



CRPS-P UPGRADE Application

The **CRPS-P UPGRADE application** is for peers who completed their work or volunteer experience during the provisional period. Provisionally certified peers must apply for an upgrade to the CRPS credential at least 30 calendar days before the provisional credential expires.

The FCB strongly recommends that CRPS-P applicants seek the CRPS-P UPGRADE as soon as they have reached 500 hours of experience. All materials, including the CRPS-P UPGRADE application, certification fee payment and CRPS-P UPGRADE Work or Volunteer Experience Forms must be received and processed by the FCB before the CRPS-P credential expires.

Please read these directions carefully.

Download and provide the CRPS-P UPGRADE Work or Volunteer Experience Form to each employer who will document work or volunteer experience for certification purposes. Forms and supporting documentation must be received by the FCB at least 30 days before the provisional credential expires.

Prepare and submit the CRPS-P UPGRADE application. The CRPS-P UPGRADE 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 \$50 CRPS-P UPGRADE fee must be submitted with this application. The scholarship program does not cover the CRPS-P UPGRADE fee. Fee payment can be made by check or money order *or* credit card payment over the phone.

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

Email: admin_assist@flcertificationboard.org

Subject Line: CRPS-P UPGRADE Application

Fax: 850-222-6247

Subject Line: CRPS-P UPGRADE Application



CRPS-P UPGRADE Application

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: _____
Credential Name: CRPS-P Credential #: _____ Expiration Date: _____

Part 2a: Primary Lived Experience

Indicate the PRIMARY lived experience that makes you eligible to serve as a peer to others. You must complete at least 50% of your work or volunteer hours providing peer services to others with this same lived experience.

- CRPS-A: Lived experience as an adult who has been in recovery for a minimum of 2 years from a substance use or mental health condition
- CRPS-F: Lived experience as a family member or caregiver to another individual who has or is in recovery from a substance use or mental health condition.
- CRPS-V: Lived experience as a veteran of the armed forces who has been in recovery for a minimum of 2 years from a substance use or mental health condition.
- CRPS-Y: An individual currently between the ages of 18 and 29 who experienced a significant life challenge(s) during the ages of 14-25 and is living a wellness and/or recovery oriented lifestyle for at least 2 years.

Part 2b: Additional Endorsements

Many peers align with multiple categories of lived experience. Please indicate each additional endorsement you are qualified to hold, based on your personal lived experience.

- CRPS-A: Lived experience as an adult who has been in recovery for a minimum of 2 years from a substance use or mental health condition
- CRPS-F: Lived experience as a family member or caregiver to another individual who has or is in recovery from a substance use or mental health condition.
- CRPS-V: Lived experience as a veteran of the armed forces who has been in recovery for a minimum of 2 years from a substance use or mental health condition.
- CRPS-Y: An individual currently between the ages of 18 and 29 who experienced a significant life challenge(s) during the ages of 14-25 and is living a wellness and/or recovery oriented lifestyle for at least 2 years.

Part 3: Work or Volunteer Experience

Identify employer(s) where you gained experience hours for certification purposes. Attach additional pages, if necessary.

Employer 1 Name: _____

Employer 1 Street Address: _____

Employer 1 City-State-Zip: _____

Position Type: Full-time, Paid Part time, Paid Volunteer # hours/week: _____

Employer 2 Name: _____

Employer 1 Street Address: _____

Employer 1 City-State-Zip: _____

Position Type: Full-time, Paid Part time, Paid Volunteer # hours/week: _____



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Part 4: Fee Payment Method

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

Part 5: Assurance and Release

By my signature below, I attest that:

1. I am applying to the Florida Certification Board (FCB) for an upgrade from CRPS-P to CRPS certification.
2. I have received, read and understand the current *Candidate Guide: Application for Certification* and the related standards tables 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 and 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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

Notes: