



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, 03, 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 online 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 that reads "Katie Hentges". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Katie Hentges
Executive Director
Iowa Board of Certification



Peer Recovery Support Specialist (PRS)

Form 01: Applicant Information

(All spaces on this form must be completed)

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: _____

City, State, Zip: _____

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.

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.

Please check one: I am paying by: Check Online



Applicant Name _____

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.)

Signature

(original signature, no electronic signature accepted)

Date



Applicant Name _____

Form 03-PRS: EDUCATION RESUME

INSTRUCTIONS:

1. List below **ALL** formal colleges/educational programs. Do NOT include workshops/trainings attended – these are to be listed on Form 04.
2. Supply an official copy of ALL your college transcripts. *We will only review transcripts that are sent directly from the institution to the Iowa Board of Certification via mail or email.*
3. To help us locate your transcripts when they arrive, please list any other last names you used when attending school:

High School attended _____

City _____ State _____

H.S. Diploma/GED Yes No

Colleges/Universities attended:

College/University	Major	Degree	Date Completed



Applicant Name _____

Form 05 PRS: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as an alcohol and drug counselor within the past three (3) years. Use one copy of this form for *each relevant position*. You may include relevant practicum and/or volunteer experience so long as your supervisor meets supervisory requirements. If you held more than one job title/position with the same agency, or if your employment situation changed in any way (i.e. number of hours worked/week, etc.), a separate Form 05 will need to be completed for each circumstance, with accurate dates reflected. *You must attach an official written job description from HR for each position.*

Agency Name: _____

Address: _____

Phone: _____

Position/Job Title: _____ Hours worked per week: _____

Exact Dates of Experience: From _____ to _____

Total Experience Time: Years _____ Months _____

Direct Supervisor's Name: _____

Direct Supervisor's Email: _____

(Make sure your supervisor meets the qualifications listed in the PRS Handbook. Supervision needs to be provided by the organization's documented and qualified supervisory staff as per their job description.)

* * * * *

I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I recommend this application for the CADIC credential and attest that he/she is an employee in good standing with our agency.

Supervisor's Signature
(original signature, no electronic signature accepted)

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 the Iowa Board of Certification.



Applicant Name _____

Form 06-CADC: DOCUMENTATION OF DOMAIN EXPERIENCE

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.**

<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>	_____
TOTAL # HOURS SUPERVISED	_____

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
(original signature, no electronic signature accepted)

Date



FEES FOR PRS

Application Review, test fee, 2 years certification (non-refundable)	\$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 – recertification 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