



*Protecting the Citizens
of Florida*

CRSS

Certified Recovery Support Specialist

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

*Define Yourself
as a Professional
through Certification.*



*Protecting the Citizens
of Florida*

**Certified
Recovery Support
Specialist (CRSS)**

Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals performing work in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

In order to be certified as a Recovery Support Specialist in the State of Florida, you must:

1. Meet specific competency and ethical conduct requirements;
2. Possess minimum work and experience requirements;
3. Possess minimum education and training requirements;
4. Pass the written exam; and
5. Complete minimum continuing education credits annually to maintain a current knowledge base.

Mission

To protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and certification cards are the property of the FCB and must be surrendered upon Board request.

Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at www.flcertificationboard.org. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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Introduction

Certified Recovery Support Specialists fill a unique role among health and human services professionals in providing quality care to consumers. The Florida Certification Board (FCB) has designed a credentialing system that will evaluate each applicant's competency and grant recognition to those professionals who meet the specified minimum standards. In creating this process, the FCB examined credentialing systems of other states, gathered input from state and national groups, and incorporated the most appropriate elements to form the basis of this system.

The FCB recognizes that Certified Recovery Support Specialists work in a wide range of disciplines and have diverse educational and experiential backgrounds. The FCB's certification process identifies and defines the core functions, responsibilities, knowledge, and skill areas required of Certified Recovery Support Specialists regardless of work setting, approach, and educational or professional training. This process does not endorse any one particular philosophy, treatment modality or service delivery approach. We encourage and require the development of professional skills and competencies for all Certified Recovery Support Specialists.

Purpose

The purpose of a certification system for Certified Recovery Support Specialists is to:

1. Assure the public a minimum level of competency for quality services by Certified Recovery Support Specialists.
2. Give professional recognition to qualified Certified Recovery Support Specialists through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Certified Recovery Support Specialists.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Definition of a Certified Recovery Support Specialist (CRSS)

A Certified Recovery Support Specialist assists individuals to navigate the substance abuse treatment and related service systems and to achieve and maintain sobriety.

The role of the Recovery Support Specialist includes but is not limited to:

- Advocating for the needs of the consumer
- Teaching the consumer how to develop skills necessary to advocate for himself
- Serving as a mentor to the consumer, instilling a sense of hope that recovery is an achievable goal

Certification Standards

The Certified Recovery Support Specialist (CRSS) credential is for those persons who possess the knowledge and experience necessary to safely and effectively provide support services to persons receiving substance abuse services. The following certification standards are the **minimum** requirements that must be documented in order to earn certification.

CRSS Standards	
Education	High School Diploma, General Equivalency Degree or higher
Experience	1,000 hours of formal work and/or volunteer experience in addiction related field/activities
Training	<p>A total of 75 hours of training, broken out as follows:</p> <ul style="list-style-type: none"> 22 hours - Legal and Professional Responsibility <ul style="list-style-type: none"> 6 hours - Ethics 2 hours - HIPAA/Confidentiality 4 hours - Cultural Competency 4 hours - Self-Care/Professional Development 6 hours - Electives 13 hours - Reengagement, Crisis Support and Safety <ul style="list-style-type: none"> 6 hours - Risk/Crisis Management 3 hours - Domestic Violence 4 hours - Electives 13 hours - Resource Linkage/Follow-Up <ul style="list-style-type: none"> 6 hours - Active Care Coordination 3 hours - Documentation 4 hours - Electives 10 hours - Practical Living Skills/Social Development <ul style="list-style-type: none"> 6 hours - Social Development 4 hours - Electives 17 hours - Recovery Management <ul style="list-style-type: none"> 4 hours - Overview of Addiction/Stages of Recovery 3 hours - Addiction and Brain Chemistry/Pharmacology 2 hours - Recovery Management 4 hours - Co-occurring Disorders 2 hours - Lapse/Relapse Prevention 2 hours - Motivational Enhancement
Recommendations	3 professional letters of recommendation for certification
Code of Ethics	Must sign statement agreeing to follow the FCB's Code of Ethics
Written Exam	Recovery Support Specialist Exam
Renewal	10 CEUs annually

Part I The Certification Process

Easy to follow Instructions.

Your Personal Road Map to Certification

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

Please contact The Florida Certification Board if you have any questions along the way:

1715 South Gadsden Street
Tallahassee, FL 32301

(850) 222-6314 *office*

(850) 222-6247 *fax*

www.flcertificationboard.org



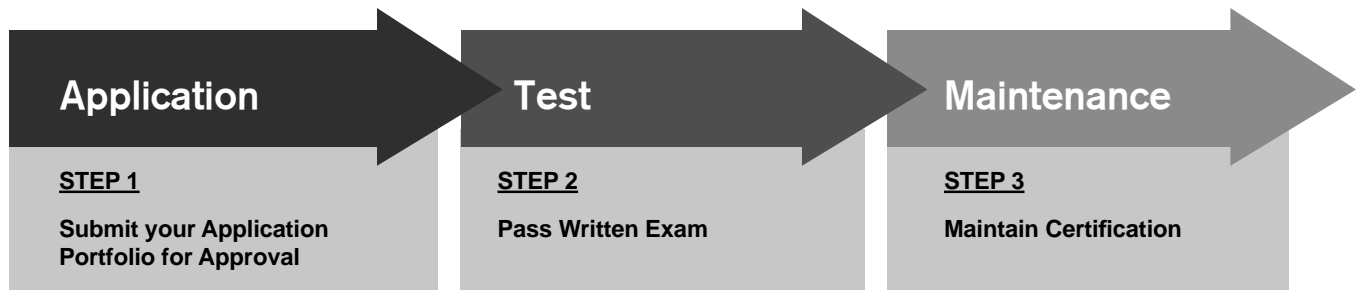
TIPS *for Success!*

You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.

- Read the entire application package before you begin.
- Provide each person who completes mandatory forms on your behalf with:
 - A pre-addressed, stamped envelope (addressed to the FCB)
 - The required forms
 - A requested due date to mail the required form(s) to the FCB
- Photocopy entire completed application portfolio before submitting

PART I *The Certification Process and Critical Timeframes*

The Certification Process



Guidelines for Certification

1. **All applications must be legible.** Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.
2. All education, work experience, and training must be completed **prior** to applying for certification.
3. All education, work experience, supervision and training must include **supporting documentation** that can be verified or it will not be counted as eligible.
4. Candidates must pay a one-time **\$100 certification fee** with the application portfolio. This fee is non-refundable and non-transferable.
5. Once the application is complete, **make a copy of the entire application packet**, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.
6. Applicants are encouraged to begin a file to **organize and store** all certification related correspondence, certificates, letters of verification, etc.



CRITICAL TIMEFRAMES

Applicants have one year in which to complete the certification process. This includes approval of the Application Portfolio and taking and passing the written exam.

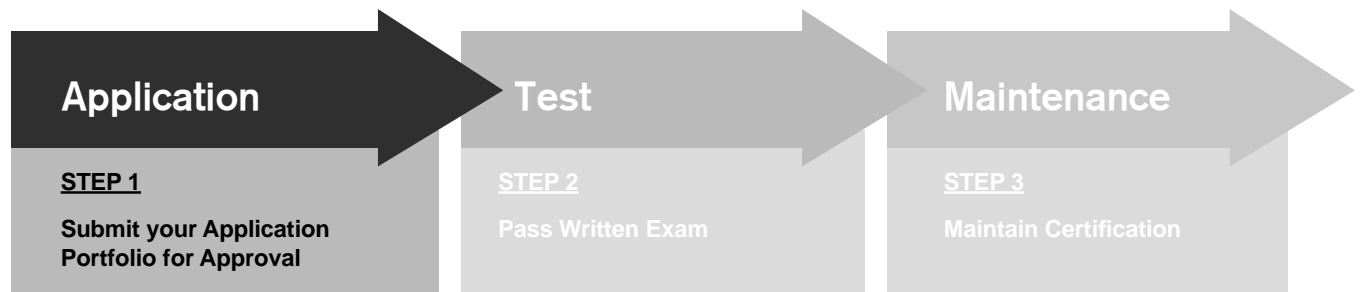
The one-year time frame begins once the **completed application is received** in the FCB office. Upon initial review, applicants will be informed of their out-of-time-date.

Applicants will receive a reminder that they are in danger of running out of time **three to six months prior** to their out-of-time date. Once time has run out, final notification will be sent that includes the steps necessary for continuing the process.

PART I *Application Portfolio*

APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant's competency in the knowledge and skills specifically related to the functions of a Certified Recovery Support Specialist.



The Application Portfolio consists of:

1. Application for Certification in Recovery Support
2. Work Verification Form
3. Training Verification Forms
4. Recommendation for Certification Forms

Each form is included in this manual; forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation.

Additional information will be used only to further evaluate an applicant and will be held confidential.

The next sections provide detailed information on how to complete each mandatory form.

PART I *Application Portfolio (continued)*

1) APPLICATION

Please carefully fill out each section of the Certified Recovery Support Specialist application form.

Section 1: Demographic Information

Section 5: Background Authorization Form

Section 2: Educational Background

Section 6: Assurance and Release

Section 3: Background Information

Section 7: Code of Ethics

Section 4: Voluntary Demographic Information

- This application must be completed in its entirety.
- Partial, incomplete, or illegible applications will be returned to the applicant.
- All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
- Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.



The FCB may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

The FCB requires all certification applicants to indicate whether or not the applicant has ever been convicted of a felony or first-degree misdemeanor.

If the applicant indicates “yes” in this section of the application, the applicant must select one of the following options to provide the FCB with a current and complete background check for review and consideration.

1. Submit an additional \$20 fee and the FCB will run a national background check.
2. Contact the Florida Department of Law Enforcement (FDLE), pay the required fee (at time of printing, the fee is \$24), and request that FDLE submits the completed background check directly to the FCB. **Note: The FCB can NOT accept the background check from anyone other than FDLE.**

PART I *Criminal Background*

3. If you work in an agency that requires a background check as a condition of employment, the employing agency may submit a statement, on agency letterhead, verifying a clean or acceptable criminal background. **Note: If you have been arrested subsequent to the date this criminal background check was run, you may not use this option.**
4. If you have completed a background check within 6 months prior to applying for certification, you may request that the company or employer who ran the background check submit a copy of the background report directly to the FCB. **Note: The FCB can NOT accept the background check from anyone other than the reporting or employing agency.**

CRIMINAL BACKGROUND REVIEW POLICY

1. Applicants must be released from all court-ordered and/or voluntary supervision to be eligible for certification.
2. Applicants with less than 12 months of a clean background are not eligible for certification until the 12 month period has been attained.
3. Applicants with 13 to 23 months of a clean background since release from supervision may petition the Board of Directors for a waiver. Instructions will be provided to those applicants requesting a waiver.
4. If the applicant has ever been convicted of a crime against a child, the applicant is not eligible for certification.
5. If the applicant has ever been convicted of a crime against persons, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.
6. If the applicant has ever been convicted of a crime frequently associated with the disease of addiction (i.e., possession, DUI, petit theft, etc.) and the charge is less than 5 years old, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.
7. All other issues will be reviewed for action by the FCB Director of Certification.

ARREST AND/OR INCARCERATION AFTER CERTIFICATION

In the event of an arrest and/or conviction of a felony or first degree misdemeanor, the certified individual must notify the FCB of such occurrence within five (5) business days of the arrest. The FCB will place the certified individual on inactive status until the charges are resolved and/or all court-ordered or voluntary supervision has been completed.

In the instance that the charge(s) are dropped, the certified individual may submit a copy of such to the FCB and request reinstatement.

In the instance of conviction, and upon completion of all court-ordered and/or voluntary sanctions, the individual may petition the Board of Directors for reinstatement.

The FCB reserves the right to run background checks on any certified individual, at any time, and for any reason. Applicants are not eligible for certification unless the **Authorization for Criminal Background Check Form** is completed and on-file with the FCB.

PART I *Experience Verification Form*

2) EXPERIENCE VERIFICATION FORM

REQUIRED EXPERIENCE

Experience is defined as the hours the applicant has spent providing paid or volunteer recovery support services.

Applicants must document a **minimum of 1,000 hours** of formal work and/or volunteer experience related to substance abuse issues.

ALL experience must be gained prior to applying for certification.

CALCULATING EXPERIENCE HOURS

Experience hours are calculated as follows:

- 1-year of full-time employment at 40-hours per week, equals 2,080 hours.
- If the applicant worked/volunteered fewer than 40-hours per week, actual work/volunteer hours must be calculated on an hour-for-hour basis.

DOCUMENTING EXPERIENCE

The Experience Verification Form is used to document the applicant's prior work/volunteer experience in the field of recovery support.

The applicant must provide the Experience Verification Form to the employer's personnel officer, volunteer supervisor or designee for completion and signature. This form **MAY NOT** be signed by a relative or spouse. The personnel office or volunteer supervisor must complete the form and mail it directly to the FCB. The FCB will **NOT** accept experience verification provided by the applicant.

If multiple agencies need to verify experience, the applicant must make copies of the Experience Verification Form for each individual employer to complete.

The applicant must ensure that his or her name is written on the Experience Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio.

PART I *The Training Verification Form*

3) THE TRAINING VERIFICATION FORM

REQUIRED TRAINING

CRSS applicants are required to complete and document 75 hours of training. The 75 hours have been divided into 5 categories, which have been further sub-divided into required topic areas (see chart on following page).

A total of 5 training verification forms (one per training category) are included in this packet.

DOCUMENTING TRAINING REQUIREMENTS

Training Verification Forms are completed by the applicant. The first line of each form provides an example of how to document training hours.

Applicants must attach supporting documentation for each entry on the verification form. Supporting documentation must contain the following information:

- Applicant's name
- Title of course/educational event
- Sponsor/provider
- Delivery date(s)
- Number of contact hours

If one course includes multiple training topics and is used to support more than one required training topic, you must make a separate and distinct entry on the appropriate training verification form and attach a copy of the supporting documentation.

If you use college coursework to meet training requirement, you must provide a course description (photocopied from a school catalogue or downloaded from the school's website) or provide a copy of the course syllabus. College coursework is credited at the rate of 45 clock hours per 3 hour semester course.

UNACCEPTABLE TRAINING

1. Any training that cannot be supported and/or verified by appropriate documentation will not be approved.
2. Practicums and internships are not acceptable for training requirement credit hours, but may be submitted to document minimum work experience when the practicum/internship occurs on-site (not in the college classroom).

PART I *The Training Verification Form*

Legal and Professional Responsibility 22 hours

- Ethics - 6 hours
- HIPAA/Confidentiality - 2 hours
- Cultural Competency - 4 hours
- Self-Care/Professional Development - 4 hours
- Electives - 6 hours

Reengagement, Crisis Support and Safety - 13 hours

- Risk/Crisis Management - 6 hours
- Domestic Violence - 3 hours
- Electives - 4 hours

Resource Linkage/Follow-Up 13 hours

- Active Care Coordination - 6 hours
- Documentation - 3 hours
- Electives - 4 hours

Practical Living Skills - 10 hours

- Social Development - 6 hours
- Electives - 4 hours

Recovery Management - 17 hours

- Overview of Addiction/Stages of Recovery - 4 hours
- Addiction and Brain Chemistry/Pharmacology - 3 hours
- Recovery Management - 2 hours
- Co-occurring Disorders - 4 hours
- Lapse/Relapse Prevention - 2 hours
- Motivational Enhancement - 2 hours

Calculating Training Credit Hours

The required number of hours refers to actual time spent in coursework, training, conferences or other educational event. Training credit hours are calculated as follows:

1. Professional training, seminars, in-services, workshops, etc. are calculated on an hour-per-hour basis. Breaks, including lunch, are not included when calculating the number of training credit hours. For example, a one-day training that starts at 8:00 am, breaks at noon for lunch, resumes at 1:00 pm and ends at 3:00 pm is eligible for 6 training credit hours.
2. One college semester credit equals 15 training credit hours. A three credit semester course equals 45 training credit hours.
3. One college quarter credit equals 10 training credit hours. A three credit quarter course equals 30 training credit hours.

Note: Electives are any course that builds knowledge and skill necessary to perform a job task in a topic area.

PART I *Recommendation for Certification Form & Written Examination*

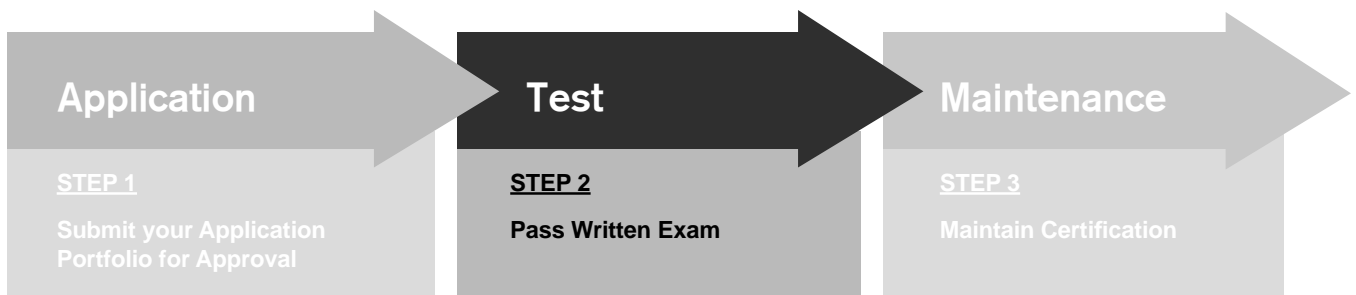
4) RECOMMENDATION for CERTIFICATION FORM

The Recommendation for Certification Form is completed by professional references who will attest to the applicant's appropriateness for certification. Recommendations may NOT be completed by a spouse or other relative.

1. One of the recommendations must be from a direct work or volunteer supervisor. The applicant may select a professional reference to complete the other 2 Recommendation for Certification Forms.
2. All recommendation forms must be completed by the individual providing the recommendation and must be sent directly from that person to the FCB. The FCB will NOT accept recommendations provided by the applicant.
3. The applicant must ensure that his or her name is written on the Recommendation for Certification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio.
4. Provide one form to each of your selected references. Be sure to explain the urgency of completing the form and providing it to the FCB. You may want to provide the individual with a due date and a pre-addressed, stamped envelope to use when mailing the form to the FCB.
5. Please remember it is your responsibility to follow up with references to ensure the documentation reaches the FCB.

WRITTEN EXAMINATION

The exam consists of 100 multiple-choice questions.



Applicants may only register for the written exam AFTER they have received formal notice from the FCB that their Application Portfolio has been approved.

The approval notice will include information to register for the test; test registration DOES NOT happen automatically.

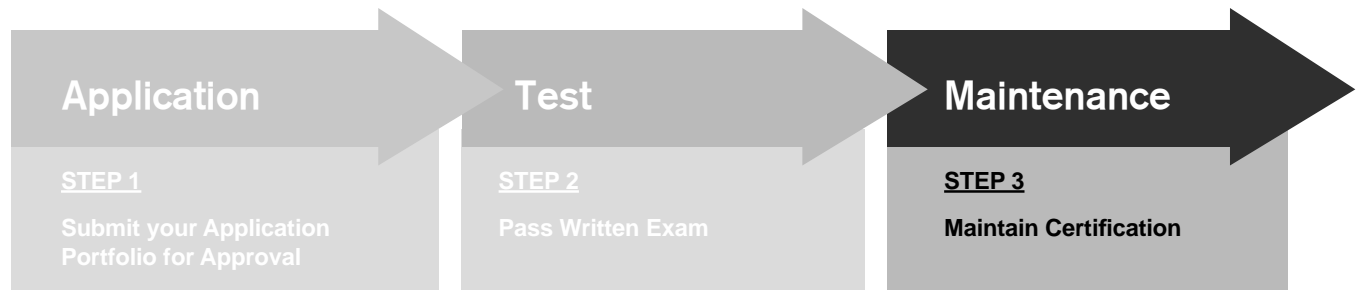
In order to register for a test you must submit a written request and the appropriate test fees. You will be notified of your scheduled test date and location at least 2-weeks prior to the scheduled test date.

Once you have passed the written exam you will be awarded the Certified Recovery Support Specialist credential.

PART I *Credential Maintenance*

CREENTIAL MAINTENANCE

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.



CONTINUING EDUCATION UNITS (CEUs)

CRSSs must earn 10 Continuing Education Units (CEUs) each year to maintain certification; please keep all CEU documentation for a minimum of two (2) years in case of a CEU audit.

Eligible CEU providers are approved by:

- The FCB
- Other ICRC/AODA certification boards,
- Accredited institutions of higher learning, or
- Other licensing and member boards such as DBPR, Nursing Board, Department of Children and Families, Licensed Clinical Social Workers, etc.

CEUs do not have to be earned via face-to-face instruction. CRSSs may submit coursework completed through home study programs, distance learning or Internet courses offered by FCB approved providers.

The FCB approved CEU providers are listed on the FCB website at www.flcertificationboard.org/Training_FCB-Approved-Providers.cfm

CEU AUDIT

The FCB uses a random computer-generated audit system to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each CRSS can expect to be audited at least once every four years. Once audited, an individual's name is not removed from the pool.

Once certified, please keep all CEU paperwork for a minimum of two (2) years in case of an audit.

When audited, the individual must submit documentation supporting the 10 CEUs the CRSS earned during the renewal period (June through June of the previous year).

If you are audited and do not submit your CEUs, the FCB will open an ethics case against you and your certification will be suspended until the ethics case has been resolved.

PART I *Renewal & Inactive Status*

RENEWAL

Certification must be renewed no later than June 30 of each year.

To renew a certification, the certified individual must:

1. Pay the renewal fee no later than June 30 of each year.
2. Complete 10 hours of continuing education throughout the renewal period.
3. Submit documentation of continuing education, if audited.

A certification validation card is the official documentation that the CRSS has renewed certification. The card will be mailed to the CRSS after fees have been received and CEUs validated.



INACTIVE STATUS

An individual is in either certified or inactive status. While on inactive status, the credential may not be used.

A CRSS may move from certified to inactive status in several ways:

1. Failure to pay annual renewal fees will automatically result in inactive status. The certified individual must contact the FCB to reinstate a credential for non-payment of renewal fees.
2. A suspension or revocation due to ethical violation will result in inactive status. The FCB will notify the individual when he or she is eligible for reinstatement.
3. A certified individual may request inactive status, yet remain in good standing, for a maximum of three years. The certified individual must contact the FCB to reinstate a credential voluntarily placed on inactive status. If the certified individual allows more than three years to pass prior to requesting reinstatement, the FCB will close the credential and the individual must apply anew.

PART I *Appeals Process*



APPEALS PROCESS

When an applicant is denied certification, questions the result of the application portfolio review, questions examination results, or is subject to an action by the FCB or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

An inquiry is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

The applicant may appeal the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

THE APPEAL HEARING

All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.

Within 20 business days after receipt of the applicant's request for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

The FCB will send, by certified mail, a notice of the hearing to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

The appealing party will be informed of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.

Part II Application Portfolio

Your Application Portfolio Forms.

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

- **Application**
- **Training Verification Forms**

The beige forms must be completed by others and mailed to the FCB. These forms include:

- **Experience Verification Form**

Provide this form to your current or former employer and ask them to complete the form and mail it directly to the FCB.

- **Recommendation for Certification Form**

Provide one of these forms to each of your references and ask them to complete the form and mail it directly to the FCB.

Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301



TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

- Certified Recovery Support Specialist Application
- Training Verification Forms

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

- Experience Verification Form

The following form must be completed and mailed to the FCB by the References.

- Recommendation for Certification Form

Certified Recovery Support Specialist Application

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.

Florida Certification Board
1715 S. Gadsden Street Tallahassee, FL 32301
850-222-6314 Phone 850-222-6247 Fax

Section 1 - Demographic Information

Last Name _____ First Name _____

Middle/Maiden Name _____ SSN _____

Address _____ County _____

City _____ State _____ Zip Code _____ Home Phone _____

Place of Employment _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

E-mail _____ Work Fax _____

Please use the following address for correspondence: Home Work

Section 2 - Educational Background

Postsecondary Education: List all high school, technical or trade school, community college, college or university, or other institution from which you have received a diploma and/or degree.

School Name	Location of School (City/State)	Degree Type	Date Degree Earned

Note: Official educational transcripts must be sent directly to the FCB from the educational institution to be considered official.

1. Is the name on your transcript the same as on this application? Yes No _____
If your answer is no, please list the name on your transcript here.

2. Have you previously submitted an official transcript to the FCB? Yes No

If yes, please indicate the credential you hold: _____
Credential Name Date Awarded

Certified Recovery Support Specialist Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.

Section 3 - Background Information

Have you ever been convicted, pled nolo contendere, or had adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor? No Yes

If you have answered “yes”, please indicate which method you will use to provide the FCB with a current and complete criminal history report for review and action:

- I would like the FCB to run a national background check. I have included an additional \$20 payment with my application.
- I have contacted the Florida Department of Law Enforcement and they will be sending my background report.
- I work for an agency that requires a background check as a condition of employment. My employing agency will be submitting a statement verifying a clean/acceptable criminal background.
- I have had a criminal background check within the last 6 months. The reporting agency will be submitting a copy of the background report.

Section 4 - Voluntary Demographic Information

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail or refuse certification to any individual because of race, color, religion, national origin, marital status, or handicap.

- I prefer NOT to provide the FCB with my demographic information.

Ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Black (non-Hispanic Origin)
Persons having origins in any of the black racial groups of Africa. | <input type="checkbox"/> Hispanic
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin. | <input type="checkbox"/> White (non-Hispanic origin)
Persons having origins in any of the groups from Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Native American
Persons having origins in any of the original native tribes of the Americas and Alaska. | <input type="checkbox"/> Asian or Pacific Islander
Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. | <input type="checkbox"/> Multi-racial/Multi-ethnic
Persons having any origins from any of the described races and/or ethnicities. |

Date of Birth _____ Gender: Female Male

Authorization for Criminal Background Check

Section 5

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB may conduct a criminal background check. I understand that, once certified, I may be selected for random audit to assure compliance with the FCB Code of Ethics regarding criminal activity.

By signing this Acknowledgement and Authorization, I authorize the Florida Certification Board, IntelliCorp, and/or any other company authorized by the FCB, to access such information as may be necessary to conduct a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Florida Certification Board, IntelliCorp, and/or other company authorized by the FCB, against any liability which may result from making such requests.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____

Signature: _____ Date: _____

FCB USE ONLY

Certification Specialist: _____

Approved

File Number: _____

Pending BOD Approval

Certification Level: _____

Denied

Assurance and Release Form

Section 6

The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

“I give my permission for the FCB and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification.”

“I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board.”

“I further agree to hold the FCB, 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 failure of the FCB to issue certification.”

“I understand that I do not have to be in recovery from a substance abuse addiction to earn the Certified Recovery Support Specialist credential. If I am in recovery, however, I attest to the fact that I have maintained at least 2-years of continuous sobriety.”

“I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying.”

Print Full Name

Date

Signature

Acknowledgement of the FCB Code of Ethics

Section 7

The FCB Code of Ethics can be downloaded at www.FLCertificationBoard.org/Ethics.cfm

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. You further acknowledge that the FCB Code of Ethics applies to applicants for certification and certified individuals. Your initials and signature are required in this section.

By affixing my initials and signature below...

"I acknowledge that I have received a copy of FCB's most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto."

Initial Here

"I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB's Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics."

Initial Here

Print Full Name

Date

Signature

Please clearly print your name as you would like it to appear on your Certification Certificate. There is a \$15.00 reprinting fee for any error not made by the FCB office.

CRSS Training Verification Form (1 of 5)

Directions:

1. Use this form to document training related to **Legal and Professional Responsibility**.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 22 hours as prescribed:

- Ethics - 6 hours
- HIPAA/Confidentiality - 2 hours
- Cultural Competency - 4 hours
- Self-Care/Professional Development - 4 hours
- Electives - 6 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Ethics</i>	<i>Professional Responsibility</i>	<i>FADAA 3/21/2008</i>	<i>Certificate</i>	<i>6</i>	

CRSS Training Verification Form (2 of 5)

Directions:

1. Use this form to document training related to **Reengagement, Crisis Support, and Safety**.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 13 hours as prescribed:

- Risk/Crisis Management - 6 hours
- Domestic Violence - 3 hours
- Electives - 4 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Domestic Violence</i>	<i>Recognizing Indicators of Domestic Violence</i>	<i>FADAA Conference 08/2008</i>	<i>Certificate</i>	<i>4</i>	

CRSS Training Verification Form (3 of 5)

Directions:

1. Use this form to document training related to **Resource Linkage/Follow-Up**.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 13 hours as prescribed:

- Active Care Coordination - 6 hours
- Documentation - 3 hours
- Electives - 4 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Documentation</i>	<i>Clinical Client Files</i>	<i>NET Institute 10/7/2007</i>	<i>Certificate</i>	<i>8</i>	

CRSS Training Verification Form (4 of 5)

Directions:

1. Use this form to document training related to **Practical Living Skills**.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 10 hours as prescribed:

- Social Development - 6 hours
- Electives - 4 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Elective</i>	<i>Building Basic Living Skills</i>	<i>CARE, Inc. 2/15/2008</i>	<i>Certificate</i>	<i>8</i>	

CRSS Training Verification Form (5 of 5)

Directions:

1. Use this form to document training related to **Recovery Management**.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

You must document a minimum of 17 hours as prescribed:

- Overview of Addiction/Stages of Recovery - 4 hours
- Addiction & Brain Chemistry/Pharmacology - 3 hours
- Recovery Management - 2 hours
- Co-Occurring Disorders - 4 hours
- Lapse/Relapse Prevention - 2 hours
- Motivational Enhancement - 2 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Recovery Management</i>	<i>Understanding the Recovery Process</i>	<i>Nova Southwest 5/8/2008</i>	<i>Certificate</i>	<i>4</i>	

Experience Verification Form

Hello. The applicant named below is applying for certification with the Florida Certification Board. As part of the application process, the applicant must provide verification of **at least 1,000 hours of related work and/or volunteer experience** in the field of addiction recovery.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

Applicant's Name: _____

Applicant's Role: Volunteer Paid Employee

Applicant's Title: _____

Employer's Name: _____

City/State: _____

Applicant's Date(s) of Employment: From: ___/___/___ To: ___/___/___

Hours Worked/Volunteered per Week: _____

Average # of hours per week spent working with substance abuse issues: _____

Please provide a detailed description of the applicant's duties:

You may attach a copy of the position description in lieu of describing the job duties, if applicable.

Name: _____ Phone Number: _____

Title: _____ E-mail: _____

"By my signature I acknowledge that the above material is true, to the best of my knowledge."

Personnel Officer/Volunteer Supervisor/Designee's Signature

Date

Recommendation for Certification Form

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board's Certified Recovery Support Specialist credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Description of the Role, as provided below. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the Recommendation for Certification Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.
2. Please return the completed form to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, Florida, 32301. Please DO NOT return the completed form to the applicant.
3. If you have any questions please contact our office at 850-222-6314.

Description of Role:

The Certified Recovery Support Specialist assists individuals to navigate the substance abuse treatment and related service systems and to achieve and maintain sobriety. The role of the Certified Recovery Support Specialist includes, but is not limited to:

- Advocate for the needs of the consumer
- Teach the consumer how to develop skills necessary to advocate for himself
- Serve as a mentor to the consumer, instilling a sense of hope that recovery is an achievable goal

**Only NON-RELATIVES may provide recommendations.
Please do not complete this form if you are in any way related to the applicant.**

Recommendation for Certification Form (continued)

Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Recovery Support Specialist.

Section 2:

"I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant)

By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification."

Relationship to Applicant: Professional Personal Other: _____

Printed Name (_____) _____
Phone Number

Signature Date

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Recommendation for Certification Form (continued)

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Phone Number

Signature Date

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Relationship to Applicant: Professional Personal Other: _____

Printed Name (_____) _____
Phone Number

Signature Date



*Protecting the Citizens
of Florida*

**Certified
Recovery Support
Specialist (CRSS)**