



CFRS APPLICATION

Certified Family Recovery Specialist

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from PCB regarding your application after 10 business days, email info@pacertboard.org.
5. A certificate will be mailed to you within 10 business days.

CERTIFIED FAMILY RECOVERY SPECIALIST REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to PCB directly prior to application.

FORMAL EDUCATION

REQUIRED: Minimum high school diploma/GED.

Veterans may provide discharge documentation in lieu of a high school diploma/GED.

A copy of the high school transcript or diploma is acceptable or GED verification. If the school is from outside the United States, an equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

It is recommended you obtain documentation approximately three weeks prior to sending in your application. Documentation of high school/GED can be included with your application or can be mailed to PCB or emailed to info@pacertboard.org by the educational institution prior to application.

College degree documentation can be used in lieu of a high school diploma/GED. The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States, a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

Official transcripts are required and must be sent directly from college/university to PCB prior to application. **Official transcripts may be mailed to PCB or emailed to info@pacertboard.org.**

It is recommended you request transcripts approximately three weeks prior to sending in your application.

If you have a sealed official transcript in your possession, you may mail it in the sealed envelope to PCB prior to your application arriving or mail it in with your application.

If you have outstanding debt or other issues which prevent the college/university from releasing your official transcript, you must resolve these issues with the school prior to applying for certification.

TRAINING

REQUIRED: 78 hours of mandatory, standardized recovery specialist training.

A list of approved statewide trainers authorized to provide the 78-hour mandatory, standardized recovery specialist training can be found on the PCB website. All education/training must be documented.

The required mandatory, standardized training is documented with a copy of the completed training certificate.

PERSONAL, LIVED FAMILY RECOVERY EXPERIENCE

REQUIRED: The CFRS credential is for adults who have been directly impacted by their own family member or loved one's substance use disorder.

STATEMENT OF LIVED EXPERIENANCE

REQUIRED: A minimum 1000-word essay describing the impact your own family member or loved one with a substance use disorder had on you.

LETTERS OF REFERENCE/CHARACTER

REQUIRED: Three letters of reference/character.

CERTIFICATION FEE

**REQUIRED: \$150.00
(fee must accompany certification application)**

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 6 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to PCB.

Applications received without payment will not be processed.

Office of Vocational Rehabilitation (OVR) Payments: PCB is an approved vendor of OVR. If OVR is paying for your application fee, it highly recommended payment processing is initiated at least three weeks prior to application submission. CFRS applications will not be approved until payment is received. Delay in payment can significantly delay the application process.

One-half of the fee is refundable if application is denied.

APPLICATION INFORMATION

GENERAL INFORMATION

Email addresses provided to PCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in PA at the time of application.

This certification is a non-reciprocal credential recognized and used only in PA.

APPEAL PROCESS

The purpose of appeal is to determine if PCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to PCB within 30 days of the notification of PCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the PCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through PCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential PCB offers will incur a \$50 application change/review fee.

CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

CFRS APPLICANT INFORMATION & PAYMENT

Application can be completed and saved. You may then print the appropriate pages to submit to PCB.

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Female Male Self-identify _____

Name: _____ SSN: (last four) _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Have you ever received any disciplinary action from another certification/licensing authority? Yes No
If yes, provide full details on a separate sheet.

Have you read and understood the PCB Code of Ethical Conduct? Yes No
The Code of Ethical Conduct is located at www.pacertboard.org, and click on Ethics.

Military Experience: Not Applicable Active Veteran

Ethnicity: American Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino
 Native Hawaiian or Other Pacific Islander Not specified: _____

Employment plans for the next two years: Increase hours Decrease hours No change Seek advancement
 Retire Move to a different career Unknown

PAYMENT INFORMATION

FEE OF \$150 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to PCB

My employer/organization is mailing payment directly to PCB.

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

Email for receipt *(if paying by credit card only)*: _____

CFRS: FORMAL EDUCATION AND REQUIRED TRAINING

REQUIRED: Minimum high school diploma/GED.

I am documenting my high school diploma/GED. Yes No

I am documenting my college degree. Yes No

College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____

Delivery Method:

- Mailed to PCB
- Emailed to PCB

REQUIRED: 78-hour mandatory, standardized recovery specialist training.

I have included a copy of my training certificate for the 78-hour mandatory, standardized recovery specialist training with this application.

- Yes
- No

CFRS: WORK/VOLUNTEER EXPERIENCE

Work/volunteer experience is not a requirement to obtain the CFRS. However, please complete this page if you are employed or volunteer in the behavioral health field.

CURRENT EMPLOYMENT/VOLUNTEER INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work/volunteer per week? _____

Total hours/years worked in current position? _____

CFRS: ATTESTATION, STATEMENT OF LIVED EXPERIENCE, & LETTERS OF REFERENCE/CHARACTER

REQUIRED: Signed attestation below of your own lived experience as a family member or loved one of a person or persons with a substance use disorder.

I attest that I have been directly impacted by a direct family member or loved one of mine with a substance use disorder and will share my lived experience with other families to provide recovery support services.

Applicant Signature

Date

REQUIRED: A minimum 1000-word essay describing the impact your own family member or loved one with a substance use disorder had on you, your experience navigating multiple systems, describing how your experience informs your work with other families, what resources you have accessed, and what family recovery means to you. You should also describe how long you have considered yourself in recovery.

I have included a minimum 1000-word essay including all components described above.

- Yes
- No

REQUIRED: Three letters of reference/character.

Applicants must submit three (3) letters of reference/character. Letters may not be from their own family members. Letters should show the impact the applicant has made to the field. They should also include how the applicant practices self-care, how they have developed boundaries and how they work with other families. The letters of reference/character must be from each of the following areas:

- letter of reference/character: personal (1)
- letter of reference/character: professional/volunteer (1)
- letter of reference/character: within recovery support services (1)

I have included three letters of reference/character as described above.

- Yes
- No

CFRS: ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant. It must be notarized and submitted with the application.

RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

INITIAL EACH STATEMENT

_____ I have read and understood this Acknowledgements and Release.

_____ I either live or work in Pennsylvania at least 51% of the time.

_____ I understand one-half of the application fee is refundable if application is denied.

_____ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

_____ I understand that if I request to have my application re-reviewed for another credential PCB offers, I will incur a \$50 change/review fee.

Applicant: _____ Signature: _____ Date: _____
PRINT NAME LEGIBLY

NOTARY PUBLIC ONLY

Name: _____ Date: _____

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Notary Public Signature **SEAL:**

CFRS: CHECKLIST

Applicant Name: _____

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"> Page 5 	
Formal Education & Training page	<ul style="list-style-type: none"> Page 6 	
Education	<ul style="list-style-type: none"> High School Diploma/GED/college transcripts or diploma Copy of training certificate 	
Relevant Work Experience	<ul style="list-style-type: none"> Page 7 	
Attestation, essay, letters of reference	<ul style="list-style-type: none"> Page 8 	
Notarized Acknowledgement & Release page	<ul style="list-style-type: none"> Page 9 	
Checklist page	<ul style="list-style-type: none"> Page 10 	
Disciplinary Actions?	<ul style="list-style-type: none"> Include letter of explanation with application 	
Convicted of a felony?	<ul style="list-style-type: none"> Include letter of explanation with application 	
Company paying fee?	<ul style="list-style-type: none"> Include applicant name on payment 	
Copy entire application for records		

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I acknowledge, that to the best of my ability, I have submitted a completed application.

Signature: _____ Date: _____