



Certified Recovery Peer Specialist – Provisional Status (CRPS-P) Application

The **Certified Recovery Peer Specialist – Provisional Status (CRPS-P)** program is specifically designed for trained and tested peers who do not have 500 hours of experience at the time of application. The provisional certification process allows people to gain work or volunteer experience during the provisional period. The CRPS-P must be "upgraded" to a full credential before the provisional expiration date. Application is a two-part process. Please read these directions carefully.

Step 1: Create an Online Account. Please refer to the *Candidate Guide: Application Process* for directions on how to create an online account. It is very important that you understand the following:

- DO NOT submit this application, supporting documentation or fees until you have created your account as the FCB cannot conduct any business with you until your online account is created.
- The primary means of communication from the FCB is by email. As such, we strongly encourage you to use your personal contact information in your online account. If you provide your work email as your PRIMARY contact and you subsequently leave that employer, the FCB will not be responsible for failure to communicate certification information to you.

Step 2: Prepare and submit the CRPS-P Application and Supporting Documents. The CRPS-P application is only available in hard-copy. There is NOT an electronic application for provisional certification.

- This form is to be completed by the Applicant.
- All information must be TYPED. Handwritten forms will be denied.
- The following documents must be submitted with the CRPS-P Application:
 - Unofficial copy of your High School Diploma/GED or college/university transcript
 - CRPS-P Training Verification Form and supporting documentation.
 - Check or money order in the amount of \$100 *or* credit card payment over the phone (unless on Scholarship).

Mail:

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

Email: admin_assist@flcertificationboard.org

Subject Line: CRPS-P Application

Fax: 850-222-6247

Subject Line: CRPS-P Application



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

Part 1: Applicant Information. Provide requested information EXACTLY as it is entered in your FCB online account.

Applicant Name: _____
Primary Phone Number: _____
Primary Email Address: _____

Part 2: Other Certification or Licensure

Do you hold any other current license or certification? No (skip to Part 3) Yes
Credential Name: _____
Issuing Authority: _____
Issue Date: _____ Expiration Date: _____

Part 3: Formal Education/Degree

Report the highest level degree that you hold that meets or exceeds the minimum requirement of High School Diploma or GED. You must attach a copy of your HSD/GED or unofficial college/university transcript to this application.
Degree Level: HS/GED BA/BS MA/MS Other (please specify): _____
Major: _____
Institution: _____
Award Date: _____

Part 4: Current Employer

Are you currently employed? No (skip to Part 5) Yes
Employer Name: _____
Employer Street Address: _____
Employer City-State-Zip: _____
Position Type: Full-time Part-time # hours/week: _____

Part 5: References

Reference 1 Name: _____
Reference 1 Email Address: _____
Reference 1 Phone Number: _____
Reference 1 Type: Professional Supervisory Character/Personal

Reference 2 Name: _____
Reference 2 Email Address: _____
Reference 2 Phone Number: _____
Reference 2 Type: Professional Supervisory Character/Personal

Reference 3 Name: _____
Reference 3 Email Address: _____
Reference 3 Phone Number: _____
Reference 3 Type: Professional Supervisory Character/Personal



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Part 6: Fee Payment Method

- Select your payment route:
- Check/Money Order (enclosed)
 - Scholarship Approved (attach verification)
 - Credit Card Payment by Phone (FCB will call the primary phone number in Part 1)

Part 7: Assurance and Release

By my signature below, I attest that:

1. I am applying to the Florida Certification Board (FCB) for certification.
2. I have received, read and understand the current *Candidate Guide: Application for Certification* and the CRPS-P standards table and agree to abide by all terms and conditions therein.
3. I understand that certification award is contingent upon my successfully meeting all applicable FCB policies and credential-specific certification standards and requirements.
4. I understand that false or misleading statements or omission of information may result in the denial or revocation of certification.
5. I give my permission to the FCB and its staff to investigate my background as it relates to information contained in my application for certification.
6. I consent to the release of information contained in my application, certification record(s) and/or any other pertinent information to FCB staff and members of the FCB Board of Directors and its Advisory Boards, Councils and review committees.
7. I understand the FCB will publish my name, credential information and any history of ethical misconduct/disciplinary action in response to public searches made through the FCB online credential verification system.
8. I agree to hold the FCB, its staff, members of the FCB Board of Directors and members of FCB Advisory Boards, Councils and review committees free from any civil liability for damages resulting for any actions that is within the scope of the performance of their duties which is taken in connection with the review of this application for certification, subsequent examinations, allegations of ethical misconduct, disciplinary proceedings and implementation of FCB policy which may result in denial or revocation of certification for cause.
9. I understand that FCB certification related fees are non-refundable, even if it is determined that I am not eligible for certification for any reason.
10. I understand that provisional certification is a designation of early competency and I am expected to seek out and respond to intensive supervision during my provisional certification period. I further understand that I am responsible for completing the work experience requirement and applying for full CRPS certification at least 30 calendar days before my provisional certification expires.
11. I hereby affirm that the information provided in this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

Signature (FCB accepts both manual and electronic signatures)

Date

For FCB Use Only

Supporting Documentation Attached? Diploma/Degree/Transcript Training Documentation Fee Notes: