



## *CERTIFIED PEER RECOVERY SPECIALIST-Family (CPRS-F)*

# Endorsement Application

Certified Peer Recovery Specialists (CPRS-F) in Maryland are eligible to receive an endorsement certificate in:

- Certified Peer Recovery Specialist-Family (CPRS-F)

Full Name

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Address

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Phone Number

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Email Address

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Current Employer/  
Volunteer Organization

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(If applicable)

Date Certified Peer Recovery Specialist certification was earned (month & year)

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CPRS Certificate Number

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**LETTER OF VERIFICATION**  
**(50 hours of work experience with family members is required)**

Applicant Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Relationship to Applicant:  Sponsor  Former/Current Counselor  Supervisor

Accountability Partner  Spiritual Advisor/Mentor  Other \_\_\_\_\_

Evaluator Address: \_\_\_\_\_

Evaluator Telephone: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

How long has the applicant worked with family members impacted by behavioral health disorders? \_\_\_\_\_

Please describe the type of interaction between the applicant and family. What type of services or engagement has the applicant provided to family members impacted by behavioral health disorders?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Maryland Addictions and Behavioral-health Professional Certification Board reserves the right to request further information from you concerning this applicant.

PLEASE RETURN THIS FORM DIRECTLY TO:

MARYLAND ADDICTIONS and BEHAVIORAL-health PROFESSIONAL CERTIFICATION BOARD  
10807 Falls Rd., PO Box #1376, Brooklandville, MD 21022

***Please return this form to the applicant in a sealed envelope***

## SUPERVISION

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision must be provided by an organization's documented and qualified supervisory staff per job description. Supervision is a formal or informal process that is administrative, evaluative, service-oriented, and supportive. It may occur as part of eligible work experience, or independently, and can be provided by more than one person, it ensures quality of services provided, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Supervisors must have one (1) years' experience supervising peer recovery specialists in the behavioral health and/or recovery and crisis support field, or; 1 year as a Certified Peer Recovery Specialist, or; 6 months in a supervisory position in the behavioral health field.

**Supervision must be provided by an individual who has completed 6 hours of pre-approved Peer Recovery Specialist Supervisor Training.**

Please attach your resume and any credentials to this form when you send it back.

Applicant's Name: \_\_\_\_\_

I hereby attest that a minimum of 5 hours of supervision in the domains related to family peer support have been attained by the above-named applicant. At least **1 hour** in each of the domains were received as outlined below.

<b>CPRS-F DOMAINS</b>	<b># OF HOURS RECEIVED IN EACH</b>
1. Family- Mentoring/Education	_____
2. Family- Recovery/Wellness Support	_____
3. Family- Advocacy	_____
4. Family- Ethical Responsibility	_____
5. General Supervision including self-care	_____
<b>TOTAL MUST BE AT LEAST 5 HOURS</b>	_____

\_\_\_\_\_  
Supervisor's Signature/ Registered Peer Supervisor #

\_\_\_\_\_  
Date

PLEASE RETURN THIS APPLICATION AND REQUIRED DOCUMENTS DIRECTLY TO:  
MARYLAND ADDICTIONS and BEHAVIORAL-health PROFESSIONAL CERTIFICATION BOARD  
10807 Falls Rd., PO Box #1376, Brooklandville, MD 21022

***Please return this form to the applicant in a sealed envelope***

Fee of \$75. May be paid by check/money order (payable to MABPCB)

**Keep a photocopy of application. Send your completed application, copies of CPRS-F training certificates (totaling 21 hours), and fee to:**

MABPCB  
10807 Falls Rd., PO Box #1376  
Brooklandville, MD 21022

***Please note that your CPRS must be current or you have applied for renewed status. For more information on certification, check out the Maryland Addiction and Behavioral-health Professionals Certification Board (MABPCB) website: <https://mapcb.wordpress.com/cprs/>***

***Once MABPCB receives your application packet, MABPCB will issue a new CPRS certificate with the CPRS-F embossed emblem.***



# PEER SUPERVISION FORM

Peer Recovery Specialist \_\_\_\_\_

DATE	DOMAIN	TIME	TYPE OF SUPERVISION (I/G)	RPS SUPERVISOR NAME & NUMBER (print)	RPS SUPERVISOR SIGNATURE

I \_\_\_\_\_ certify that all information provided as part of the CPRS application is true and correct to the best of my knowledge. I give my consent for MABPCB to contact the RPS of record to verify the information provided.

\_\_\_\_\_  
Peer Recovery Specialist Signature

\_\_\_\_\_  
Date