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

**Application for Peer Recovery Support Specialist Inactive Status**

**THE ENTIRE APPLICATION MUST BE TYPED AND THE ORIGINAL AND ONE COPY MUST BE SUBMITTED.**

The PRSS Inactive Status is a specialized certification status for an active Peer Recovery Support Specialist (PRSS) who are self-reporting a lapse, relapse or a reoccurrence of substance use disorder behavior or symptoms to the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP).

**Requirements for PRSS Inactive Status**:

1. Hold a current and valid PRSS credential in WV issued by WVCBAPP.
2. WVCBAPP shall grant inactive status if a lapse, relapse, or reoccurrence of substance use

disorder behaviors or symptoms has or is occurring.

1. Notification to employer.
2. Full cooperation in the process.
3. A PRSS desiring Voluntary Inactive Status shall send an application and $25.00 fee to the WVCBAPP office at 436 12 St., Suite C. Dunbar, WV which includes the following information:

**PRSS Inactive Status Application:**

Name

Address

City, State, Zip

Current PRSS Certification Number

Phone Number

Email Address

Check One: \_\_\_\_\_\_\_\_\_Initial Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Extension Request

Date and Circumstance of the Relapse (attach additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Employer Notification:

Plans for Treatment and Recovery (attach additional sheets if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a current member of the WV Association of Addiction and Prevention Professionals (WVAAPP)?

\_\_\_\_\_\_ Yes

\_\_\_\_\_\_ No

If YES, Do you want a referral to the WVAAPP Peer Assistance Program for recommendations and support during treatment and recovery?

\_\_\_\_\_\_Yes, please make a referral to the WVAAPP Peer Assistance Program. You may share my contact information.

\_\_\_\_\_\_No

Signature Date

* The written request for the PRSS Inactive Status shall be placed on the agenda of the next

regularly scheduled meeting of the WVCBAPP board of directors for consideration.

* The applicant shall be notified of the board’s decision no later than two (2) weeks

after the board’s meeting.

* Upon credential holder’s request and approval of the PRSS Voluntary Inactive Status application, WVCBAPP shall make a referral for the credential holder to voluntarily participate with the

WVAAPP Peer Assistance Team.

* The credential holder shall immediately notify their employer of this change in status with regards to the PRSS credential.
* A PRSS on Voluntary Inactive Status shall not function in the capacity of or use

the acronym of a PRSS.

* PRSS Voluntary Inactive Status is valid for up to six (6) months from the date of

approval.

* A new application for PRSS Voluntary Inactive Status must be submitted and

approved prior to the expiration of the original, in order to extend the inactive

status.

* **Reinstatement of PRSS credential from Voluntary Inactive Status:** Individuals requesting reactivation of their PRSS credential shall send a letter/application of request to the WVCBAPP office that shall include the following;
  + a. Name/Address/Phone Number/Email Address
  + b. Description of change of circumstances allowing active participation in the field.
  + c. Address of employing agency, if applicable.
  + d. Nonrefundable reactivation fee of $25.00.

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

**Application for Peer Recovery Support Specialist Active Status Reinstatement**

**THE ENTIRE APPLICATION MUST BE TYPED AND THE ORIGINAL AND ONE COPY MUST BE SUBMITTED.**

The following application is used to request reinstatement of the PRSS credential for those on a current PRSS Inactive Status.

**Reinstatement of PRSS credential from Voluntary Inactive Status:** Individuals requesting reactivation of their PRSS credential shall send a letter/application of request to the WVCBAPP office that shall include the following;

a. Name/Address/Phone Number/Email Address

b. Description of change of circumstances allowing active participation in the field.

c. Address of employing agency, if applicable.

d. Nonrefundable reactivation fee of $25.00.

A request for reactivation shall be considered at the next regularly scheduled meeting of the WVCBAPP board of directors. The applicant shall be notified of the board’s decision within two (2) weeks of the board’s meeting.

**Reinstatement of PRSS credential from Voluntary Inactive Status** **Application:**

Name

Address

City, State, Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Current Certification Number

Email

Location and Date of Completed Treatment

Employer Name & Address

Length of Current Sobriety

Description of change of circumstances allowing active participation in the field (attach additional sheets if necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date