

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 _____

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

ASACB Code of Ethics Signature Page for Peer Recovery Coach

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 coaches 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-----