



THE CERTIFICATION BOARD, INC. – Mental Health Division
1200 Tices Lane, East Brunswick, New Jersey 08816
Fax: 732-249-1559 E-Mail: info@certbd.com Website: www.certbd.com

Certified Recovery Support Practitioner (CRSP) formerly called the CMHA

The Certified Recovery Support Practitioner credential is for mental health consumers who are working or seeking to work in the mental health and /or co-occurring fields. This credential is focused on the services and activities that support recovery. Coursework that is required for this credential may be applied toward attainment of certain other credentials. The CRSP is not a private practice credential. Private practitioners must have a license issued by the Division of Consumer Affairs.

Required Work Experience

- Minimum of 500 hours of mental health work related experience.
- Completion of a qualified 110 hour Supervised Practicum within a program licensed or state funded, to provide Mental Health Services.
- Experience can be paid, volunteered, or a combination of both

NOTE: Applicant’s mental health work experience must be within three (3) years from the date of submission of this application, and the education within five (5) years.

Required Education: 126 hours as per below:

- A. Completion of the 108 hour CORE training courses from Consumer Connections program. (Certification of completion must be included)

- B. Completion of an 18 hour Wellness and Recovery Action Plan from Consumer Connections. (Certificate of completion must be included)

Additional Education: H.S. Diploma or GED



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Course	Hours Required
CR101 Overview of the Assessment Process	6
CR201 Basic Helping Skills	12
CR202 Overview of Crisis Intervention And Trauma	12
CR301 Basic Principles Of Care Management	6
CR302 Overview of NJ systems of care	3
CR303 Individual Service and Recovery Planning	6
CR401 Overview of mental health issues and recovery	6
CR402 Role of Medication in recovery	6
CR403 Impact of Co-occurring Disorders on Recovery	6
CR501 Ethical and Legal Issues for Recovery Support Practitioners	6



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CR502 Advocacy	3
CR503 How to Utilize Supervision and Professional Development	6
CR504 Cultural Competency and the Peer Support Practitioner	3
CR505 Social Security Administration (SSA) and Entitlements	6
CR506 Family Involvement in the Recovery Process	3
CR507 Dimensions of Wellness	3
CR508 Impact of Tobacco on Recovery	3
CR509 Health Literacy	6
CR510 Health Screening, monitoring, and CPR	6

There is a \$100 initial application review fee

Recertification Requirements

- 24 hours of community mental health related continuing education every two years.
Hours must fall within the two-year period between recertifications.
- \$175 non-refundable recertification fee.



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APPLICATION MAY BE TYPEWRITTEN OR NEATLY PRINTED.
ALL INFORMATION MUST BE LEGIBLE

CRSP Applicant Check Sheet

Please check once the following items have been submitted with your application:

- Place application in the same order it was received
- Attach Non-refundable Review fee to the front page
- Applicant Information Sheet (Page 5)
- Supervised Practical Training Form (page 6)
- Work Experience Form (Page 7)
- Supervisor Evaluation Form (page 8)
- Colleague Evaluation Form (page 9)
- Ethical Standards (page 11-14)
- Applicant Recognition Statement (page 15)
- Authorization and Release Form (page 16)
- Statement of Understanding Form (page 17)
- Certificate of completed CORE training
- Certificate of completed WRAP



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APPLICANT INFORMATION SHEET

NAME: _____
(Please Print Your Name as it should appear on your Certificate)

HOME ADDRESS: _____

COUNTY: _____

HOME PHONE: () _____

SOCIAL SECURITY NUMBER: _____

CURRENT AGENCY: _____

WORK ADDRESS: _____

WORK TELEPHONE: () _____

EMAIL ADDRESS: _____

***OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION**

For Data Collection Purposes only

***HIGHEST DEGREE OF EDUCATION:** _____

***DATE OF BIRTH:** _____

***ETHNICITY/RACE:** _____

***SEX:** _____

***LANGUAGES SPOKEN:** _____



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110 HOUR SUPERVISED PRACTICAL TRAINING FORM

APPLICANT'S NAME: _____

SUPERVISOR'S NAME : _____

AGENCY OR AGENCIES WHERE PRACTICUM WAS COMPLETED: _____

Practicum	Required Hours
Assessment	10
Helping Skills	10
Crisis Intervention and Trauma	10
Basic Principles of Care Management	10
Health and Human Services – NJ Systems	10
Basics of Service Planning	10
Ethics and Legal Issues	10
Advocacy	10
How to utilize Supervision and Professional Development	10
Cultural Competency	10
SSA and Entitlements	10
TOTAL	110 HOURS



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I am verifying that _____ has completed the above required number of

I am verifying that _____ has completed the required number of practicum hours
under my supervision at: _____.

Supervisors Signature

Date

WORK EXPERIENCE FORM

INSTRUCTIONS: List the most current position first. Use one sheet for each position. **Additional copies of this page may be reproduced.**

NAME OF APPLICANT: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

PROGRAM DIRECTOR: _____

IMMEDIATE SUPERVISOR: _____

YOUR JOB TITLE: _____

DATES EMPLOYED: FROM: _____ **TO:** _____

A MINIMUM OF 500 HOURS MUST BE DOCUMENTED WITHIN THE LAST 3 YEARS

of hours of supervised experience in Mental Health/Co-Occurring Disorder field being documented:

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SUPERVISOR: _____



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CRSP

SUPERVISOR EVALUATION FORM

NOTE TO SUPERVISOR: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you can not truthfully complete this form, please indicate so and return this form to the APCB, Inc
(ADDITIONAL COPIES OF THIS FORM MAY BE MADE)

Name of Applicant: _____

Name of Supervisor: _____

Agency where supervision took place: _____

Agency address and phone: _____

Dates (month/year) of supervision: _____

Length of time you provided direct supervision to this applicant: _____

I hereby certify that I have been in a position to supervise and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
ARE ___ ARE NOT ___ consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a CRSP.

Supervisor's Signature: _____

Date: _____



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COLLEAGUE EVALUATION FORM

NOTE TO COLLEAGUE: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who know the applicant. For this reason, each applicant is required to obtain a reference from a colleague. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc.

Name of Applicant: _____

Name and Title of Colleague: _____

Name of Agency: _____

Agency address and phone: _____

Number of months/years you have known the applicant: _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work.

In my judgment, this applicant's eligibility and professional experience

ARE ___ ARE NOT ___ consistent with the standards as set forth by the APCB, Inc.

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a CRSP.

Colleague's Signature: _____

Date: _____



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STATUS

The following pertain to all Certifications.

Inactive Status

- Inactive Status occurs when a certification becomes more than 30 days late.
- Inactive Status means the Board does not consider the CRSP to be actively certified or in good standing at that time.
- A CRSP may remain on Inactive Status for a maximum of 12 months, at which time the counselor's credential will be terminated.
- For each month the CRSP remains on Inactive Status, there will be a \$15 fee in addition to the \$175 recertification fee. The Inactive Status fee will not exceed \$180 (for the maximum 12 months).

Lapsed (Terminated) Status

- Lapsed Status occurs when a CRSP permits their credential to lapse after the Inactive Status expires.
- Lapsed Status is considered permanent.
- If a lapsed CRSP decides to re-activate their credential again, they must follow the reinstatement procedure listed below:

Reinstatement Procedure

- CRSP must submit in writing three recommendations: one from a supervisor, and two from colleagues for reinstatement
- CRSP must provide verification educational hours equal to those required for Recertification.
- Submission is to include \$87.50 per year for each year lapsed to a maximum of four years.
- Submission of \$180 late fee for the 12 months on Inactive Status.
- A letter requesting reinstatement with specific information on why the lapse occurred and covering the time period must be submitted. The letter must also state reasons for re-entering the field.
- If an ethical complaint is involved, a personal interview may be required.



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ETHICAL STANDARDS FOR CERTIFIED RECOVERY SUPPORT PRACTITIONER S

The Addiction Professionals Certification Board, Inc. (APCB, Inc.) wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles

Principle 1: Non-Discrimination

The CRSP shall not discriminate against consumers or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

A. The CRSP shall avoid bringing personal or professional issues into the consumer mentor relationship. Through an awareness of the impact of stereotyping and discrimination, the CRSP guards the individual rights and personal dignity of consumers.

B. The CRSP shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with consumers with disabilities, and make available physical, sensory and cognitive accommodations that allow consumers with disabilities to receive services.

Principle 2: Responsibility

The CRSP shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

A. The CRSP shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the consumer.

B. The CRSP, as educator, has primary obligation to help others acquire knowledge and skills in dealing with recovery support practices.

C. The CRSP who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.

D. The CRSP who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competency

The CRSP shall recognize that the practice of peer recovery support is founded on recognized standards of competency which promote the best interests of society, of the consumer, of the agency and of the specialty practices as a whole. The CRSP shall recognize the need for ongoing education as a component of professional competency.

A. The CRSP shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.

B. The CRSP shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate services for oneself or for a colleague. The CRSP shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The CRSP shall uphold the legal and accepted moral codes which pertain to professional conduct.

A. The CRSP shall be fully cognizant of all federal and New Jersey laws associated with the practice of peer support practitioner.



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B. The CRSP shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.

C. The CRSP shall ensure that products or services associated with or provided by the CRSP or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The CRSP shall honestly respect the limits of present knowledge in public statements concerning matters addressed by consumer mentor.

A. The CRSP, in making statements to consumers, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture shall be represented as less than scientifically validated.

The CRSP shall acknowledge and accurately report the substantiation and support for statements made. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The CRSP shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

A. The CRSP shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.

B. The CRSP shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.

C. The CRSP shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Consumer Welfare

The CRSP shall promote the production of the public health, safety and welfare and the best interest of the consumer as a primary guide in determining the conduct of all CRSP's.

A. The CRSP shall disclose their code of ethics, professional loyalties and responsibilities to all consumers.

B. The CRSP shall terminate recovery support relationships when it is reasonably clear that the consumer is not benefiting from the relationship.

C. The CRSP shall hold the welfare of the consumer paramount when making any decisions or recommendations concerning referral, service procedures or termination of services.

D. The CRSP shall not use or encourage a consumer's participation in any demonstration, research or other non-service activities when such participation would have potential harmful consequences for the consumer or when the consumer is not fully informed.

E. The CRSP shall take care to provide services in an environment which will ensure the privacy and safety of the consumer at all times and ensure the delivery.

Principle 8: Confidentiality

The CRSP working in the best interest of the consumer shall embrace, as a primary obligation, the duty of protecting consumer's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.



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- A. The CRSP shall provide the consumer his/her rights regarding confidentiality, in writing, as part of informing the consumer in any areas likely to affect the consumer's confidentiality. This includes the recording of the interviews, the use of material for insurance purposes, the use of material for training or observation by another party.
- B. The CRSP shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The CRSP shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- C. The CRSP shall adhere to all federal and New Jersey laws regarding confidentiality and the CRSP's responsibility to report information in specific circumstances to the appropriate authorities.
- D. The CRSP shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes and to advocate for or clarify consumer goals. Written and oral reports must present only information germane and pursuant to the purpose of assessment and establishment of consumer recovery goals. Every effort shall be made to avoid undue invasion of privacy.
- E. The CRSP shall use clinical, recovery and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Practitioner and Consumer Relationships

It is the responsibility of the CRSP to safeguard the integrity of the consumer and the recovery support relationship and to ensure that the consumer has reasonable access to effective services. The CRSP shall provide the consumer and/or guardian with accurate and complete information regarding the extent of the potential recovery support relationship.

- A. The CRSP shall inform the consumer and obtain the consumer's agreement in areas likely to affect the consumer's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The CRSP shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- C. The CRSP shall not exploit relationships with current or former consumers for personal gain, including social or business relationships.
- D. The CRSP shall not under any circumstances engage in sexual behavior with current or former consumers.
- E. The CRSP shall not accept as consumers anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The CRSP shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The CRSP shall refrain from offering counseling services to a consumer.
- B. The CRSP shall cooperate with the APCB, Inc. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The CRSP shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The CRSP shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the consumer first, and then of the recovery support practitioner, the agency, and the profession.

- A. The CRSP shall inform the consumer of all financial policies when coordinating consumer services.
- B. The CRSP shall consider the ability of a consumer to meet the financial cost in establishing rates for professional services.



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- C. The CRSP shall not send or receive any commission or rebate or any other form of remuneration for referral of consumers for professional services.
- D. The CRSP shall not at any time use one’s relationship with consumers for personal gain or for the profit of an agency of any commercial enterprise of any kind.
- E. The CRSP shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

Principle 12: Societal Obligations

The CRSP shall to the best of their ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background.

By signing, I attest that I have read the above Ethical Standards and agree to abide by them.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESS: _____



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APPLICANT'S RECOGNITION STATEMENT

The applicant identified below acknowledges that the applicant is seeking certification from the Addiction Professionals Certification Board, Inc. (hereinafter "The Board"). The applicant hereby recognizes and agrees as follows:

1. Applicant agrees to observe and abide by the Ethical Standards adopted by The Board as same may be amended from time to time. Applicant acknowledges that the present form of ethical standards attached hereto and that the applicant has read and understood same.

2. Applicant recognizes and agrees that any certification, or renewal thereof, granted by The Board to the applicant constitutes recognition by The Board that the applicant is qualified, based on the information before The Board, for the certification granted. Applicant recognizes and agrees that any certification, or renewal granted by The Board, does not constitute a property right or interest of the applicant. The applicant specifically recognizes and agrees that the certification or renewal is specific to suspension, revocation or other limitation or condition in the discretion of The Board. The applicant specifically recognizes the authority of The Board to suspend, revoke or otherwise impose limitations, restrictions and conditions on any certification granted.

3. Applicant agrees to cooperate in connection with any investigation conducted by The Board with respect to the applicant's certification, and continued qualification to hold same. The applicant further agrees that the applicant's failure to cooperate with any such investigation (a) shall in itself constitute an ethical violation for which discipline may be imposed and (b) may be considered by The Board as an admission of wrongdoing.

APPLICANT SIGNATURE _____

DATE: _____

WITNESS: _____



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AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for an and all additional information which might be necessary to fully and properly evaluate my application for the Certified Recovery Support Practitioner.

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by me or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations of me, which are submitted by supervisors and/or colleagues, are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESS: _____



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STATEMENT OF UNDERSTANDING

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I understand that approval of my application depends upon my successfully completing the assessment of competency as established by the Board, including submission of all required references and successful completion of a 110 hour practicum in an approved facility. I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.

APPLICANT SIGNATURE: _____

DATE: _____

WITNESS: _____