



Certified Recovery Peer Specialist Lived Experience Attestation Endorsement Form

DIRECTIONS

One of the unique and critical characteristics of a successful peer-to-peer relationship is the active acknowledgement and use of shared lived experience to engage and encourage others in the recovery and resiliency process. The FCB indicates lived experience with endorsements, which are added to the CRPS credential. The primary endorsement is identified during the initial application process. At least half of the supervised work experience hours must be completed by providing peer services to others with similar lived experience.

The Board understands that some peers align with multiple categories of lived experience. This form is required for certified peers who want to add an additional endorsement of lived experience.

To apply for an **additional endorsement** of lived experience you must:

1. Hold an active Certified Recovery Peer Specialist (CRPS) credential, in good standing.
2. Complete this hard-copy *CRPS Lived Experience Attestation Endorsement Form* and email the completed form to amoore@flcertificationboard.org.
3. Pay the \$25 processing fee. This will add the additional endorsement(s) to the existing CRPS credential. The endorsement will show in the online system and wallet card. You may purchase an updated wall certificate for an additional \$15.

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: Additional Endorsement (applicant name)



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

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| Part 1 - Applicant Information: Please provide requested information EXACTLY as it is associated with your FCB account. | |
| Applicant Name: | |
| Email Address: | |
| Existing CRPS Number & Primary Endorsement: | |
| Part 2 - Endorsement Information: The FCB offers five endorsements. Carefully read each description and ONLY apply for the endorsements that match your personal lived experience. Falsification of attestations may result in an ethics investigation and possible revocation of the credential. Please indicate each endorsement you are seeking. | |
| <input type="checkbox"/> | Adult (A) - Applicant has lived experience as an adult diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years. |
| <input type="checkbox"/> | Family (F) - Applicant has 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. |
| <input type="checkbox"/> | Veteran (V) - Applicant has lived experience as a veteran of the armed forces who have been diagnosed with a mental health condition or substance use disorder and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years. |
| <input type="checkbox"/> | Youth (Y) - Applicant is currently between the ages of 18 and 29; have lived experience with a significant life challenge(s) during the ages of 14-25; and is currently living a wellness and recovery-oriented lifestyle for a minimum of two years. |
| <input type="checkbox"/> | Criminal Justice (CJ) - a person who was or is involved in the criminal justice system due to a mental health or substance use disorder and is in recovery for a minimum of 2 years. Applicants seeking the criminal justice endorsement must also complete 6 hours of criminal justice specific training. |
| Part 3 – Assurance and Release | |
| <p>I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omission may result in the denial or revocation of certification.</p> <p>I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and its Advisory Boards, Councils, and review committees.</p> <p>I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the lived experience endorsement(s) I am requesting.</p> | |
| Signature (FCB accepts both manual and electronic signatures) | Date |