# 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

Recertification Requirements

PEER RECOVERY SUPPORT SPECIALSIT (PR)

Two-Year Certification

# THE ORIGINAL APPLICATION AND ONE COPY MUST BE SUBMITTED.

PR: After the initial certification period, renewal of the PR 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 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.
2. After the recertification date expires, the individual will no longer hold a PR and no further use of the PR is permitted until the individual has recertified.

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

1. Application Form that WVCBAPP will provide and that will be posted on our web site at [www.wvcbapp.org.](http://www.wvcbapp.org/)
2. Signed Code of Ethics Statement located at the bottom of the Application Form.
3. Documentation of 20 contact hours of WVCBAPP approved education in the different domains mentioned above which must include six hours in ethics for the two-year recertification cycle.
4. Appropriate Fee determined by the following Fee Schedule: PR Renewal:

(Check applicable item)

$100 renewal fee if received by the expiration date.

$75 late fee is required if application is sent after the expiration date.\*

## All fees are non-refundable.

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.

# 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

**APPLICATION FOR RECERTIFICATION** 2 YEAR PERIOD

PEER RECOVERY SUPPORT SPECIALIST (PR)

Name to appear on certificate:

Address:

City State ZIP:

Phone: W H E-mail

Place of Employment:

Employers Address:

City State ZIP:

## Required Enclosures - check applicable statement:

Application for Recertification **(Be sure to sign the Code of Ethics located at the bottom of the APPLICATION sheet.)**

Education Summary Form including certificates verifying CEU’s acquired within the PRC renewal cycle.

Renewal Payment as per schedule listed below.

(Check applicable item).

Online at [www.wvcbapp.org](http://www.wvcbapp.org/) using PayPal

Check or Money Order for re-certification fee in the amount of $ Make check payable to WVCBAPP Mail payment and forms to 436 12th Street Suite C, Dunbar, WV 25064.

PR 2-Year Recertification Period (Check Appropriate Item):

$100 Renewal fee for a two-year cycle if received by the expiration date.

$ 75 Late fee for certification renewal submitted after the expiration date. \*see above

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

## SUMMARY OF CONTINUING EDUCATION FOR PRC RENEWAL 2-YEAR CERTIFICATION

Name:

## Continuing Education Requirement: 20 hours of WVCBAPP approved education in the different domains including six hours in 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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total Hours** |  |

Make extra copies as needed. Instructions:

* 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 for the renewal period.
* Attach a copy of a 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 integrated services and/or co-occurring disorders.
* If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.

✓Hours received up to 90 days preceding this cycle can be used if they were not used in a previous

renewal.

## THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING “CERTIFICATE ATTACHED” IS NOT ACCEPTABLE

**CODE OF ETHICS**

Peer Recovery Support Specialist acknowledges and follows these ethical statements. The principles below will guide me in my role as a Recovery Coach, as well as in my relationships and levels of responsibility in which I function.

1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery.
2. Recovery is guided by self‐determination. I assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
3. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve.
4. I advocate for the integration of peers into self‐selected recovery communities and will promote the individual’s inherent value to those communities.
5. I act in accordance with the law.
6. I affirm the dignity of each person that I serve.
7. I provide recovery services regardless of someone’s age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make a referral to another recovery support.
8. I never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.
9. I share my lived experiences to help others identify resources and supports that promote recovery.
10. I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.
11. I never engage in sexual or intimate relations with peers that I serve.
12. I do not accept gifts of significant value from people that I serve.
13. I do not lend to, or borrow from, the peers that I serve.
14. I improve my recovery service knowledge and skills through ongoing education, training and supervision.

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 (printed) Date

Signature

Adapted from the Georgia Council on Substance Abuse’s CARES Ethical Behavior Code.