



CFRS APPLICATION

Certified Family Recovery Specialist

A credential for drug and alcohol family peers.

298 S. Progress Avenue, Harrisburg, PA 17109

Phone: 717-540-4455 | Fax: 717-540-4458

www.pacertboard.org | info@pacertboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> Page 6 	
Relevant Experience (optional)	<ul style="list-style-type: none"> Page 7 Relevant employment documentation (optional) <ul style="list-style-type: none"> Current job description obtained from employer (optional). 	
Education	<ul style="list-style-type: none"> Official transcripts sent directly to Board (if applicable) Copy of training certificate(s) 	
Acknowledgement & Release	<ul style="list-style-type: none"> Page 8, notarized 	
Letters of Reference/Character	<ul style="list-style-type: none"> 3 Letters 	
Statement of Lived Experience	<ul style="list-style-type: none"> Written statement, 1000 words 	
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		

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 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 your application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

- Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
- Staff reviews application. Allow 5- 10 business days for review and processing of your application.
- Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
- If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email info@pacertboard.org.
- A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn 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.

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.

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 the Board 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 the Board offers prior to taking the examination, or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

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.

ROLE OF CERTIFIED FAMILY RECOVERY SPECIALIST

The Certified Family Recovery Specialist (CFRS) is a credential for adults who have been directly impacted by their own family member or loved one's substance use disorder. The CFRS shares their lived experience with other families to provide recovery support services and understands the stigma associated with substance use disorder and its impact on the family. As a CFRS, an individual accepts and agrees that his/her experience will be known by their colleagues, persons served, and others with whom he/she may share that they have achieved this credential. CFRS's are trained to help families move into and through the recovery process.

CERTIFIED FAMILY RECOVERY SPECIALIST REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

LETTERS OF REFERENCE/CHARACTER

Applicants must submit three (3) letters of reference/character. Letters may not be from 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)

STATEMENT OF LIVED EXPERIENCE

Applicants must submit a written statement describing the impact their own family member or loved one with a substance use disorder had on them, their experience navigating multiple systems; describing how their experience informs their work with other families, what resources they have accessed, and what family recovery means to them. Applicants should also describe how long they have considered themselves in recovery.

- **Statement of Personal Lived Experience.** 1000 word minimum.

LEVEL OF EDUCATION

A minimum high school diploma/GED from an accredited school. A copy of the transcript or diploma is acceptable. 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.

If the applicant's High School is no longer open, contact the office. Veterans may provide discharge documentation in lieu of a High School Diploma/GED. **It is recommended you obtain documentation approximately three weeks prior to sending in your application.**

- High School Diploma/GED.

Degree documentation can be sent 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 the Board office. If your college/university uses an e-transcript system, they can be emailed directly to the Board. **It is recommended you request transcripts approximately three weeks prior to sending in your application.**

EDUCATION

Education may be obtained from organizations that offer the full training series or professionals may choose to find individual trainings on their own. Education review is available prior to application submission with the use of the Education Review Form on the Board website.

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

- 60 hours of education is required per the following breakdown:
 - 24 hours in Family Recovery and Wellness
 - 12 hours in Advocacy and Support
 - 6 hours in ethics relevant to behavioral health
 - 6 hours in confidentiality
 - 12 hours specific to substance use disorders

FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application 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. If an employer or organization is paying the application fee, they must include the applicant's name with the payment. Failure to include the applicant's name will result in delay in approval of the application.

Office of Vocational Rehabilitation (OVR) Payments: PCB is an approved vendor of OVR. If OVR is paying for your application fee it is 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.

- **Application Fee:** \$125 *(fee must accompany application and materials)*

PCB APPLICATION FOR CFRS

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

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female 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: _____

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

College/University: _____
IF APPLICABLE

Name on Transcript: _____
IF APPLICABLE

Date Transcript Requested: _____ Delivery Method: _____

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.

I attest that I have been directly impacted by another person's substance use disorder and share lived experience with other families to provide recovery support services.

Applicant Signature

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 \$125 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

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 APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

THIS FORM IS OPTIONAL AND WILL NOT IMPACT YOUR APPLICATION

If you are volunteering or employed in a position providing family recovery support services, please list the information below. This is an optional form and does not need to be included with the CFRS application. This form helps PCB track the CFRS workforce and identify needs across the Commonwealth.

CURRENT VOLUNTEER/EMPLOYMENT INFORMATION

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

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

DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.

CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: _____

Supervisor Position/Title: _____

Email: _____ Phone: _____

Average Number of Hours of Supervision Received Per Week: _____

Do you feel the supervision you receive is clinically oriented or recovery oriented? Clinically Recovery Oriented

Do you feel you receive enough supervision? Yes No

Do you feel you receive the correct type of supervision for your role as a Family Recovery Specialist? Yes No

CURRENT JOB DESCRIPTION

Include your current job description with the application. This document is provided by your organization. If your supervisor does not have your job description, you should contact your organization's Human Resource department. The Board does not provide the job description.

- **Current job description:** obtained from organization.

CFRS APPLICATION 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 credential. 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 and employment 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 the 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 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.

Notary Public Signature **SEAL:**