CRS APPLICATION

Certified 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. An application is considered approved when applicant receives an email from PCB to register for the examination.
5. Follow all instructions to register for the examination provided in the email.
6. If you have not heard from PCB regarding your application or received an email from PCB to register for the examination after 10 business days, email info@pacertboard.org.
7. Once you pass the examination, you are certified.
8. A certificate will be mailed to you within 10 business days.

CERTIFIED 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 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.

EDUCATION/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 RECOVERY EXPERIENCE

REQUIRED: A minimum of 18 months in a continuous manner of personal, lived experience.

Do not apply for the CRS credential with less than 18 months of recovery time.

STATEMENT OF LIVED EXPERIENNCE

REQUIRED: A minimum 1000-word essay describing your experience with recovery and your history of sustained recovery.

EXAMINATION

REQUIRED: Once application is approved, applicant must pass the PCB Examination for Certified Recovery Specialist (CRS examination).

CERTIFICATION FEE

REQUIRED: $150.00
(fee includes examination and 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 7 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. CRS 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 or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination.

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 or register you for the examination 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 prior to taking the examination or after an unsuccessful attempt at the examination will incur a $50 application change/review fee.

CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the applicant passes the examination. 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.

EXAMINATION INFORMATION

TYPE OF EXAMINATION

The successful completion of the PCB CRS examination is required. There are two options for taking the examination:

1. attend an *in-person paper and pencil examination* at an approved testing location on pre-determined dates or
2. an *on-demand computer-based online examination*.

The examination consists of 50 multiple-choice questions. Once an application is approved, candidates will receive an email from PCB with instructions for choosing the format to take the examination.

TIME PERMITTED

One and one-half hours are permitted to complete the examination.

EXAMINATION CONTENT

The examination is developed from the PCB CRS Job Analysis which identifies domains and tasks for competent practice and the recovery specialist mandatory, standardized training. Domains for the examination are: Recovery Planning & Collaboration; Substance Use Knowledge; Advocacy; Ethical Responsibility & Professionalism; Safety & Self-Care; Communication, Interpersonal & Professional Skills; Cultural Competency.

CANDIDATE GUIDE

The domains, including the task statements per domain, sample examination questions, and a list of references from the PCB CRS Job Analysis are included in the Candidate Guide. Candidate Guides are available from the PCB website.

SPECIAL SITUATIONS AND ACCOMMODATIONS

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to PCB no fewer than 60 days prior to their examination date. Contact PCB on what constitutes official documentation. PCB will coordinate appropriate modifications to the examination process when documentation supports the need.

CANCELLATION/RESCHEDULING POLICY

Candidates are required to arrive on time for their paper/pencil examination. Candidates who arrive late will not be permitted to take the examination and will be charged a $75.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their examination less than five days prior to their scheduled date will be charged the full examination fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a $25.00 cancellation/rescheduling fee.

RETESTING

Candidates who fail the examination can retest after a 7-day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times, they must submit a study plan to PCB and wait one-year from the date of the final failed examination before they will be permitted to retest again.

CRS: APPLICANT INFORMATION

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

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ **SSN** (*last four*): _____

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 for Recovery Specialists? □ Yes □ No
The Code of Ethical Conduct is located at www.pacertboard.org/ethics.

CONTACT INFORMATION

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____

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

Secondary Email: _____

DEMOGRAPHICS
Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?
□ Female
□ Male
□ Nonbinary
□ Prefer to self-describe: _____
□ Prefer not to disclose

Do you identify as transgender?
□ Yes
□ No
□ Prefer not to disclose

How do you describe your sexual orientation or sexual identity?
□ Heterosexual or straight
□ Gay or lesbian
□ Bisexual
□ Queer
□ Questioning or unsure
□ Prefer to self-describe: _____
□ Prefer not to disclose

Which best describes you?
□ Asian or Pacific Islander
□ Black or African American
□ Hispanic or Latino
□ Native American or Alaska Native
□ Multiracial or Biracial (please specify): _____
□ Not listed (please specify): _____
□ Prefer not to disclose

□ White or Caucasian

What is your yearly income?

- □ Less than $20,000
- □ $20,000 to $34,999
- □ $35,000 to $49,999
- □ $50,000 to $74,999
- □ $75,000 to $99,999
- □ Over $100,000
- □ Unsure
- □ Prefer not to disclose

Do you have military experience?

- □ Active duty
- □ Veteran
- □ Not Applicable

Language(s) spoken fluently (check all that apply)**:**

- □ American Sign Language
- □ Arabic
- □ Chinese
- □ English
- □ French
- □ German
- □ Indigenous Language
- □ Italian
- □ Korean
- □ Polish
- □ Portuguese
- □ Russian
- □ Spanish
- □ Tagalog (Filipino)
- □ Vietnamese
- □ Other, please specify: _____

Employment plans for the next two years *(check all that apply)*:

- □ Obtain full time employment/Increase hours
- □ Obtain part-time employment/Decrease hours
- □ No change
- □ Retire
- □ Move to a different career/field
- □ Unknown

What is the highest degree or level of school you have completed? *(If you're currently in school, please check the highest degree you have completed.)*

- □ High school degree or equivalent (e.g. GED)
- □ Trade, Technical or Vocational School
- □ Some college, no degree
- □ Associate degree (e.g. AA, AS)
- □ Bachelor's degree (e.g. BA, BS)
- □ Master's degree (e.g. MA, MS, MEd)
- □ Professional degree (e.g. MD, DDS, DVM)
- □ Doctorate (e.g. PhD, EdD)

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.

☐ OVR is paying for my application. *(See page 3 for more information.)*

Number: _____ - _____ - _____ - _____

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

Billing address: _____

(If different than Home Address)

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

CRS: 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

CRS: WORK EXPERIENCE

Work experience is not a requirement to obtain the CRS.

However, please complete this page if you are employed in the behavioral health field.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

CRS: ATTESTATION AND STATEMENT OF LIVED EXPERIENCE

REQUIRED: 18 months in a continuous manner of personal, lived recovery experience.

I understand that by applying for the Certified Recovery Specialist, recovery is a highly individualized journey that requires abstinence from all mood and mind-altering substances that may be supported using medication that is appropriately prescribed and taken.

I attest that I have a personal, lived substance use history and recovery experience. I further attest that I had at least 18 months in a continuous manner of personal, lived recovery experience at the time I enrolled in the CRS training and my recovery has continued in an uninterrupted manner since that time.

_____ _____

Applicant Signature Date

REQUIRED: A minimum 1000-word essay describing your experience with recovery and your history of sustained recovery.

I have included a minimum 1000-word essay describing my experience with recovery and my history of sustained recovery.

☐ Yes

☐ No

CRS: 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 or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

_____ 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 prior to the examination, or after an unsuccessful attempt at the examination 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.

_____ **SEAL:**

Notary Public Signature

CRS: 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	• Page 6 & 7	
Formal Education & Training page	• Page 8	
Education	• High School Diploma/GED/college transcripts or diploma • Copy of training certificate	
Relevant Work Experience	• Page 9	
Attestation & Essay	• Page 10	
Notarized Acknowledgement & Release page	• Page 11	
Checklist page	• Page 12	
Disciplinary Actions?	• Include letter of explanation with application	
Convicted of a felony?	• Include letter of explanation with application	
Company paying fee?	• Include applicant name on payment	
Copy entire application for records		

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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.*

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

Signature: _____ Date: _____