



# Certified Recovery Support Specialist On-the-Job Supervision Verification Form

## DIRECTIONS

This form allows for one qualified supervisor to document clinical on-the-job supervision hours as required for the CRSS credential. Provide a separate form and instructions to each qualified supervisor who will document supervision for certification purposes. FCB has supervision documentation templates posted online that may be used if needed.

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 qualified supervisor.
- Part Two is completed by the qualified supervisor and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form and supporting documentation directly to the FCB. *On-the-Job Supervision 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:** On-the-Job Supervision (applicant name)

## REQUIREMENT

<b>Policy Standard</b>	Supervision focuses on improved client care and improved job performance. The purpose of supervision is to teach counselors how to promote client welfare and increase their skills and knowledge in order to effectively treat their client base. Supervision for certification purposes can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings. At least 50% of the hours of supervision must be individual, one-on-one supervision and/or observation skills. No more than 50% of the required hours of supervision may be in a group setting. See FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> for additional details and guidance.
<b>CRSS Description</b>	An entry-level substance abuse credential for person's who assist clients achieve and maintain recovery from addictions.
<b>Qualified Supervisor Definition</b>	<p>A qualified supervisor must be current and fall within one of the following designations:</p> <ul style="list-style-type: none"> <li>• A physician or physician's assistant licensed under Chapters 458 or 459, F.S.</li> <li>• A professional licensed under Chapters 490 or 491, F.S.</li> <li>• An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for an ARNP designation.</li> <li>• A MCAP or CAP</li> <li>• Individual in a supervisory position who holds a minimum of a Bachelor's degree in any field.</li> </ul> <p><i>(Continued on next page)</i></p>



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	A copy of the qualifying credential or license for the qualified supervisor must be attached.
<b>On-the-Job Supervision Requirement</b>	<p>24 hours of direct clinical on-the-job supervision of the applicant’s performance of recovery support related services.</p> <p>A minimum of 4 hours of supervision per domain is required in the categories as listed on page 2 of the <i>On-the-Job Supervision Verification Form</i>.</p> <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible on-the-job supervision occurred within the last 5 years.</p>

## PERFORMANCE DOMAIN CATEGORIES

Minimum of 4 hours must be completed in each performance domain listed below. The remaining hours may be allocated across any category(ies).

<p><b>LEGAL AND PROFESSIONAL RESPONSIBILITY:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they perform tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.</p>
<p><b>RE-ENGAGEMENT, CRISIS SUPPORT AND SAFETY:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they perform tasks necessary to help the participant maintain recovery and personal safety, including helping the participant engage/re-engage in treatment plans, follow-through with aftercare programs, and identify and respond appropriately to crisis situations.</p>
<p><b>RESOURCE LINKAGE/FOLLOW UP:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they assist participants to access and participate in community resources and recovery support services.</p>
<p><b>PRACTICAL LIVING SKILLS/SOCIAL DEVELOPMENT:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they perform tasks directly related to establishing and maintaining personal care habits, social responsibility habits and healthy interpersonal habits and relationships.</p>
<p><b>RECOVERY MANAGEMENT:</b> Supervision in this domain is directly related to observing and providing feedback to the applicant as they assist and motivate the participant to navigate the array of recovery services available and to achieve and maintain recovery.</p> <p><i>(Continued on next page)</i></p>



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## **SUPERVISOR REQUIRED DOCUMENTATION**

A qualified supervisor must maintain documentation of supervision, copies of which may be requested by Certification Staff at any time. Documentation must include the following minimum information:

- a. Supervisee name, current position and credential sought.
- b. Date of supervision, start and end time of supervision, and number of supervision hours accrued.
- c. Supervisor name and title.
- d. Methods of supervision (individual, group, observation, review clinical documentation).
- e. Summary of supervision offered during session.
- f. Signature of both Supervisee and Supervisor

Documentation does not need to be submitted with this verification form. FCB has supervision documentation templates posted online that may be used if needed.



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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 the qualified supervisor for completion.**

<b>Applicant Information:</b> Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each qualified supervisor documenting one-on-one on-the-job supervision.		
<b>Applicant Name:</b>		
<b>Employer:</b>		
<b>Type of Position:</b>	Full-Time	Part-Time
<b>Position Title:</b>		
<b>Immediate Supervisor:</b>		

**Part 2: To be completed by the applicant's qualified supervisor only.**

<b>Section A: Qualified Supervisor 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: Supervision Attestation</b>		
I am a qualified supervisor because I am:		
A physician or physician's assistant licensed under Chapters 458 or 459, F.S.		
A professional licensed under Chapters 490 or 491, F.S.		
An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for an ARNP designation.		
A MCAP or CAP credentialed through the Florida Certification Board.		
Individual in a supervisory position who holds a minimum of a Bachelor's degree in any field		
<i>Copy of qualifying credential or license for the qualified supervisor is attached.</i>		Yes      No



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Section B: Supervision Attestation Continued		
Domain Category – Please see Page 2 of On-the-Job Supervision Verification Form for instructions	Individual Supervision Number of Hours	Group Supervision Number of Hours
LEGAL AND PROFESSIONAL RESPONSIBILITY		
RE-ENGAGEMENT, CRISIS SUPPORT AND SAFETY		
RESOURCE LINKAGE/FOLLOW UP		
PRACTICAL LIVING SKILLS/SOCIAL DEVELOPMENT		
RECOVERY MANAGEMENT		
<b>TOTAL HOURS PER CATEGORY:</b>		
<b>TOTAL HOURS OF ON-THE-JOB SUPERVISION EARNED:</b> <b>(No more than 50% of the total required hours may be in a group setting)</b>		

Type of Position Supervised	Full-Time Part-Time	Time period during which supervision was provided: From: _____ To: _____	
<p>I have read and understand the on-the-job supervision requirements for Certified Recovery Support Specialist (CRSS) certification. I provided the above on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</p> <p style="text-align: right;">Yes      No</p>			
<p>As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Recovery Support Specialist?</p> <p style="text-align: right;">Yes*      No</p> <p>*If yes, the FCB will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.</p>			
<p>I provided on-the-job supervision of the applicant as he or she performed recovery support related duties.</p> <p style="text-align: right;">Yes      No</p>			
<p>By my signature, I attest that the above material is true to the best of my knowledge.</p>			
<b>Qualified Supervisor's Signature</b> <i>(FCB accepts manual and electronic signatures)</i>			<b>Date</b>