



West Virginia Certification Board for Addiction and Prevention  
Professionals

436 12<sup>th</sup> Street,  
Suite C  
Dunbar, WV 25064  
304-768-2942  
304-768-1562

## Peer Recovery Support Specialist (PRSS)

### Initial Application Form

**PLEASE KEEP A COPY OF THE COMPLETE APPLICATION FOR YOUR PERSONAL RECORD**

## DIRECTONS/CHECKLIST

### This form must be the first item in Application Packet

- \_\_\_\_\_ Completed and signed Application Form
- \_\_\_\_\_ Copy of current government issued photo ID.
- \_\_\_\_\_ Documentation of high school diploma/GED or official transcript required – attach copy to this application.
- \_\_\_\_\_ Copies of Certificates of attendance for trainings.
- \_\_\_\_\_ All required documentation to support employment, if applicable (i.e. letters from former employers verifying employment, current job description, signed and dated by applicant and supervisor).
- \_\_\_\_\_ Supervision form completed and signed by supervisor. Include letter (on company letterhead) from previous employer verifying your duties and dates employed.
- \_\_\_\_\_ Notarized Release form.
- \_\_\_\_\_ Sign and date the Statement of Personal Recovery and the Code of Ethical Conduct.
- \_\_\_\_\_ Copy of entire packet.
- \_\_\_\_\_ Fee of \$75 which may be paid as follows:
  - by check or money order (payable to WVCBAPP) mailed to address below with document
  - online with PayPal at [www.wvcbapp.org](http://www.wvcbapp.org) and mailing document to address below

When the application is approved, you will be notified about scheduling the exam. If there are any problems with the application, you will be notified by email or phone.

- Keep a photocopy of the entire application. Do not send original certificates of attendance or original birth certificate.
- Do NOT use employer issued email addresses.
- Application fee of \$75. Make checks payable to: and mail application and payment to: WVCBAPP, 436 12<sup>th</sup> Street, Suite C, Dunbar, WV 25064

#### Signature below denotes that applicant:

- is free of any ethical or malpractice violation; and accepts all of the principles of the WVCBAPP Code of Ethics and disciplinary procedure;
- ***understands the PR is not a substitute or a replacement for a Right to Practice credential and is therefore not a license with which to practice substance abuse or mental health counseling.***

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

Signature

Date

**APPLICATION FOR PEER RECOVERY SUPPORT SPECIALIST (PR) CERTIFICATE**

**B. DEMOGRAPHIC DATA: EMAIL ADDRESS IS MANDATORY.** *Submit a photocopy of a government-issued photo ID with this application. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.*

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                      MIDDLE                      FIRST                      Maiden or Nickname

PREFERRED ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX    APT. NUMBER/SUITE  
\_\_\_\_\_  
  CITY    STATE                      ZIP CODE

ALTERNATE ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX    APT. NUMBER/SUITE  
\_\_\_\_\_  
  CITY    STATE                      ZIP CODE

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
(Do NOT use employer issued email address)

BUSINESS NAME OR AGENCY: \_\_\_\_\_

COUNTY OF BUSINESS OR AGENCY: \_\_\_\_\_

GENDER: ( ) FEMALE ( ) MALE    BIRTH DATE: \_\_\_\_\_

RACE: \_\_\_\_\_  
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

ARE YOU IN PRIVATE PRACTICE? ( ) YES                      ( ) NO

HIGHEST ACADEMIC DEGREE: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

LICENSES:      ( ) SOCIAL WORK                      ( ) COUNSELING                      ( ) MEDICINE  
                    ( ) PSYCHOLOGY                      ( ) NURSING  
                    ( ) OTHER                      \_\_\_\_\_

ADDICTION CREDENTIALS:      ADC ( )      AADC ( )      PS I ( )  
  PS II ( )      CCJP ( )      CS ( )

**EMPLOYMENT, PAID OR VOLUNTEER, 500 HOURS REQUIRED**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.  
Make copies of form as needed.*

Current Employer: \_\_\_\_\_

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Previous Employer: \_\_\_\_\_

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

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

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Statement of Personal Recovery

I, the undersigned individual, affirm that I have successfully pursued my own personal health recovery experience involving the use of alcohol and/or other drugs. I affirm that I have not used any alcohol or other drug affecting my central nervous system, or other drug causing physical or psychological dependence, to which I was addicted or upon which I was previously dependent, within the past two years. I further affirm that I have not used controlled substances which were obtained illegally, or misused any controlled substances which were obtained with a valid prescription order from a licensed health care provider, within the past year. I affirm that in the event I experience a relapse in my recovery or experience other psychological or physical health conditions which may interfere with and impair my professional functioning, I will seek appropriate therapeutic care, and I will not provide services as a peer recovery professional during my care.

My present period of continued recovery from alcohol or other psychoactive drugs

is \_\_\_\_\_ years and/or \_\_\_\_\_ months.

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Please Print or Type Your Name

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Applicant Signature

Date

# SUPERVISION

**To Supervisor:** Please complete this form indicating applicant's on the job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on the job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person; it ensures quality of care and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant's Name: \_\_\_\_\_

I hereby attest that a minimum of 25 hours of supervision in the domains have been attained by the above-named applicant. At least 6 hours in each of the domains were received as outlined below.

## PR DOMAINS

## # OF HOURS RECEIVED IN EACH (minimum of 6 hours)

- 1. Advocacy \_\_\_\_\_
- 2. Mentoring/Education \_\_\_\_\_
- 3. Recovery /Wellness Support \_\_\_\_\_
- 4. Ethical Responsibility \_\_\_\_\_

## TOTAL MUST BE AT LEAST 25 HOURS

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name Printed, Including Credentials or Licenses

**WEST VIRGINIA CERTIFICATION BOARD**  
**FOR ADDICTION AND PREVENTION PROFESSIONALS**

**CERTIFICATION OF TRUTH**

**1. APPLICANT**

**MUST BE NOTARIZED**

I hereby certify that the statements contained in this application and supporting documents, given for consideration of my application for certification as a Peer Recovery Support Specialist are, to the best of my knowledge, true and correct. I acknowledge that fees are non-refundable.

I further certify that I have read and subscribe to and abide by the NAADAC/NCC AP NCPRSS Code of Ethics. I authorize the Board to conduct inquiries or interviews as they deem necessary.

\_\_\_\_\_  
Signature of Applicant

**STATE OF WEST VIRGINIA,**

**COUNTY OF \_\_\_\_\_, TO-WIT:**

Subscribed and signed this \_\_\_\_\_ day of \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# Ethical Code of Conduct Peer Recovery Support Specialists

It is the policy of the West Virginia Certification Board for Addiction Professionals to promote and safeguard the quality, effectiveness, and competence of Peer Recovery Support Specialists through the insistence of adherence to its Code of Ethics by all WVCBAPP certified Peer Recovery Support Specialists.

The ethics committee develops and recommends an ethical code of conduct for adoption by the Board of Directors. Currently, the Board has adopted the code of conduct adhered to by the NAADAC/NCC AP National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics The NCPRSS code of ethics can be found at <https://www.naadac.org/ncprss-code-of-ethics>

The ethics committee has jurisdiction over all matters of violation and misconduct by WVCBAPP certified Peer Recovery Support Specialists in the state of West Virginia. It immediately and thoroughly investigates such charges and makes recommendations to the Board of Directors for appropriate action.

## National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics

### Preamble

The NAADAC/NCC AP National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics outlines basic values and principles of peer recovery support practice. This Code serves as a guide for - responsibility and ethical standards for NCC AP National Certified Peer Recovery Support Specialists. Peer Recovery Support Specialists have a responsibility to help persons in recovery achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery.

Peer Recovery Support Specialists shall maintain high standards of personal conduct and conduct themselves in a manner that supports their own recovery. Peer Recovery Support Specialists shall serve as advocates for the people they serve.

Peer Recovery Support Specialists shall not perform services outside of the boundaries and scope of their expertise, shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals and Recovery Support Specialists to best meet the needs of the person(s) served. Peer Recovery Support Specialists shall preserve an objective and ethical relationship at all times. This credential does not endorse, suggest or intent that a Peer Recovery Support Specialist will serve independently. The Peer Recovery Support Specialist shall only work under supervision.

### I. Conduct



As a Peer Recovery Support Specialist, I will:

1. **Agree to maintain a minimum of two (2) clinical supervision sessions per month totally at least 2 hours of documented clinical supervision.**
2. Accurately identify my qualifications, expertise, and certifications to all whom I serve and to the public.
3. Conduct myself in accordance with the NCC AP NCPRSS Code of Ethics.
4. Make public statements or comments that are true and reflect current and accurate information.
5. Remain free from any substances that affect my ability and capacity to perform my duties as a Peer Recovery Support Specialist.
6. Recognize personal issues, behaviors, or conditions that may impact my performance as a NCPRSS.
7. Maintain regular supervision and ongoing support so I have a person with whom I can address challenging personal issues, behaviors, or conditions that may negatively affect my own recovery. I understand that misconduct may result in the suspension of my credentials.
8. Respect and acknowledge the professional efforts and contributions of others and not declare or imply credit as my own. If involved in research, I shall give credit to those who contribute to the research.
9. Maintain required documentation for and in all client records as required by my agency or the Federal requirements making certain that records are documented honestly and stored securely. Agency disposal of records policies shall be adhered to.
10. Protect the privacy and confidentiality of persons served in adherence with Federal Confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (Social Media, Texting, Video Conferencing etc).
11. Use client contact information in accordance with agency policy.
12. Not to create my own private practice.

## **II. Conflict of Interest**

As a Peer Recovery Support Specialist, I will:

13. Reveal any perceived conflict of interest immediately to my professional supervisor and remove myself from the peer recovery support specialist relationship as required.
14. Disclose any existing or pre-existing professional, social, or business relationships with person(s) served. I shall determine, in consultation with my professional supervisor, whether existing or pre-existing relationships interfere with my ability to provide peer support services person(s) served.
15. Inform clients of costs of services as established by the agency for which I am employed and not charge person served beyond fees established.

16. I will not sponsor individuals with whom I have previously served or currently serve as a Peer Recovery Support Specialist.

**III. Support Specialist/Client Relationship**

As a Peer Recovery Support Specialist, I will:

- 17. Clearly explain my role and responsibilities to those serve.
- 18. Terminate the relationship with a person(s) served when services appear no longer of benefit and to respect the rights of the person served to terminate services at his/her request.
- 19. Request a change in my role as a NCPRSS with a person being served if the person served requests a change.
- 20. Not engage in sexual activities or personal relationships with persons served in my role as a NCPRSS, or members of the immediate family of person(s) served.
- 21. Set clear, appropriate, and culturally sensitive boundaries with all persons served.
- 22. If at any point I feel I am unable to meet any of these requirements, I will immediately cease performance as a Peer Recovery Support Specialist and seek professional assistance.

**I hereby attest that I have read, understand, and will adhere to the NAADAC/NCC AP NCPRSS Code of Ethics, as described above.**

**The above principles will guide me in my role as a Peer Recovery Support Specialist, as well as in my relationships and levels of responsibility in which I function.**

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Please Print or Type Your Name

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Signature Date