

Certified Recovery Peer Advocate On-the-Job Supervision Verification Form

Directions

Thank you for taking the time to document the direct supervision you provided to applicant named in Part 1 of this form. Your documentation directly assists the candidate's pursuit of the Certified Recovery Peer Advocate (CRPA) designation.

Please carefully read the [Definition of a Qualified Supervisor](#), [Description of a Certified Recovery Peer Advocate \(CRPA\)](#) and the [On-the-Job Supervision Requirement](#) as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet CRPA On-the-Job Supervision Requirements, please contact our offices directly at 855-675-5634.

To document the on-the-job supervision you provided the applicant, you must maintain employer based documentation, as defined below, and you must complete this form in its entirety.

Employer-based documentation: Qualified supervisors must document supervision according to agency protocol. These supervision records are maintained by the employer and are not submitted to the NYCA with the Direct Supervision Attestation Forms. Employers are required to maintain supervision records that support the information documented in the NYCA's Direct Supervision Attestation Form in case of audit.

On-the-Job Supervision Verification Form: Each qualified supervisor who provides supervision for certification purposes must complete an On-the-Job Supervision Verification Form. Collectively, the On-the-Job Supervision Verification Forms must document completion of the total On-the-Job Supervision requirement.

Each On-the-Job Supervision Verification Form must be completed by the individual providing supervision. 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 only by the individual providing direct supervision to the applicant.

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

Mail:

New York Certification Association
Attn: Certification Operations
1732 1st Avenue # 22875
New York, NY 10128

Email: info@nycertification.org

Subject Line: On-the-Job Supervision Verification (applicant name)

Definition of a Qualified Supervisor: For certification purposes, a qualified supervisor is an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

Supervision provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant is not acceptable toward fulfillment of certification requirements.

Description of a Certified Recovery Peer Advocate (CRPA)

A Certified Recovery Peer Advocate (CRPA) designation is for those persons who possess competency in the field of peer-delivered recovery support services. Specifically, a Certified Recovery Peer Advocate 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 where he or she is in recovery.

Further, the Certified Recovery Peer Advocate 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 CRPA from providing other types or forms of peer services in other settings.

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On-The-Job Supervision Requirements

Certified Recovery Peer Advocate applicants must complete and document a minimum of 25 hours of on-the-job supervision by a qualified supervisor, with a minimum number of supervision hours in each performance domain as follows:

- Advocacy: 4 hours
- Mentoring/Education: 4 hours
- Recovery/Wellness Support: 4 hours
- Ethical Responsibility: 4 hours
- Electives (any domain): 9 hours

All on-the-job supervision must have been completed within the last 5-years.

Performance Domains:

- **Advocacy:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to engaging participants in their own recovery, monitoring participant progress, and seeking assistance when indicators of risk, lapse or relapse are present which may threaten the participant's recovery. The Peer Advocate is not a clinical staff member, but does perform Recovery Support tasks as a member of the participant's overall treatment team.
- **Mentoring/Education:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to helping participants develop and maintain healthy behaviors that support recovery efforts. Peer Advocates use modeling, teaching, and related strategies to help participants learn the skills they need and want to learn.
- **Recovery/Wellness Support:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks directly related to teaching participants how to access and navigate the array of recovery support and other community services available to assist the participant in achieving recovery goals. Job tasks in this domain are heavily influenced by the participant's individual needs and desires.
- **Ethical Responsibility:** Supervision in this domain is directly related to observing and providing feedback to the applicant as he or she performs tasks across all domains in a manner that follows generally accepted legal, ethical, and professional standards.

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

Applicant Information. 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: May 2009 – Aug 2011.

Use a separate form for each qualified supervisor documenting on-the-job supervision..

Name: _____

Employer: _____

Type of Position (select all that apply): Full-time Part-time Paid Volunteer

Position Title: _____

Employment/Volunteer Dates: _____

Immediate Supervisor: _____

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

Section A: Qualified Supervisor Contact 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 supervision requirements for Recovery Peer Advocate (RPA) certification. I provided the following 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.

I provided on-the-job supervision of the applicant as he or she performed Recovery Peer Advocate duties. Yes* No

*If yes, how many total hours of on-the-job supervision have you provided? _____

Allocated total hours of on-the-job supervision across performance domains.

Advocacy: Supervision of the applicant performing tasks directly related to engaging participants in their own recovery, monitoring participant progress and seeking assistance when indicators of risk, lapse or relapse are present which may threaten the participant's recovery. _____

Mentoring/Education: Supervision of the applicant performing tasks directly related to helping participants develop and maintain healthy behaviors that support recovery efforts. Peer Advocates use modeling, teaching, and related strategies to help participants learn new skills. _____

Recovery/Wellness Support: Supervision of the applicant performing tasks directly related to teaching participants how to access and navigate the array of recovery support and other community services available to assist the participant in achieving recovery goals. _____

Ethical Responsibility: Supervision of the applicant performing tasks across all domains in a manner that follows generally accepted legal, ethical and professional standards _____

Type of Position Supervised (check all that apply): Full-time Part-time Paid Volunteer

Time period during which supervision was provided: _____

As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Recovery Peer Advocate? Yes* No

*If yes, the NYCA will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.

By my signature, I attest that the above material is true to the best of my knowledge.

Qualified Supervisor's Signature

Date