



# Certified Recovery Residence Administrator Work Experience Verification Form

## DIRECTIONS

This form allows for one employer to document work hours as required for the CRRRA credential. Provide a separate form to each employer who will document experience for certification purposes.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- 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).

Upon completion, please submit the form and supporting documentation directly to the FCB. *Work Experience Verification Forms* will not be accepted from the applicant.

**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:** Work Experience Verification (applicant name)

## REQUIREMENT

<b>CRRRA Description</b>	An entry-level substance abuse credential for person’s who assist clients achieve and maintain recovery from addiction in a residential recovery style facility.
<b>Related Work Experience Requirement</b>	1,000 hours (approximately 6 months of full-time work) of work and/or volunteer experience providing related recovery residence administrator, manager or closely aligned residential management services in a residential recovery setting.  Eligible work and/or volunteer experience occurred within the last 5 years.
<b>Supporting Documentation</b>	Attach a position description that directly relates to the core competencies of the credential. Must be on agency letterhead.



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

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

<b>Applicant Information:</b> Please list the position you held for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each position/employer documenting work experience.				
<b>Applicant Name:</b>				
<b>Employer:</b>				
<b>Type of Position:</b>	Full-time	Part-Time	Paid	Volunteer
<b>Position Title:</b>				
<b>Immediate Supervisor:</b>				

**Part 2: To be completed by the employer's personnel officer or designee only.**

<b>Section A: Verifier's Contact Information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Employer:</b>
<b>Email Address:</b>	<b>Business Phone:</b>
<b>Work Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>

<b>Section B: Experience Attestation</b>							
I have read and understand the on-the-job experience requirements for Certified Recovery Residence Administrator (CRRRA) certification. The following information can be verified by employment records maintained by the agency. I consent to an audit of such records if requested.							
						Yes	No
Applicant's Position Description Attached:	Yes	Type of Position:	FT	PT	Paid	Volun	
Applicant's Employment Dates (use MM/DD/YYYY format):		From:	To:				
Average number of hours per week providing related services:							
By my signature, I attest that the above material is true to the best of my knowledge							
<b>Verifier's Signature</b> (FCB accepts manual and electronic signatures)						<b>Date</b>	