

Review Checklist for Peer Recovery Grandfathering

This page will be the first page of your 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: _____

1. _____ Certified as MHPP for at least one year; Agency: _____

2. _____ **Education**
High school diploma or jurisdictionally certified high school equivalency. 46 hours specific to the domains with 10 hours in Advocacy, 10 hours in Mentoring/Education, 10 hours in Recovery/Wellness support and 16 hours in Ethical Responsibility. Education is defined as formal classroom education, i.e. workshops, seminars, institutes, in-service training, college/university work. One clock hour of education is equal to 50 minutes of continuous instruction. **In addition, to utilize the PR credential to bill Medicaid, anyone who obtains this credential must complete the approved training by the State of Arkansas.**

3. _____ **Experience**
500 hours of supervised work experience under a certified or licensed behavioral healthcare professional is the requirement for the Peer Recovery credential. Supervised work experience must be in the IC&RC performance domains of Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility. All work experience must be documented as outlined in the Application and Standards Manual.

4. _____ **Supervised Practicum**
Forty (40) hours of supervision specific to the Domains of Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibility, with ten (10) hours in each Domain. Supervision must be provided based on applicant's scope of practice. If applicant is practicing with Mental Health clients, the practicum will be signed off by a Licensed Mental Health Professional (LAC, LPC, LMSW, LCSW, PHD, etc.). If the applicant is practicing with Substance Abuse clients, practicum must be signed off by a Certified Clinical Supervisor (CS). If working with both Mental Health and Substance Abuse clients, the practicum must be signed off on by both a Mental Health Professional and a Certified Clinical Supervisor (CS), each being responsible for five (5) hours in each Domain. All practicum hours must be documented as outlined in the *Application and Standards* manual.

5. _____ **Code of Ethics**
The applicant must sign a statement that they understand and agree to comply with the ASACB code of ethics.

6. _____ **Fees (\$100.00)**
Fees must be received via the U.S. Postal System payable by personal check, traveler's check, cashier's check or money order. Cancellations must be addressed with the testing center 5 (five) days prior to the date of testing. Failure to provide proper notification will result in forfeiture of testing fee(s).

7. I, _____ have reviewed this packet and verify that all required documentation is included.

Signature of Clinical 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 _____