



West Virginia Certification Board for Addiction and Prevention
Professionals

436 12th Street,
Suite C
Dunbar, WV 25064
304-768-2942
304-768-1562

Peer Recovery Support Specialist (PRSS)

Initial Application Form

DIRECTONS/CHECKLIST

**This form must be the first item in Application Packet
Make sure all items are included
Allow up to 30 days for processing**

- ____ Personally 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. College transcripts will take the place of a high school diploma.
- ____ Copies of Certificates of attendance for all **peer-relevant trainings**.
- ____ All required documentation to demonstrate your current or former employment, if applicable (i.e. letters from former and/or current employers verifying employment, job descriptions, signed and dated by applicant and supervisor).
- ____ Supervision form completed and signed by supervisor. Include letter (on company letterhead) from previous and current employer verifying your duties and dates employed.
- ____ Notarized Release form.
- ____ Sign and date the Statement of Personal Recovery and the Code of Ethical Conduct.
- ____ Extra copy of the entire packet.
- ____ Fee which may be paid as follows:
 - by check or money order (payable to WVCBAPP) mailed to address below with document.
 - _____ initial here to request grant coverage of fee (while funding is available).
 - online with PayPal at www.wvcbapp.org and mailing document to address on cover page of application.

When the application is approved, you will be notified by WVCBAPP, and you will receive an email from the testing company (SMT). **Please, CHECK YOUR SPAM FOLDER!** If there are any problems with the application, you will be notified by email and/or phone and given specific instructions of what is missing.

Keep a photocopy of the entire application. Do not send original certificates of attendance. Do not send birth certificate, marriage license, CPR/First Aid, or other unrelated trainings.

Make checks payable to and mail application and payment to: WVCBAPP, 436 12th Street, Suite C, Dunbar, WV 25064. If a grant is paying your fees, you will be notified.

Signature below denotes that applicant:

- is free of any ethical or malpractice violation; and accepts all the principles of the WVCBAPP Code of Ethics and disciplinary procedure.
- has personally completed this application and understands no person or entity, including but not limited to the employer, may complete the application on my behalf.
- ***understands the PRSS is not a substitute or a replacement for a Right to Practice credential and is therefore not a license with which to practice substance use disorder or mental health counseling.***

Name Printed: _____

Signature

Date

Payment: (If your fees are being paid for by a grant you will be notified.)

- ✓ Use PayPal online at www.wvcbapp.org and mail application form to address in next item.
- ✓ Check/money order sent with form through U.S. mail to: WVCBAPP, 436 12th Street, Suite C, Dunbar, WV 25064

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

You must have an email address and print it

CLEARLY on the demographic data form.

INITIAL APPLICATION FOR PEER RECOVERY SUPPORT SPECIALIST (PRSS) CREDENTIAL

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 at the time of testing. 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 or CELL PHONE: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____
MANDATORY

BUSINESS NAME OR AGENCY: _____

COUNTY OF BUSINESS OR AGENCY: _____

GENDER AT BIRTH: () FEMALE () MALE BIRTH DATE: _____
MANDATORY

RACE: _____
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

HIGHEST ACADEMIC DEGREE: _____ FIELD OF STUDY: _____

LICENSES: () SOCIAL WORK () COUNSELING () MEDICINE
() PSYCHOLOGY () NURSING
() OTHER _____

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

PRSS-RELATED EMPLOYMENT, PAID OR VOLUNTEER, 500 HOURS REQUIRED. DO NOT INCLUDE 12-STEP WORK HERE.

Include a job description (on company letterhead) from CURRENT/PREVIOUS employer verifying your duties and dates employed. Make copies of form as needed. Dates of employment must include a start and stop/current date.

Current 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: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Statement of Personal Recovery – The PRSS requires at least 2 years (24 months) of sustained 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 2 years.

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 PRSS functioning, I will seek appropriate therapeutic care, notify the board in writing, and I will not provide services as a Peer Recovery Support Specialist.

I affirm ongoing supervision provided at least twice a month by an organization’s documented and qualified supervisory staff.

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

Is _____ years _____ months.

Applicant Signature/Date

Please Print or Type Your Name

SUPERVISION-To be completed by the supervisor.

To Supervisor: Please complete this form indicating the applicant’s on the job supervision. This form is not intended to document the 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 hereby 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.

I hereby certify that I have personally completed this application. **I attest and affirm no other person or entity, including but not limited to my employer, may complete this application on my behalf.**

Signature of Applicant

STATE OF WEST VIRGINIA,

COUNTY OF _____, TO-WIT:

Subscribed and signed this ____ day of _____.

My commission expires: _____

Notary Public

Peer Recovery Support Specialist Ethical Code of Conduct

It is the policy of the West Virginia Certification Board for Addiction and Prevention 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 totaling at least 2 hours of documented clinical supervision provided by a qualified individual.**
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 effect 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 served.

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.

Name (typed or printed)

Date

Signature

Peer Recovery Support Specialists

Optional Survey

Education & Training

1. What is the highest degree or level of education you have completed?

- | | |
|--|--|
| <input type="radio"/> Some high school | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school or GED | <input type="radio"/> Master, Doctorate or higher degree |
| <input type="radio"/> Associate's degree or trade school | <input type="radio"/> Prefer not to say |

2. Do you currently have a Peer Recovery Support Specialist Certification?

- | | |
|--|--------------------------|
| <input type="radio"/> Yes—through WVCBAPP | <input type="radio"/> No |
| <input type="radio"/> Yes—through another certification agency (Please list) _____ | |

2a. If yes, how long have you been certified as a Peer Recovery Support Specialist?

- Less than 6 months
- 6 months to 1 year
- 1 year to 5 years
- More than 5 years
- Prefer not to say

Practice Characteristics

3. What best describes your current employment status?

- | | |
|---|---|
| <input type="radio"/> Full-time | <input type="radio"/> Per diem/casual |
| <input type="radio"/> Part-time | <input type="radio"/> Volunteer |
| <input type="radio"/> Not currently working | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Retired | |

If not currently working or retired, skip to Demographics—Question 23

4. What best describes your PRIMARY employment position?

- Actively working in a substance use disorder position that requires a peer recovery support certification
- Actively working in a substance use disorder position that does not require a peer recovery support certification
- Actively working in a field other than substance use disorder
- Prefer not to say

If working in a position that requires a peer recovery support certification, please answer questions 5 -12; if NOT please skip to question 13

5. Which of the following best describes your PRIMARY position arrangement?

- Self-employed
- Salaried employment
- Hourly employment
- Temporary
- Other (specify): _____
- Prefer not to say

6. What is the address where you spend most of your time for your PRIMARY position?

Number	Street		
<hr/>			
City	State	Zip Code	

7. About how many people are usually on your caseload? _____

8. How is this position funded?

- Grant funded
- Medicaid reimbursement
- Combination of grant and Medicaid reimbursement
- Volunteer or not funded
- Unknown
- Prefer not to say

9. What is your supervisor's title? _____

10. Which type of setting most closely describes to your PRIMARY practice location?

- Specialized substance use disorder outpatient treatment facility
- Community health center
- Mental health clinic
- Methadone clinic
- Primary or specialist medical care
- Child welfare
- Criminal justice
- Hospital Federal Government hospital
- Non-federal hospital: Inpatient
- Non-federal hospital: General Medical
- Non-federal hospital: Psychiatric
- Non-federal hospital: Other - e.g. nursing home unit
- Private practice
- Rehabilitation
- Detox
- Residential setting
- Recovery support services
- School health service
- Faith-based setting
- Other (specify): _____

11. What best describes your employment plans for the next 12 months?

- Increase hours
- Decrease hours
- Seek a non-peer support job
- Seek a different peer support job
- Retire
- Continue as you are
- Unknown
- Prefer not to say

12. Do you ever use telehealth for peer support in your primary position? i.e. remote support of persons in recovery by means of telecommunications

- Yes
- No

12a. If yes, about what percentage of your time with a client is delivered by telehealth in your primary position?

- Less than 25%
- 25%-50%
- 50%-75%
- More than 75%

12b. If yes, which best describes the population you see using telehealth in your primary position?

- All are located in West Virginia
- Most are located in West Virginia
- About half are located in West Virginia and about half are out of state
- Most are located out of the state of West Virginia
- All are located out of the state of West Virginia

*****13. Do you have a SECONDARY employment position?**

- Yes
- No

***If no, please skip to Demographics—Question 23 ***

14. What best describes your SECONDARY employment position?

- Actively working in a substance use disorder position that requires a peer recovery support certification
- Actively working in a substance use disorder position that does not require a peer recovery support certification
- Actively working in a field other than substance use disorder
- Prefer not to say

If working in a position that requires a peer recovery support certification, please answer questions 15 - 22; if NOT please skip to question 23

15. Which of the following best describes your SECONDARY position arrangement?

- Self-employed
- Salaried employment
- Hourly employment
- Locum tenens / temporary
- Other (specify): _____
- Prefer not to say

16. What is the address where you spend most time for your SECONDARY position?

Number	Street	
City	State	Zip Code

17. About how many people are usually on your caseload? _____

18. How is this position funded?

- Grant funded
- Medicaid reimbursement
- Combination of grant and Medicaid reimbursement
- Volunteer or not funded
- Unknown
- Prefer not to say

19. What is your supervisor's title? _____

20. Which type of setting most closely describes to your SECONDARY practice location?

- Specialized substance use disorder outpatient treatment facility
- Community health center
- Mental health clinic
- Methadone clinic
- Primary or specialist medical care
- Child welfare
- Criminal justice
- Hospital Federal Government hospital
- Non-federal hospital: Inpatient
- Non-federal hospital: General Medical
- Non-federal hospital: Psychiatric
- Non-federal hospital: Other - e.g. nursing home unit
- Private practice
- Rehabilitation
- Detox
- Residential setting
- Recovery support services
- School health service
- Faith-based setting
- Other (specify): _____

21. What best describes your employment plans for the next 12 months?

- Increase hours
- Decrease hours
- Seek a non-peer support job
- Seek a different peer support job
- Retire
- Continue as you are
- Unknown
- Prefer not to say

**22. Do you ever use telehealth for peer support in your SECONDARY position?
i.e. remote support of persons in recovery by means of telecommunications**

- Yes
- No

22a. If yes, about what percentage of your time with a client is delivered by telehealth in your secondary position?

- Less than 25%
- 25%-50%
- 50%-75%
- More than 75%

22b. If yes, which best describes the population you see using telehealth in your secondary position?

- All are located in West Virginia
- Most are located in West Virginia
- About half are located in West Virginia and about half are out of state
- Most are located out of the state of West Virginia
- All are located out of the state of West Virginia

*****Demographics**

We are collecting this information to better understand the diversity in our workforce. All of the information that you provide is completely confidential and will be reported in aggregate only.

23. Year of birth: ____ ____ ____ ____

24. How to do describe yourself:

- Male
- I do not describe myself as male or female
- Female
- Prefer not to say

25. Race: (mark one or more boxes)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

27. Are you able to communicate with clients in a language other than English?

- Yes No Prefer not to say

27a. If yes, what language(s)? _____

