



Certified Recovery Peer Specialist Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CRPS credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting. All information must be TYPED. Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

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: Training Verification (applicant name)

REQUIREMENT

<p>CRPS Content Specific Training Requirement</p>	<p>40 total clock hours of training divided among the following content areas:</p> <p>CORE REQUIREMENTS – MINIMUM 28 HOURS</p> <ul style="list-style-type: none"> • Advocacy: 4 hours minimum • Mentoring: 6 hours minimum • Recovery Support: 6 hours minimum • Cultural and Linguistic Competence: 2 hours minimum • Motivational Interviewing: 4 hours minimum • Vicarious Trauma/Self-care: 2 hours minimum • Professional Responsibility: 4 hours minimum <p>WHOLE HEALTH REQUIREMENT – 8-16 HOURS</p> <p>Applicants must complete one of the following whole health training programs:</p> <ul style="list-style-type: none"> • WRAP (16 hours), OR • WHAM (8 hours), OR • Peer Whole Health and Resilience (between 8 to 16 hours, depending on provider), OR • A training program equivalent to WRAP, WHAM or Peer Whole Health and Resilience. Please ask FCB to review and approve the training before completing it for certification purposes. <p>ELECTIVES – 0-4 HOURS</p> <ul style="list-style-type: none"> • The number of electives required depends on the curriculum completed for the Whole Health domain. • The content for elective training hours may relate to any of CRPS performance domains/training topics listed above. <p>All training must have been within the last 5 years.</p> <p><i>(Continued on next page)</i></p>
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Supporting Documentation	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation.</p> <p>If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). FCB Eligible Training Guidelines and Providers are listed online at http://flcertificationboard.org/resources/approved-education-providers/</p>
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TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
Advocacy (4 hours)	<ul style="list-style-type: none"> • Stigma • Social injustice issues relating to factors such as race, culture, sexual orientation, class, disability • Protecting rights • Advocacy strategies to support peers • Influencing and negotiation • Empowerment strategies • Fostering self - advocacy skills among persons served • Concept of self - determination and how to support it
Mentoring (6 hours)	<ul style="list-style-type: none"> • Establishing and terminating the peer relationship • Effective methods to tell personal recovery story • Building supportive relationships • Role-modeling • Inspiring hope • Group process and facilitation • Educational methods • Interpersonal communication principles and methods • Use of person-first language • Wellness planning • Teaching practical living skills, personal care, etc. • Recognizing and fostering resilience
Recovery Support (6 hours)	<ul style="list-style-type: none"> • Principles of recovery • Processes of recovery and change • Recovery capital • Developing recovery goals and plans • Triggers for mental health symptoms and abuse of substances • Medication (side effects, management) • Trauma-informed services • Person-centered principles and practices • Resource linkage/making referrals • Collaboration methods • Use of self-help groups and other recovery support services • Use of natural support systems • Crisis situations and strategies for intervention
Cultural and Linguistic Competence (2 hours)	<ul style="list-style-type: none"> • Culturally appropriate oral and written language services • Bilingual/bicultural training • Cultural Competence – personal and organizational • Diversity – knowledge and assessment • Cross-cultural Framework

DOMAIN	TOPICS
Motivational Interviewing (4 hours)	<ul style="list-style-type: none"> • Client-Centered Counseling Skills • Empathetic counseling skills • Effective behavior change • Building Rapport • Support self-efficacy or confidence • Active listening • Treating resistance
Vicarious Trauma/Self-Care (2 hours)	<ul style="list-style-type: none"> • Compassion fatigue • Developing a self-care strategy • Secondary traumatization • Victimization/secondary victimization • Countertransference
Professional Responsibility (4 hours)	<ul style="list-style-type: none"> • Federal, state & other governing laws and regulations • Ethics, values and professional conduct/Codes of Conduct • Philosophy of peer support • Boundary issues • Confidentiality • Documentation • Using supervision/consultation
Whole Health (8-16 hours)	<p>Applicants must complete one of the following whole health training programs:</p> <ul style="list-style-type: none"> • WRAP (16 hours), OR • WHAM (8 hours), OR • Peer Whole Health and Resilience (between 8 to 16 hours, depending on provider), OR • A training program equivalent to WRAP, WHAM or Peer Whole Health and Resilience. Please ask FCB to review and approve the training before completing it for certification purposes.
Electives (0-4 hours)	<p>The number of electives required depends on the curriculum completed for the Whole Health domain. The content for elective training hours may relate to any of the above performance domains or to addiction, mental health, or veteran/family/youth peer services.</p>



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: **ADVOCACY (1 OF 9)**

Training Requirement: Minimum 4 hours of training in topics directly related to Advocacy.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: MENTORING (2 OF 9)

Training Requirement: Minimum 6 hours of training in topics directly related to Mentoring.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: RECOVERY SUPPORT (3 OF 9)

Training Requirement: Minimum 6 hours of training in topics directly related to Recovery Support.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: CULTURAL AND LINGUISTIC COMPETENCE (4 OF 9)

Training Requirement: Minimum 2 hours of training in topics directly related to Cultural and Linguistic Competence.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: MOTIVATIONAL INTERVIEWING (5 OF 9)

Training Requirement: Minimum 4 hours of training in topics directly related to Motivational Interviewing.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: VICARIOUS TRAUMA/SELF-CARE (6 OF 9)

Training Requirement: Minimum 2 hours of training in topics directly related to Vicarious Trauma/Self-Care.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PROFESSIONAL RESPONSIBILITIES (7 OF 9)

Training Requirement: Minimum 4 hours of training in topics directly related to Professional Responsibilities.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: **WHOLE HEALTH (8 OF 9)**

Training Requirement: 8-16 hours of training in topics directly related to Whole Health (i.e., WRAP, WHAM, Peer Whole Health & Resilience).

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: ELECTIVES (9 OF 9)

Training Requirement: 0-4 hours of training topics directly related to CRPS performance domains. Number of elective hours depends on number of hours accrued for Whole Health training.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	