



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)

Re-certification Application

**West Virginia Certification Board for
Addiction and Prevention Professionals**

436 12th Street Suite C, Dunbar, WV 25064
Phone 304-768-2942 Fax 304-768-1562
Email: wvcbapp@wvcbapp.org

Recertification Requirements

**PEER RECOVERY SUPPORT SPECIALIST (PRSS)
Two-Year Recertification Instructions**

After the initial certification period, renewal of the PRSS is required every two years. During each two-year cycle, recertification will require 20 contact hours of WVCBAPP approved education which needs to be in the following domains:

- Advocacy
- Mentoring/Education
- Recovery/Wellness Support
- Ethics (of the 20 hours needed for renewal, 6 hours must be in NAADAC/NCC AP NCPRSS specific Ethics.)

1. If you have all of the necessary continuing education hours but miss the deadline for submission of your application for recertification, you have a 90-day grace period within which you may submit your application with a \$75 late fee. You have a 90-day grace period to get the required materials to us with the late fee; however, education hours *may not* be acquired during this period. Should the grace period expire, a new initial application must be submitted and the exam will have to be retaken.

2. After the recertification date expires, the individual will no longer hold a PRSS and no further use of the PRSS is permitted until the individual has recertified.

An Applicant for a two-year recertification should submit the following documents and fees.

3. Completed PRSS Recertification Application Form posted on our web site at www.wvcbapp.org.
4. Signed Code of Ethics Statement included in the Application Form.
5. Signed Statement of Personal Recovery included in the Application Form.
6. Documentation of 20 contact hours of WVCBAPP approved education in the different domains mentioned above which must include six (6) hours in National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics for the two-year recertification cycle.
7. Appropriate Fee of \$100 renewal fee if received by 8/30 of the year of recertification. Enclose an additional \$75 late fee is if application is sent after 8/30 of the year of recertification.*

***All fees are non-refundable. Checks or money orders should be made payable to: WVCBAPP.
Online payments are accepted at www.wvcbapp.org using PayPal**

**PEER RECOVERY SUPPORT SPECIALIST (PRSS)
Two-Year Recertification Instructions**

Required Enclosures

Check Applicable Statement

- _____ Application for Recertification (**Be sure to sign the Code of Ethics and the Statement of Personal Recovery located in the APPLICATION.**)
- _____ Education Summary Form including **2 copies** of certificates verifying CEU's acquired within the PRSS renewal cycle.
- _____ Two (2) copies of the entire recertification packet must be enclosed or add an additional \$25.00 enclosed for copying services.
- _____ Renewal Payment as per fee schedule listed below.

PRSS 2-Year Recertification Period Fee Schedule (Check Below Items You Are Paying):

- _____ \$100.00 Renewal fee for a two-year cycle **if received by the expiration date**
- _____ \$75.00 Late fee for certification renewal submitted **after 8/30 of the recertification year.** *see above Recertification Requirements
- _____ \$25.00 Copying fee if two (2) copies of the recertification packet is not received.

_____ Pay Online at www.wvcbapp.org using PayPal in the total amount of \$_____

OR

_____ Pay by Check or Money Order made payable to WVCBAPP in the total amount of \$_____

Mail (2) two copies of the entire recertification packet and
check/money order/PayPal receipt to:

**WVCBAPP
436 12th Street Suite C,
Dunbar, WV 25064**

**West Virginia Certification Board for
Addiction and Prevention Professionals**

436 12th Street Suite C, Dunbar, WV 25064

Phone 304-768-2942 Fax 304-768-1562

Email: wvcbapp@wvcbapp.org

**APPLICATION FOR RECERTIFICATION
PEER RECOVERY SUPPORT SPECIALIST (PRSS)**

_____ Check here if any of the information below has changed.

Name: _____

Address: _____

City State ZIP: _____

Phone: Work _____ Home _____ E-mail _____

Place of Employment: _____

Employers Address: _____

City State ZIP: _____

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**SUMMARY OF CONTINUING EDUCATION FOR PRSS RENEWAL
2-YEAR CERTIFICATION**

Your Name: _____

Instructions: **THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES OF PAGES IF NECESSARY. DO NOT WRITE ON THE BACK OF PAGES. SIMPLY RECORDING “CERTIFICATE ATTACHED” IS NOT ACCEPTABLE.**

- ✓ Enter only one educational event per row.
- ✓ Provide the information requested in each column for each educational event.
- ✓ Number of hours must total a minimum of 20 hours for the 2-yr. renewal period. Please, do not send more than 40 hours of relevant PRSS related training.
- ✓ Attach 2 copies of the certificate for each educational event listed. Certificates must show the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected. Title of educational event must indicate clearly that it is related to PRSS work. **DO NOT SEND training that is irrelevant to the credential such as CPR/First Aid, Fire Safety, or Infection Control.** No more than 12 CEUs may be acquired in a 24-hour period without justification and approval by the WVCBAAP.
- ✓ If college or university credit was given, hours are determined at the rate of 15 clock (contact) hours per semester credit hour. Official college or university transcripts must be sent directly to the WVCBAPP.
- ✓ Hours received up to 90 days preceding this cycle can be used if they were not used in a previous renewal.

Continuing Education Requirement: 20 hours of WVCBAPP approved education in the different domains including six (6) hours in NAADAC/NCC AP NCPRSS specific ethics received within the two-year recertification cycle.

Dates to be covered will be the two-year period of this certification cycle.

Date **Provider** **Title** **# Hours**

Date	Provider	Title	# Hours

			Total Hours

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, request a voluntary inactive status from WVCBAPP, and I will not provide services as a Peer Recovery Support Specialist.

I affirm that I have maintained and will continue to maintain a minimum of two (2) clinical supervision sessions per month each session totaling at least one hour documented and provided by an **organization's qualified supervisory staff**.

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

Is _____ years _____ months.

If less than 24 months of continued recovery from alcohol or other psychoactive drugs, was the relapse or lapse reported as required to WVCBAPP?

____ Yes, _____ Date of Report to Board/Voluntary Inactive Status.

____ No, contact WVCBAPP before submitting the recertification application.

Applicant Signature/Date

Please Print or Type Your Name

Ethical Code of Conduct Peer Recovery

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 through the insistence of adherence to its Code of Ethics by all WVCBAPP certified Peer Recovery 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 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 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 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.

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?

- Some high school
- High school or GED
- Associate's degree or trade school
- Bachelor's degree
- Master, Doctorate or higher degree
- Prefer not to say

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

- Yes—through WVCBAPP
- Yes—through another certification agency (Please list) _____
- No

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?

- Full-time
- Part-time
- Not currently working
- Retired
- Per diem/casual
- Volunteer
- Prefer not to say

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)? _____

