

**Arkansas Substance Abuse Certification Board
Evergreen Place
1100 N. University Ave.
Ste. 35, Little Rock, AR
72207**

Application Review Checklist for Peer Recovery

This page will be the first page of your certification packet. Please attach the documentation IN THE ORDER LISTED BELOW. It is the responsibility of the applicant to submit complete documentation (i.e. certificates, transcripts). Incomplete or disorganized packets will be returned to you. Testing Fees are nonrefundable.

Name of Applicant: _____ Date: _____
Mailing Address: _____
Daytime Phone: _____ I am applying to test for the PR _____

PR Registration

1. Registration Application (Mail upon initial registration)
2. Statement of Disclosure (Mail upon initial registration)
3. Release of Information (Mail upon initial registration)
4. Code of Ethics Signature Page (Mail upon initial registration)
5. Arkansas State Police Individual Record Check: (Provide one upon initial CIT registration and a second **current** one with testing packet)
6. Official college transcripts: (Have them mailed directly from the college or university to the ASACB office at any time)

Testing Packet (Counselor)

7. Informal Education Training Profile: (Mail with testing packet with documentation or certificates attached)
8. Formal Education Training Profile: (Mail with testing packet with certificates attached)
9. Experience Profile: (Submit with testing packet)
10. Second background check (as noted in #5).
11. Current Testing Fee Payment of \$100.00

Supervisor Forms (CS)

12. Verification of Employment: (Mailed by agency[ies]) prior to postmark deadline)
13. I, _____ have reviewed this packet and verify that all required documentation is included.

Signature of Qualified Supervisor

Date Signed

REVIEWED BY:
Approved _____ Disapproved _____ Education Committee Initials: _____ Date _____
Approved _____ Disapproved _____ Education Committee Initials: _____ Date _____
Payment Received _____ -for _____ Exam on _____ Date _____ Receipt Number _____

Peer Recovery Performance Domains

Name of Applicant: _____ Daytime Phone: _____

Mailing Address: _____

This document is to verify that the applicant listed above has received 40 supervised hours specific to the four domains in advocacy, mentoring/education, recovery/wellness support and ethical responsibility. Supervision must be given by a Certified Clinical supervisor if working in an addiction facility OR a Master's level Mental Health Professional (LAC, LPC, LMSW, LCSW, etc) or above in a behavioral health field if working strictly in a mental health facility or as an MHPP

I have supervised the above named applicant for the period of

_____ to _____ at _____.

month/year

month/year

name of agency

specifically to the four domains.

Advocacy

Hours supervised in this domain ____

Mentoring/Education

Hours supervised in this domain ____

Recovery/Wellness Support

Hours supervised in this domain ____

Ethical Responsibility

Hours supervised in this domain ____

(40 total hours)

Name of Supervisor and Credential

Signature of Supervisor

Date Signed

ASACB Code of Ethics Signature Page for Peer Recovery

Name of Applicant-----Daytime Phone-----

Mailing Address-----

Please read and review the Ethics Code and Committee Process [Section III] and Standards of Practice [Section IV]. All persons who wish to be registered and/or certified with the ASACB must sign and return this page to the ASACB office.

I have read and understand the Arkansas Substance Abuse Certification Board Code of Ethics (Revised August 2011) for board-registered peer recovery who are certified through the ASACB. I agree to abide by and adhere to the ethical principles outlined therein. I am aware of the procedure to use when filing an ethical complaint, and of the variety of disciplinary sanctions which may be issued. I am aware of the hearing and appeals process as outlined in the Ethics Code and Committee Process document (Revised August 2011) found in Section III of this manual.

Name-----Certificate Number-----