

Certified Recovery Peer Advocate Professional Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Professional 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 Professional 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 Professional 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 Professional 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: Professional Recommendation (applicant name)

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as a Recovery Peer Advocate. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Recovery Peer Advocate (RPA). While the recommendation will discuss the applicant's personality, statements should refer to performance of duties related to Recovery Peer Support services. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the NYCA an idea of the type of individual applying for certification as a Recovery Peer Advocate.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff. 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.

A Professional 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.

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Part 1: To be completed by the applicant prior to providing to the individual providing the applicant with a Professional 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 Professional 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 professional recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

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

Section A: Qualified Supervisor 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 Professional Recommendation for Certification as a Recovery Peer Advocate.

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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 incidents where you observed the applicant successfully demonstrating skills expected of a Certified Recovery Peer Advocate.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform Recovery Peer Advocate services.

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