Certified Recovery Peer Specialist
Provisional Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CRPS-P 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 bedenied.

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

CRPS-P Content Specific Training Requirement	40 total clock hours of training divided among the following content areas: **CORE CONTENT – MINIMUM 28 HOURS** • 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 **WHOLE HEALTH CONTENT – MINIMUM 8-16 HOURS** Applicants must complete a minimum of 8 hours of training in topics related to whole health. There are several whole health training programs that have been approved by FCB to meet this requirement. Courses that are over 8 hours will be applied to the ELECTIVE requirement. Approved whole health training programs include, but are not limited to: • WRAP (16 hours) • WHAM (8 hours) • Peer Whole Health and Resilience (between 8 to 16 hours, depending on provider) • Training equivalent to the content covered in the 3 approved programs (above). FCB strongly recommends seeking pre-approval for whole health courses not listed above. **ELECTIVE CONTENT –** Hours vary depending on the WHOLE HEALTH training requirement. To calculate elective hours, add 28 CORE hours *plus* the awarded number of WHOLE HEALTH hours. Subtract this total from 40 to determine the number of required ELECTIVE training hours. Eligible training content is related to the CRPS-P core competencies. *(Continued on next page)*

	PRE-APPROVED TRAINING PROGRAMS – Two training programs have been approved as meeting and/or exceeding the 40 hours training requirements. FCB accepts certificates of completion from either program as evidence as satisfying the full 40 hour CRPS-P training requirement. 1. Helping Others Heal (HOH). This curriculum is sponsored by the Florida Department of Children and Families. FCB accepts face-to-face and online delivery of this course. Please contact DCF for information about registration for the HOH curriculum. 2. CASAT Peer Specialist 101 Training. This online course is offered through the University of Reno, Nevada. Please follow this link for information about this curriculum: https://www.mycasat.org/courses/peer-support/
Supporting Documentation	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. 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. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description. 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). Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.

Training Topics by Domain

Domain	Topics
Advocacy (4 hours)	• 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)	• 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)	• 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)	• Culturally appropriate oral and written language services • Bilingual/bicultural training • Cultural Competence – personal and organizational • Diversity – knowledge and assessment • Cross-cultural Framework

DOMAIN	TOPICS
	• Support self-efficacy or confidence • Active listening • Treating resistance
Vicarious Trauma/Self-Care (2 hours)	• Compassion fatigue • Developing a self-care strategy • Secondary traumatization • Victimization/secondary victimization • Countertransference
Professional Responsibility (4 hours)	• 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)	Applicants must complete a minimum of 8 hours of training in topics related to whole health. • WRAP (16 hours) • WHAM (8 hours) • Peer Whole Health and Resilience (8 to 16 hours, depending on provider) • Training equivalent to the content covered in the 3 approved programs (above). FCB strongly recommends seeking pre-approval for whole health courses not listed above.
Electives (0-4 hours)	Hours vary depending on the WHOLE HEALTH training requirement. To calculate elective hours, add 28 CORE hours *plus* the awarded number of WHOLE HEALTH hours. Subtract this total from 40 to determine the number of required ELECTIVE training hours. Eligible training content is related to the CRPS-P core competencies.

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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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
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	