

Certified Recovery Peer Advocate Related Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above verify and document his or her related work experience in the field of Recovery Peer Services in pursuit of the Certified Recovery Peer Advocate (RPA) designation.

Please carefully read the Description of a Certified Recovery Peer Advocate and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet *Certified Recovery Peer Advocate* Related Work Experience Requirements, please contact our offices directly at 855-675-5634.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is NYCA policy that this form is completed by the applicant's employer's personnel officer, volunteer supervisor, or designee only.

Upon completion, please submit the form and supporting documentation directly to the NYCA via mail or email: the NYCA will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

New York Certification Association
Attn: Certification Operations
1732 First Avenue
#22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: Work Experience Verification (applicant name)

Description of a Certified Recovery Peer Advocate (CRPA)

The Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a CRPA helps to ensure participant directed care by assisting the individual to build the specific skills and relationships he or she needs in order to achieve and maintain recovery. The CRPA achieves this goal by mentoring, monitoring, and motivating the individual to develop habits and skills necessary for recovery. All tasks are conducted from the perspective of participant choice. As such, the Certified Recovery Peer Advocate must be able to differentially apply the skill set to meet the individual needs of the participant from where he or she is in recovery.

Further, the Certified Recovery Peer Advocate credential is defined in the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulations as an individual who is "supervised by a credentialed or licensed clinical staff member to provide outreach and peer support services based on clinical need as identified in the patient's treatment/recovery plan which occur on the premises of a certified program." OASAS does not, however, limit or prohibit a Certified Recovery Peer Advocate from providing other types or forms of peer services in other settings.

Related Work Experience Requirements

Paid or volunteer experience providing Recovery Peer Advocate services is acceptable, as long as it meets eligibility requirements and can be documented.

500 hours of related experience for the following applicants: Individual's holding a bachelor's degree or credentialed as a CASAC, CASAC-T, CASAC-G, Prevention Professional, Prevention Specialist, or Recovery Coach Academy graduates (certificate holder or training of trainers' certificate holder).

1,000 hours of related experience for all other applicants.

All experience must have been gained with the last 5-years.

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

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Applicant Name: _____
Employer: _____
Type of Position (select all that apply): Full-time Part-time Paid Volunteer
Position Title: _____
Employment Dates: _____
Immediate Supervisor: _____

Part 2: To be completed by the personnel officer, volunteer supervisor or designee only.

Section A: Verifier's Information

_____	_____
Last Name	First Name
_____	_____
Title	Employer
_____	_____
Employer Webpage Address	Business Phone
_____	_____

Work Address Line 1	

Work Address Line 2	
_____	_____
City	State
_____	_____
Zip code	County
_____	_____

Section B: Experience Attestation

I have read and understand the on-the-job experience requirements for Recovery Peer Advocate (CRPA) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached? Yes No*

*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment: _____
Type of Position (select all that apply): Full-time Part-time Paid Volunteer
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.

Signature _____
Date

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