National Certification Commission for Addiction Professionals (NCC AP) is authorized to contact any institution, organization or individual listed on or included with this application for verification of my substance use disorders counseling history. I understand that the NCC AP retains ownership of the NCPRSS credential and may, from time to time, make available credential holder names and other information to potential service users."

Candidate's Signature

Date

Note: State licensure/certification is not required for the NCPRSS credential.

Candidate's Checklist

Completed Personal Data

Included check/money order or provided credit card information. (The NCC AP has a no refund policy for incomplete applications.)

Enclosed copy of GED, High School or higher diploma/transcript.

Included education/training certificate copies (to include 6 hours of Ethics & 6 hours of HIV/other pathogens training within the last six years).

Completed Career History Section.

Professional Reference and Personal Reference (or two Professional References) included.

Candidate's Confirmation of Recovery (Self-Attestation).

Supervisor's Verification of Candidate's Direct & Ethical Practice.

Signed statement that candidate has read, understands, and will adhere to the NAADAC/NCC AP NCPRSS Code of Ethics.

Completed Candidate Affirmation.

Made a copy of your application and supporting documents for your records.

Application and supporting documentation **must** be mailed to:

**NCC AP - Certification Department
44 Canal Center Plaza, Ste 301
Alexandria, VA 22314**

NOTE: The initial application review may take up to 45 business days from date received by NCC AP Staff.