



RE-CREDENTIALING APPLICATION FOR NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST

Thank you for applying for re-credentialing as a National Certified Peer Recovery Support Specialist (NCPRSS).

I. Personal Data

Dr. Mr. Ms. _____

Please provide complete contact information in the space below. If you have experienced a change in your name, you must submit a copy of the legal document showing that change.

Name: _____

Address: _____

City/State/ZIP+4: _____

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

E-mail: _____

I do not give the NCC AP permission to publish my information on the NAADAC website
(Leaving the check box unchecked gives us permission to post your information)

II. Confirmation of Recovery (Self-Attestation)

“I affirm that I have been in ongoing recovery from substance use/co-occurring mental health and substance use disorders since my initial application date for the NCPRSS credential.”

Signature

Date

III. Career History

Please provide your employment history of direct practice in a peer recovery support environment (volunteer or paid) for the past two years only. Please list your current position first and work backwards until you have documented up to your last certification term start date. Attach additional pages as needed.

Current Employer: _____

Address: _____

Job title: _____

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

Supervisor Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

Previous Employer: _____

Address: _____

Job title: _____

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

Supervisor Name: _____ Phone: _____

Supervisor's Email Address: _____

Brief job description:

IV. Continuing Education Hours

A total of 20 contact hours of education/training (online or in-person) that includes six hours of ethics is required within the two years between the start date of your credential and the upcoming expiration date. There is no longer a requirement to present the training certificates acquired during these two years unless your application is audited by the NCC AP.

Please read and attest to the statement below through your signature.

“I certify that I have completed the necessary 20 hours of education/training, including six hours of ethics of training, within the appropriate time frame to support this application, and that I will provide documentation of that training to the NCC AP within 30 days of any audit request”

Signature

Date

V. NAADAC/NCC AP NCPRSS Code of Ethics

All those holding the NCC AP NCPRSS Credential are required to adhere to the NAADAC/NCC AP Peer Recovery Support Code of Ethics. Ethics code violations may result in disciplinary action, including loss of your credential. The full NAADAC/NCC AP Peer Recovery Support Specialist Code of Ethics is located in full at 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.”

Signature

Date

VI. Candidate’s Affirmation

“I certify that I meet the eligibility requirements for the NCPRSS national credential, and that the information in this application and its supporting documents is accurate, correct and complete. I also certify that I do not hold a credential/license from any 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.”

Signature

Date

Payment/Fee Information

Credential : N CPRSS

Renewal: \$ 200.00

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

Credit card amount: \$. Company card Personal card
MasterCard Visa America Express

_____/_____
Credit Card number Expiration Date

Card holder's signature Card holder's name (please print)

Candidate's Checklist

Completed/Updated Personal Data.

Signed Confirmation of Recovery (Self-Attestation).

Completed Career History Section.

Completed Continuing Education Section.

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

Signed Candidate's Affirmation Section.

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

Application and supporting documentation **must** be mailed to the address below.

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