



Dear Peer Recovery Specialist (PRS) Applicant:

Thank you for your interest in PRS certification through the Iowa Board of Certification (IBC). IBC credentials prevention and treatment professionals in addictions and other behavioral health fields by promoting adherence to competency and ethical standards, and you are to be commended for your commitment to the field by seeking certification.

You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes completing all the attached forms, meeting education requirements, and payment of fees. Once your application is complete, you will be notified that you are being pre-registered for the computer-based exam; you will then have one year to pass the exam. ***If you're not able to meet either of these timeframes, you will need to complete a new application and submit new non-refundable fees.***

To efficiently move through the application process, you need to follow these steps:

- Review the Peer Recovery Specialist handbook (available on the website [here](#)) so that you are familiar with applicable requirements, processes and IBC's Code of Ethics. By signing and dating your application on Form 02, you are subscribing to IBC's Code of Ethics for Peer Recovery Specialists.
- Complete the application that follows. We recommend you download and save it to your computer prior to completing and printing. Once it is completed you will need to print and mail the application with original signatures, copies of your certificates of completion (do not send originals), and fee (if paying by check) to the IBC office. You may also pay with debit/credit card and can find the payment link [here](#). Always save a copy of your completed application.
  - **Be sure your completed application includes:**
    - Completed and signed/dated application Forms 01, 02, 04, 05 and 06
    - Copies of certificates of completion (do not send originals)
    - The **non-refundable** fee of \$165.00 which includes the application review fee, one test fee and the first two years of certification (please note that the exam is only offered via computer).

Once we receive your application, we will review it and let you know that:

- More items are still needed, or
- It is complete and you're eligible to test. The IBC office will notify you that you're being pre-registered for the exam; the test company will then send you an email with instructions on how you will complete the registration process which includes choosing the location, date and time of the exam (depending on location seat availability).

- Exam scores are accessed weekly. Once we receive your passing exam score, your certificate will be emailed to you and you may then begin using your credential's initials according to the validation dates shown on your certificate.

Your PRS certification is valid for two years. You will need to submit your completed recertification application (via email or mail) so that it is sent to IBC on or before the expiration date shown on your certificate.

Please note that IBC sends out occasional emails to keep you informed of information relevant to your certification. **Be sure that you are able to receive emails from us, and notify the IBC office if your email changes.** You also need to contact the IBC office if your name, address, phone or work information changes so that our databases are up to date.

We understand that the certification process can seem a bit daunting, so feel free to call our office at any time with questions.

Congratulations on taking the first step toward certification!

Sincerely,

A handwritten signature in blue ink, appearing to read "Katie Hentges", with a long horizontal flourish extending to the right.

Katie Hentges  
Executive Director



## Peer Recovery Specialist (PRS)

### Form 01: Applicant Information

(All spaces on this form must be completed. The \$165.00 non-refundable fee is due with this application [includes application review, exam fee and 2-year certification fee]; applications will not be reviewed until the fee is received.)

Name (**exactly as it appears on your DL**): \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

Home Address (**exactly as it appears on your drivers license**) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Home Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

List any professional certificates or licenses you presently hold and the states in which they are valid.

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned?**

Yes \_\_\_\_ No \_\_\_\_ (If so, indicate on back of this page or on a separate page what credential, when, where, for what reason, and the current status of that credential)

IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

I have given my supervisor's evaluation form to (review the handbook to be sure your supervisor meets requirements)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Please check one:** I am paying by: Check \_\_\_\_ Cash \_\_\_\_ Online \_\_\_\_



## Form 02-PRS: ASSURANCES AND RELEASES

Note: Sign and date this form just prior to sending your completed application to IBC. The date shown below will be used to count applicable experience hours.

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for Peer Recovery certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics for Peer Recovery Specialists.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and am subscribing to the IBC Code of Ethics for Peer Recovery Specialists, and understand that by signing this form I am agreeing to cooperate in any ethics investigation I may be a part of.

I further agree to hold IBC, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I give my permission to IBC to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: IBC reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.)

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Signature (Must be handwritten, not electronic)

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Date

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

**Form 04-PRS: Verification of Peer Recovery Professional Development**

You must submit a **COPY** of your certificate of completion for each training listed below – *do not send your original certificate.*

Date of training	Title of Training	# Hours in Peer Support Training	# Hours in Ethics

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

**Form 05-PRS: PROFESSIONAL EXPERIENCE RESUME**

**INSTRUCTIONS:** Use this form to describe your experience as peer recovery specialist. Use one copy of this form for *each relevant position*. You may include relevant practicum and/or volunteer experience. **You must attach an official job description for each position.**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Position Title \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Exact Dates of Experience: From \_\_\_\_\_ (mo/day/yr) to \_\_\_\_\_ (mo/day/yr)

Total Experience Time:        Years \_\_\_\_\_ Months \_\_\_\_\_

Direct Supervisor's Name \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

***Supervision needs to be provided by the organization's documented and qualified supervisory staff as per their job description.***

\* \* \* \* \*

**Supervisor Attestation:** *I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I have supervised and recommend this applicant as a Peer Recovery Specialist and attest that he/she is an employee in good standing with our agency.*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Note to Supervisor:** Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to IBC.

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

**Form 06-PRS: DOCUMENTATION OF DOMAIN SUPERVISION**

**INSTRUCTIONS:**

On this form, document time spent in face-to-face supervision within 4 Domains of a Peer Recovery Specialist. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form 06 for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain. **Detailed descriptions on the Domains can be found in the PRS Handbook.**

A total of at least **25 clock hours** supervised hours must be documented. **It is expected that supervision hours were provided face-to-face with the applicant, and were provided by a member of the organization's documented and qualified supervisory staff as per their job description. These supervised hours must have occurred within 3 years of date of application.**

<u>Domains</u>	<u>Hrs. Supervised</u>
Domain 1: <i>Advocacy</i>	_____
Domain 2: <i>Mentoring/Education</i>	_____
Domain 3: <i>Recovery Support/Wellness</i>	_____
Domain 4: <i>Ethical Responsibility</i>	_____
<b>TOTAL # HOURS SUPERVISED</b>	_____

**Supervisor Attestation:**

By signing below, I attest that I have provided supervision to this applicant as indicated above. **I am also including a letter from my agency that I am a supervisor in good standing and that it is part of my job description to supervise Peer Support Specialists in our agency.**

\_\_\_\_\_  
Supervisor's Signature  
(No digital signature accepted.)

\_\_\_\_\_  
Date



## FEES FOR PRS

Application Review, test fee, 2 years certification ( <b><u>non-refundable</u></b> )	\$165.00
Test Fee (if repeating the exam more than once)	\$105.00
Recertification (2 years)	\$ 50.00
Late Certification Penalty (if not emailed/postmarked on or before expiration date)	\$ 10.00
CEU Processing fee (per training via distance learning or not IBC approved – <u>recertification</u> only)	\$ 15.00
Inactive Status (one year)	\$ 25.00
Reactivation of Certification after being Inactive (2 years)	\$ 50.00
Reciprocity (paid directly to IC&RC)	\$150.00
Printed Certificate	\$ 10.00
Returned Check Fee	\$ 35.00