



# Certified Recovery Peer Specialist Provisional Upgrade On-the-Job Supervision Verification Form

## DIRECTIONS

This form allows for one qualified supervisor to document on-the-job supervision hours as required for the CRPS Provisional Upgrade credential. Provide a separate form and instructions to each qualified supervisor who will document supervision for certification purposes. FCB has supervision documentation templates posted online that may be used if needed.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and provided to the qualified supervisor.
- Part Two is completed by the qualified supervisor and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form and supporting documentation directly to the FCB. *On-the-Job Supervision Verification Forms* will not be accepted from the applicant.

**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:** On-the-Job Supervision (applicant name)

## REQUIREMENT

<b>Policy Standard</b>	Supervision focuses on improved client care and improved job performance. The purpose of supervision is to teach counselors how to promote client welfare and increase their skills and knowledge in order to effectively treat their client base. Supervision for certification purposes can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings. At least 50% of the hours of supervision must be individual, one-on-one supervision and/or observation skills. No more than 50% of the required hours of supervision may be in a group setting. See <a href="#">Candidate Guide: Application Process</a> for additional details and guidance.
<b>CRPS Description</b>	Helps to ensure client directed care by assisting people to build the skills and relationships needed to achieve and maintain recovery from substance use and/or mental health conditions.
<b>Qualified Supervisor Definition</b>	Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision for certification purposes. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.  <i>(Continued on next page)</i>



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<p><b>On-the-Job Supervision Requirement</b></p>	<p>16 hours of supervision of the applicant’s performance of related peer support services in a paid or volunteer capacity.</p> <p>A minimum of 4 hours of supervision per domain is required in the categories as listed on page 2 of the <i>On-the-Job Supervision Verification Form</i>.</p> <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible on-the-job supervision occurred within the last 5 years.</p>
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## PERFORMANCE DOMAIN CATEGORIES

Minimum of 4 hours must be completed in each performance domain listed below.

<p><b>ADVOCACY:</b> Supervision in this domain is directly related to understanding and implementing strategies advocate on behalf of peers, teach peers self-advocacy skills, protect client rights in order to promote wellness and recovery.</p>
<p><b>MENTORING:</b> Supervision in this domain is directly related to building effective methods for establishing a peer relationship, wellness planning and teaching practical living skills and personal care.</p>
<p><b>RECOVERY SUPPORT:</b> Supervision in this domain is directly related to understanding and developing recovery and a wellness-oriented lifestyle, and linking peers to formal and informal recovery services in the community.</p>
<p><b>PROFESSIONAL RESPONSIBILITY:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they perform tasks across the domains and follow generally accepted legal, ethical and professional standards.</p>

## SUPERVISOR REQUIRED DOCUMENTATION

A qualified supervisor must maintain documentation of supervision, copies of which may be requested by Certification Staff at any time. Documentation must include the following minimum information:

- a. Supervisee name, current position and credential sought.
- b. Date of supervision, start and end time of supervision, and number of supervision hours accrued.
- c. Supervisor name and title.
- d. Methods of supervision (individual, group, observation, review clinical documentation).
- e. Summary of supervision offered during session.
- f. Signature of both Supervisee and Supervisor

Documentation does not need to be submitted with this verification form.



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

**Part 1: To be completed by the applicant prior to providing to the qualified supervisor for completion.**

<b>Applicant Information:</b> Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each qualified supervisor documenting one-on-one on-the-job supervision.				
<b>Applicant Name:</b>				
<b>Employer:</b>				
<b>Type of Position:</b>	Full-Time	Part-Time	Paid	Volunteer
<b>Position Title:</b>				
<b>Immediate Supervisor:</b>				

**Part 2: To be completed by the applicant’s qualified supervisor only.**

<b>Section A: Qualified Supervisor Contact Information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Employer:</b>
<b>Email Address:</b>	<b>Business Phone:</b>
<b>Work Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>

<b>Section B: Supervision Attestation – Please briefly explain how you are a qualified supervisor, such as your position and length of time in that position.</b>
I am a qualified supervisor for a CRPS applicant because I am:



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Section B: Supervision Attestation Continued		
Domain Category – <i>Please see Page 2 of On-the-Job Supervision Verification Form for instructions</i>	Individual Supervision Number of Hours	Group Supervision Number of Hours
ADVOCACY		
MENTORING		
RECOVERY SUPPORT		
PROFESSIONAL RESPONSIBILITIES		
<b>TOTAL HOURS PER CATEGORY:</b>		
<b>TOTAL HOURS OF ON-THE-JOB SUPERVISION EARNED:</b> <b>(No more than 50% of the total required hours may be in a group setting)</b>		

Type of Position Supervised	Full-Time Part-Time Paid Volunteer	Time period during which supervision was provided: From: _____ To: _____
I have read and understand the on-the-job supervision requirements for Certified Recovery Peer Specialist (CRPS) certification. I provided the above on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.		
		Yes                      No
As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Recovery Peer Specialist?		
		Yes*                      No
*If yes, the FCB will contact you for additional information, which may result in non-acceptance of these on-the-job supervision hours to meet certification requirements.		
I provided on-the-job supervision of the applicant as he or she performed related peer-to-peer recovery-oriented support at the level expected of a Certified Recovery Peer Specialist.		
		Yes                      No
By my signature, I attest that the above material is true to the best of my knowledge.		
<b>Qualified Supervisor's Signature</b> <i>(FCB accepts manual and electronic signatures)</i>		<b>Date</b>