



Peer Recovery Specialist Application  
**Applicant Information**

**Name:** \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

**Home Address** \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Social Security No. \_\_\_\_\_

Highest Level of Education (select all that apply): H.S./GED. \_\_ Some College \_\_ Associates \_\_  
Bachelors \_\_ Masters \_\_ Doctorate \_\_

**Current Place of Employment** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_

E-Mail \_\_\_\_\_

**Have you ever had any credential (i.e. license, certification, endorsement, etc.)  
revoked, suspended or sanctioned? Yes \_\_\_ No \_\_\_ (If so, indicate what  
credential, when, where, for what reason, and the current status of that credential)**

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

GPAICB reserves the right to request further information from employers, organizations,  
and persons who may have pertinent information regarding this application.

**The \$150.00 fee is due with this application plus 10% Administrative fee of \$10.00 (includes  
application review, exam fee, Covers 2-year certification).**

Please check one: I am paying by: Check \_\_\_ Money Order \_\_\_ Purchase Order \_\_\_



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**ASSURANCES AND RELEASES**

**Form MUST be signed and dated with your completed application.**

I give permission for the Great Plains American Indian Credentialing Board (GPAICB), its committees, and staff to investigate my background as it relates to statements contained in this application for Peer Recovery certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the GPAICB Code of Ethics for Peer Recovery Specialists.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by GPAICB to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and am subscribing to the GPAICB Code of Ethics for Peer Recovery Specialists, and understand that by signing this form I am agreeing to cooperate in any ethics investigation I may be a part of.

I further agree to hold GPAICB, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of GPAICB to issue certification.

I give my permission to GPAICB, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I give my permission to GPAICB to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: GPAICB reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.

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Signature

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Date



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Applicant Name \_\_\_\_\_

**Verification of Peer Recovery Professional Development**

You must submit a **COPY** of your certificate of completion for each training listed below – do not send your original certificate. (**REQUIRED 46 HOURS EDUCATION/TRAINING FOR PRS CERTIFICATION** (*Advocacy, 10 hrs. – Mentoring/Education, 10 hrs. – Recovery Support/Wellness, 10 hrs. Ethical Responsibility, 16 hrs.*))

Date of training	Title of Training	# Hours in Peer Support Training	# Hours



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Applicant Name \_\_\_\_\_

**PROFESSIONAL/PERSONAL EXPERIENCE**

**INSTRUCTIONS:**

Use this form to describe your work experience Use one copy of this form for **each position**. OR attach a resume. Please include volunteer experience. **You must attach an official job description for current job.**

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Position Title \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Dates: From \_\_\_\_\_ (mo./day/yr.) to \_\_\_\_\_ (mo./day/yr.)

Total Experience Time: Years \_\_\_\_\_ Months \_\_\_\_\_

Direct Supervisor's Name \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

\* \* \* \* \*

***I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I recommend this applicant as a Peer Recovery Specialist. **NEED CURRENT SUPERVISOR'S SIGNATURE BELOW:*****

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

\_\_\_\_\_  
Date



## Peer Recovery Specialist Application

**Note to Supervisor:** Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to Great Plains American Indian Credentialing Board.

### **DOCUMENTATION OF DOMAIN SUPERVISION**

#### INSTRUCTIONS:

On this form, document time spent in face-to-face supervision within 4 Domains of a Peer Recovery Specialist. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain.

A total of at least **25 hours** supervised hours must be documented. **It is expected that supervision hours were provided face-to-face with the applicant, and were provided by a member of the organization's documented and qualified supervisory staff as per their job description.**

<b><u>Domains</u></b>	<b><u>Hrs. Supervised</u></b>
Domain 1: <b><i>Advocacy</i></b>	_____
Domain 2: <b><i>Mentoring/Education</i></b>	_____
Domain 3: <b><i>Recovery Support/Wellness</i></b>	_____
Domain 4: <b><i>Ethical Responsibility</i></b>	_____
<b>TOTAL # HOURS SUPERVISED</b>	_____

By signing below, I attest that I have provided supervision to this applicant as indicated above.

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

\_\_\_\_\_  
Date



## Peer Recovery Specialist Application

### QUESTIONS:

1. Can you tell us some ways that you might use your personal lived experience to support the people you will be working with?

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2. Do you have any life experiences that would make you valuable to this program?

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3. Part of the role of a peer support worker is to model recovery by sharing some of your own personal experiences. Would you be comfortable doing so? \_\_\_\_\_

4. What do you know about the concept of "recovery?" What is your personal knowledge of recovery, and how did you come to this understanding? (Answer should include mental health recovery, not just 12-step recovery for substance use disorder.)

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## Peer Recovery Specialist Application

### **FEES FOR PRS**

Application Review, test fee, 2 years certification	\$150.00
Administrative fee @ 10%	\$15.00
Test Fee (if repeating the exam more than once)	\$115.00
Recertification (two year)	\$100.00
Administrative fee @ 10%	\$10.00
Reciprocity (paid directly to IC&RC)	\$100.00
Replacement Certificate	\$ 30.00
Returned Check Fee	\$ 35.00