



Certified Recovery Peer Specialist Lived Experience Attestation Endorsement Form

DIRECTIONS

This form is required for:

- CRPS applicants applying for more than one endorsement
- CRPS-P applicants applying for more than one endorsement
- Certified peers who need to add an additional endorsement

One of the unique and critical characteristics of a successful peer-to-peer relationship is the active acknowledgement and use of shared lived experience to engage and encourage others in the recovery and resiliency process. The FCB indicates lived experience through the use of endorsements, which are added to the CRPS credential. Applicants are encouraged to apply for all endorsements they align with at the time of application however additional endorsements may be added after certification.

To apply for the CRPS or CRPS-P, you must:

1. Complete and submit an online CRPS or CRPS-P application, indicating your primary endorsement. *
2. Complete this hard-copy *CRPS Lived Experience Attestation Endorsement Form* and email the completed form to your Certification Specialist.
3. You must select the primary endorsement while completing the online application. Additional endorsements are to be indicated on this form.

* When you complete your online application, you must select one endorsement. This is your primary category of lived experience and at least half of your work experience hours must be spent providing peer services to others who share your primary lived experience. You will indicate all other categories of lived experience that you align with on this form.

To apply for an **additional endorsement** of lived experience if already certified as a CRPS, you must:

1. Hold an active Certified Recovery Peer Specialist (CRPS) credential, in good standing.
2. Complete this hard-copy *CRPS Lived Experience Attestation Endorsement Form* and email the completed form to amoore@flcertificationboard.org.
3. There is not a fee to add an additional endorsement to an existing CRPS credential. There is a \$15 fee if you want an updated wall certificate.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Additional Endorsement (applicant name)



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All information must be typed. Handwritten forms will be denied.

Part 1 - Applicant Information: Please provide requested information EXACTLY as it is associated with your FCB account.									
Applicant Name:									
Email Address:									
Do you have an existing CRPS credential: Yes No Credential Number:									
Part 2 - Endorsement Information: The FCB offers four endorsements. We do not require documentation to support your attestation of lived experience, however, carefully read each description and ONLY apply for the endorsements that match your personal lived experience. Falsification of attestations may result in an ethics investigation and possible revocation of the credential. Please indicate each endorsement of lived experience you possess if requesting additional endorsements.									
	<table border="1"> <tr> <td style="width: 15%; text-align: center;">Adult (A)</td> <td>Applicant has lived experience as an adult diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.</td> </tr> <tr> <td style="text-align: center;">Family (F)</td> <td>Applicant has lived experience as a family member or caregiver to a child or adult diagnosed with a mental health condition or substance use disorder. Individuals with the “family” endorsement have lived experience assisting adult or child family members to navigate the behavioral health services necessary to achieve a wellness and recovery-oriented lifestyle.</td> </tr> <tr> <td style="text-align: center;">Veteran (V)</td> <td>Applicant has lived experience as a veteran of the armed forces who have been diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.</td> </tr> <tr> <td style="text-align: center;">Youth (Y)</td> <td>Applicant is currently between the ages of 18 and 29; have lived experience with a significant life challenge(s)* during the ages of 14-25; and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.</td> </tr> </table>	Adult (A)	Applicant has lived experience as an adult diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.	Family (F)	Applicant has lived experience as a family member or caregiver to a child or adult diagnosed with a mental health condition or substance use disorder. Individuals with the “family” endorsement have lived experience assisting adult or child family members to navigate the behavioral health services necessary to achieve a wellness and recovery-oriented lifestyle.	Veteran (V)	Applicant has lived experience as a veteran of the armed forces who have been diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.	Youth (Y)	Applicant is currently between the ages of 18 and 29; have lived experience with a significant life challenge(s)* during the ages of 14-25; and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years.
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* Examples of significant life challenge(s) include but are not limited to: substance use disorder; mental health condition; involvement in any child serving human services agency or public system such as the Department of Juvenile Justice or the Department of Children and Families; or any hardship condition that puts the individual at risk of a mental health condition or substance use disorder.									
Part 3 – Assurance and Release									
I give my permission to the Florida Certification Board (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 omission may result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and its Advisory Boards, Councils and review committees.									
I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the lived experience endorsement(s) I am requesting.									
Signature (FCB accepts both manual and electronic signatures)	Date								