

Certified Recovery Peer Advocate Character-Personal Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Character-Personal Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Certified Recovery Peer Advocate (RPA) designation.

Please carefully read the [Definition of a Character-Personal Recommendation](#) and the [Description of a Recovery Peer Advocate](#). Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a Certified Recovery Peer Advocate (RPA), please contact our offices directly at 855-675-5634.

This Character-Personal Recommendation for Certification Form must be completed by the individual providing the recommendation. 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 individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the NYCA via mail or email: the NYCA will not accept Character-Personal Recommendation for Certification Forms 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: Character-Personal Recommendation (applicant name)

Definition of a Character-Personal Recommendation: For certification purposes, a Character-Personal recommendation is provided by an individual who knows the applicant in a personal capacity. Character-Personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The Character-Personal recommendation should discuss the applicant's traits, such as his or her personality, character, integrity, dependability, and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant's personality, it should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

A Character-Personal Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

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.

Certified Recovery Peer Advocate
Character-Personal Recommendation for Certification Form

Part 1: To be completed by the applicant prior to providing to the individual providing the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Character-Personal Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a Character-Personal recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Section A: Character-Personal Reference Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

home business other

Contact Address Line 2

Contact Type

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, describing how you are eligible to provide the applicant with a Character-Personal Recommendation for Certification as a Recovery Peer Advocate.

Certified Recovery Peer Advocate
Character-Personal Recommendation for Certification Form

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a Certified Recovery Peer Advocate (RCA). Please include specific examples of personality traits and characteristics that may support the applicant's successful performance as a Certified Recovery Peer Advocate.

Section D: Attestation.

I hereby affirm that I have a firsthand personal relationship with the applicant listed in Part 1 of this form.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Recovery Peer Advocate (RPA).

I affirm. I do not affirm.

Signature

Date