



# CRPS-P UPGRADE Work Verification Form

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## REQUIREMENT

**A total of 500 hours of paid or volunteer experience providing peer support services.** At least 50% (250 hours) of the experience must be spent providing peer support to others with similar *primary* lived experience. The categories of lived experience are:

- 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.

Employers will verify the primary target audience for which the applicant provided peer-to-peer support:

- Adults with a mental health condition.
- Family members with a mental health condition or substance use disorder
- Veteran with a mental health condition or substance use disorder
- Youth with a mental health condition or substance use disorder

Work experience hours must be completed during the provisional period. Work with each employer to ensure that the form and supporting documentation is received by the FCB at least 30 days before the CRPS-P credential expires.

## DOCUMENTING THE CRPS-P UPGRADE WORK EXPERIENCE REQUIREMENT

This form allows for one employer to document work or volunteer hours. Provide a separate form to each employer who will document experience for certification purposes.

This is a two-part form.

- All information must be TYPED. Handwritten forms will be denied.
- 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). A copy of the applicant's position description must be attached to the completed form.

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

**Email:** [admin\\_assist@flcertificationboard.org](mailto:admin_assist@flcertificationboard.org)  
**Subject Line:** CRPS-P UPGRADE Experience Verification Form

**Fax:** 850-222-6247  
**Subject Line:** CRPS-P UPGRADE Experience Verification Form



# CRPS-P UPGRADE Work Verification Form

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

**Part 1: Applicant Information.** To be completed by the applicant prior to providing to the employer for completion.

Applicant Name: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Primary Category of Lived Experience  CRPS-A  CRPS-F  CRPS-V  CRPS-Y

**Part 2: Employer Attestation of Work or Volunteer Experience.** Please complete the following fields of information and attach a copy of the applicant's position description for the reported time period.

I have read and understand the 500 hour work or volunteer experience requirement for provisionally certified peers seeking an upgrade to the Certified Recovery Peer Specialist (CRPS) credential. The following information can be verified by employment records maintained by the agency.

1. The applicant primarily provided peer support services to this target audience:

- Adults with a mental health condition.
- Family members with a mental health condition or substance use disorder.
- Veteran with a mental health condition or substance use disorder.
- Youth with a mental health condition or substance use disorder.

2. Position Type:  Full-time, Paid  Part time, Paid  Volunteer # hours/week: \_\_\_\_\_

3. Position Title: \_\_\_\_\_

4. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Verifiers Contact Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

By my signature, I attest that the above material is true to the best of my knowledge.

\_\_\_\_\_  
Signature (FCB accepts both manual and electronic signatures)

\_\_\_\_\_  
Date

**FOR FCB USE ONLY**

Supporting Documentation Attached?  Yes  No