



Certified Recovery Peer Specialist Provisional Upgrade Work Experience Verification Form

DIRECTIONS

This form allows for one employer to document paid or volunteer work hours as required for the CRPS Provisional Upgrade credential. Provide a separate form to each employer who will document experience for certification purposes.

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

Upon completion, please submit the form and supporting documentation directly to the FCB. *Work Experience 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: Work Experience Verification (applicant name)

REQUIREMENT

CRPS Description	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. The CRPS achieves this goal by using their lived experience and professional preparation to mentor, monitor, and motivate others to achieve recovery. All tasks must reflect the perspective of the person served, meaning the CRPS must apply their skills to meet the individual needs of the client from where he or she is in recovery.
Related Work Experience Requirement	500 hours of supervised work and/or volunteer experience providing peer support services. At least 250 hours of experience must be specific to providing peer support to others with similar lived experience as indicated by your primary endorsement selection. <i>See Page 2 for definition of Lived Experience/Primary Endorsements.</i> Eligible work and/or volunteer experience occurred within the last 5 years.
Supporting Documentation	Attach a position description that directly relates to the core competencies of the credential. Must be on agency letterhead.



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LIVED EXPERIENCE /PRIMARY ENDORSEMENT

Adult	Applicants have lived experience as an adult diagnosed with a mental health condition or substance use disorder and are currently living a wellness and recovery-oriented lifestyle for a minimum of two years.
Family	Applicants have 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	Applicants have lived experience as a veteran of the armed forces who have been diagnosed with a mental health condition or substance use disorder and are currently living a wellness and recovery-oriented lifestyle for a minimum of two years.
Youth	Applicants are currently between the ages of 18 and 29; have lived experience with a significant life challenge(s) ** during the ages of 14-25; and are currently living a wellness and recovery-oriented lifestyle for a minimum of two years.
<p>** 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.</p>	



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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 employer for completion.

Applicant Information: Please list the position you held for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each position/employer documenting work experience.
Applicant Name:
Employer:
Position Title:
Immediate Supervisor:

Part 2: To be completed by the employer’s personnel officer or designee only.

Section A: Verifier’s Contact Information	
Last Name:	First Name:
Title:	Employer:
Email Address:	Business Phone:

Section B: Experience Attestation	
I have read and understand the on-the-job experience requirements for Certified Recovery Peer Specialist (CRPS) certification. The following information can be verified by employment records maintained by the agency. I consent to an audit of such records if requested.	
Yes	No
The applicant primarily provided peer support services to this target audience:	
<input type="checkbox"/> Adult with a mental health condition or substance use disorder.	<input type="checkbox"/> Family members with a mental health condition or substance use disorder.
<input type="checkbox"/> Veteran with a mental health condition or substance use disorder.	<input type="checkbox"/> Youth with a mental health condition or substance use disorder.
Applicant’s Position Description Attached: Yes	Type of Position: FT PT Paid Volun
Applicant’s Employment Dates (use MM/DD/YYYY format): From: To:	
Average number of hours per week providing related services:	
By my signature, I attest that the above material is true to the best of my knowledge	
Verifier’s Signature <i>(FCB accepts manual and electronic signatures)</i>	Date