



Florida Certification Board CRPS or CRSS Scholarship Application

SCHOLARSHIP PROGRAM

The Florida Certification Board, through funding from the Florida Department of Children and Families, Office of Substance Abuse and Mental Health (Contact #LH 290) announces a **scholarship program for persons seeking certification, reinstatement or renewal as a Certified Recovery Peer Specialist or a Certified Recovery Support Specialist.**

Scholarships are available now through June 30, 2021. To apply, interested persons, **must attest to financial need**, by completing the FCB Scholarship Application Form for financial assistance with application, certification examination, reinstatement and/or renewal fees. All applicants will receive award notice within five (5) business days after FCB receives the application.

Once approved for financial assistance, recipients must use the scholarship **within 90 days** by completing the online credential application at www.flcertificationboard.org and clicking on My Account or **it will be voided and another Scholarship Application must be submitted.**

Please note approval for scholarship funds may be voided if our funds are exhausted prior to the end of our fiscal contract. You will be notified if this occurs and may be responsible to pay any fees due at that time.

Award criteria:

- Resident of Florida; U.S. citizen or otherwise authorized to work in the United States.
- Financial need.

SCHOLARSHIPS AVAILABLE

Certification Application: When submitting a scholarship request for certification application fees, applicants must also create an account and complete the online application.

Certification Examination: The scholarship for an examination will cover up to one re-test.

Reinstatement Fee: If requesting financial assistance to reinstate an inactive CRPS or CRSS certification, applicants must also complete a Certification Reinstatement Application. Inactive status refers to a certification that has lapsed for less than three years.

Renewal Fee: The scholarship for renewal can be used annually. It can also be used in conjunction with a reinstatement if the credential has been inactive for less than three years. If inactive credential has been lapsed for more than three years, a new, full certification application and examination is required.

DIRECTIONS

Upon completion, please submit the form directly to the FCB via mail, email or fax:

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

Email: clohi@flcertificationboard.org or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Scholarship Application Request



Florida Certification Board

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

Section 1 – Contact Information. Please be sure this information matches the primary contact information in your FCB profile.		
Last Name:	First Name:	
Phone Number:	Email Address:	
Mailing Address:		
City:	State:	Zip Code:
Section 2 – Demographics and Credential Information		
Are you a U.S. citizen or otherwise authorized to work in the United States:	Yes	No
Credential Sought: (select only one)	Certified Recovery Peer Specialist Certified Recovery Support Specialist	
Have you ever been awarded a certification by the Florida Certification Board:	Yes	No
If yes, please indicate the credential and its number:	_____	
Are you currently employed:	Yes	No
Are you required to self-pay to obtain this certification:	Yes	No
Section 3 – Scholarship Information		
Please indicate the fee(s) for which you are requesting financial assistance:		
Application Fee (\$100)	Examination Fee (\$65)	
Reinstatement Fee (\$150)	Renewal Fee (\$75)	
I acknowledge that, if awarded scholarship funds, I will have 90 days (3 months) to use the scholarship or it will be voided.		
	Yes	No



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Section 4 – Attestation of Financial Assistance

To the best of my knowledge, I have provided the Florida Certification Board accurate information concerning all questions on this application. **I verify that I am in need of financial assistance to apply for, renew or reinstate a certification as either a Certified Recovery Peer Specialist (CRPS) or a Certified Recovery Support Specialist (CRSS).** I understand that funds are limited and are intended for those who require financial assistance due to limited or no income, have no other means of financial support or do not receive reimbursement or payment from their employer for certification.

By signing this form, you are attesting that you are currently in a financial hardship and need assistance with paying the required fee.

Signature *(FCB accepts manual and electronic signatures)*

Date

For FCB Office Use Only

Date Received:

Staff Reviewed:

Amount of Assistance Awarded: