

**PCB**

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**PENNSYLVANIA**

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**CERTIFICATION**

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**BOARD**

**CRS**

**Certified Recovery Specialist**

**Application**

# Directions for CRS Application

1. Include photocopies of certificates of attendance for trainings.
2. Sign and date the Code of Ethical Conduct.
3. Notarize the Release form.
4. Fee of \$100 may be paid by check or money order (payable to PCB) or with VISA or MasterCard. One-half of fee is refundable if application is denied or cancelled prior to the written exam – no refund if application is denied or cancelled after written exam.
5. When application is approved, applicant will be notified of the written exam dates and locations.
6. If there are any problems with the application, applicant will be notified by mail.

## Application Checklist

The following should be included in the CRS Application:

- \_\_\_\_ 1. Application pages
- \_\_\_\_ 2. Documentation of trainings (photocopies of certificates)
- \_\_\_\_ 3. Documentation of high school diploma/GED or college degree
- \_\_\_\_ 4. Signed Code of Ethical Conduct
- \_\_\_\_ 5. Notarized Release form
- \_\_\_\_ 6. Fee of \$100.00

Any questions, problems, or concerns can be addressed by contacting the PCB Office.

Keep a photocopy of the entire application for your records. Send original application, copies of certificates of attendance, documentation of diploma or degree, and fee to:

PCB  
298 S. Progress Avenue  
Harrisburg, PA 17109  
Phone: (717) 540-4455 Fax: (717) 540-4458  
Website: [www.pacertboard.org](http://www.pacertboard.org) Email: [info@pacertboard.org](mailto:info@pacertboard.org)

# Information for CRS

## Education/Training

- High school diploma/GED required and must be documented. If candidate has a college degree, documentation required is an official transcript and can be provided in lieu of high school/GED.
- 54 hours of education/training: (NOTE: See pages 5-6 for information on these required trainings)
  - 18 hours must be in Recovery Management
  - 12 hours must be in Education and Advocacy
  - 12 hours must be in Professional Ethics and Responsibility
  - 6 hours must be in Confidentiality
  - 6 hours remaining can be any training relevant to the field of addiction that is PCB approved
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and PCB approved distance learning education.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the 3 domains (Recovery Management, Education and Advocacy, Professional Ethics and Responsibility).
- Three college credits are equivalent to 45 hours.
- Education, as defined above, the applicant provides to others may also be used.

## Examination

- Pass the Written Examination for Certified Recovery Specialist.

## Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Applicant must either live or work in PA at time of application.

## Fees

Fee \$100.00  
(fee must accompany application and materials)

Recertification Fee \$75.00  
(due every 2 years)  
Retest Fee \$50.00  
Exam Cancellation Fee \$50.00

## Certification Time Period

PCB certification encompasses two calendar years commencing on the date of successful completion of the written examination. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

## **Appeal Process**

The purpose of appeal is to determine if PCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to PCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## **Recertification**

To maintain the high standards of this credential and to assure continuing awareness of new knowledge in the field, PCB requires recertification every two years.

To be recertified as a CRS, an individual must:

1. Hold a current and valid certificate issued by PCB;
2. 25 PCB approved hours of education/training related to the 3 domains including six hours in professional ethics and responsibility received within the two year recertification cycle (PCB approved education listed on [www.pacertboard.org](http://www.pacertboard.org));
3. Endorse by signature and uphold by practice the PCB Code of Ethical Conduct for professional behavior;
4. Complete an application, notarized and signed by applicant, submit with required trainings and recertification fee.

## **Lapsed Certification**

The completed recertification application should be received at PCB prior to the expiration date. If the application is incomplete, applicant will be notified by mail or email depending on what has been indicated by applicant.

There is no grace period, so if the recertification is not completed by the expiration date, the individual will no longer hold a CRS and no further use of the CRS is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. There is no grace period, so recertification application must be completed by the expiration date. A Reinstatement Fee is due if the recertification is late between one day and 12 months. After 12 months, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

## **Retest of Examination**

In the case of an unsuccessful written examination, applicant may:

**Retest** - Applicants failing the written exam may retest. Send a written request for retest to PCB within 30 days of receipt of notification that he/she did not successfully complete the exam. PCB will notify applicant of the next exam date. Applicant must notify PCB in writing of his/her intent to be seated for that exam or desire to be rescheduled. Applicant will be required to pay a retest fee of \$50 prior to being rescheduled for exam. Applicant must take the exam within one year or four exam dates to keep application active.

## Recovery Training Institute

PRO-A worked with the Pennsylvania Certification Board (PCB) to develop a certification that will recognize the work done by recovering individuals in the community. The concept behind this certification is that support and coaching provided by a Certified Recovery Specialist (CRS) will be enhanced by their skills and experiences with recovery. The CRS certification, open to those who meet specific requirements, will provide credibility to the work done by individuals in the community, members of recovery community organizations and those who work in the addictions field who do not meet the present educational and supervisory criteria for clinical-based certifications. The CRS credential defines minimum acceptable standards of knowledge and skills to ensure a person's competency. Although no degree is required for the CRS credential, specific training to obtain and maintain the certification will be required. This certification will open doors for individuals who possess extensive addiction and recovery knowledge—gained either through personal or professional experience—and who are interested in providing recovery support services to individuals seeking recovery and their families.

The role of the CRS will reflect a collaborative and strengths-based approach, with the primary goal being to assist individuals in achieving sustained recovery from addiction. CRSs will not be clinicians; they will serve in a supportive role within the community. Their role will be clearly defined and separate from the role of addiction treatment clinicians. It is our hope that the services provided by the CRS will become a permanent critical component of the continuum of care services within Pennsylvania that will substantially improve an individual's ability to sustain recovery.

The primary function of the CRS is to help individuals gain access to needed resources in the community, by assisting them in overcoming barriers and helping them bridge gaps between their needs and available resources. This means the CRS will serve as case managers, helping individuals connect with needed services, including addiction and mental health treatment services, and assisting them in acquiring resources that will facilitate their recovery (i.e., acquiring childcare services, stable housing, employment support, etc.). Each CRS will serve individuals in the recovery process by supporting them in accessing community-based resources, implementing recovery plans, navigating state and local systems (including the addiction treatment system) and providing recovery support services. The CRS will “coach” service recipients to help them develop a strong foundation in recovery (i.e., establishing support systems, self-care, independence/self sufficiency, healthy coping skills and other skills) that support long-term recovery.

***Trainings and Educational Workshops:*** Training and education pertaining to recovery is essential to the success of the CRS. PRO-A has been identified as the training provider for this certification. With this in mind, a “Recovery Institute” (RI) has been developed by PRO-A which offers a core set of trainings that will support Specialists in expanding their knowledge, improving their skills and obtaining the credits necessary to maintain this certification. Eight (8) core training sessions (a total of 42 hours) will be offered through the RI in three regions of the state (west, central and southeast). As each CRS will be required to complete 54 training hours in order to obtain this certification, PRO-A has also developed additional recovery-focused trainings that will be offered through the RI. A list of the trainings included in the RI is as follows:

### **The trainings below constitute the 18 hours required under the Recovery Management Domain.**

- » **The Addiction Process** (6 hours) - This comprehensive workshop provides knowledge on biological and psychological factors of addiction, drug classifications and provides an understanding of the changes that occur in the body that lead to the uncontrollable obsession and compulsion associated with addiction.
- » **Recovery 101** (6 hours) - Many people will ask...“What exactly does recovery mean and how is it achieved”? Recovery 101 will answer these important questions and more. The training strives to alleviate the misunderstandings that may exist toward the unknown by offering attendees a better understanding of the recovery process.
- » **Peer-based Recovery Support Services** (6 hours) – Persons serving in the role as “recovery support provider” have knowledge and/or experience with addiction and recovery that assist in the learning and

development of others new to the recovery process. This individual offers help, guidance, and support in conjunction with other professionals and agencies.

**The trainings below constitute the 12 hours required under the Professional Ethics and Responsibilities Domain.**

- » **Do You Hear What I Hear: Lessons in Effective Communication** (6 hours) – The ability to communicate with others is often viewed as a simple process; however, the lack of communication can have a huge affect on individuals, one on one relationships, groups, and even society as a whole. This training provides instruction and group exercises that will assist in sharpening your communication skills and effective ways to reduce conflict, thereby improving interaction with others.
- » **Ethics and Boundaries for Peer Providers** (6 hours) -\_The process of helping others is becoming increasingly dangerous, with a variety of complex dilemmas that challenge the integrity of service providers and community-based organizations alike. This informative, one-day training provides an overview of ethical guidelines for recovery support service providers, examines the most common ethical mistakes made during the delivery of services, using actual case studies to illustrate simple oversights and everyday errors, as well as the deliberate, blatant blunders of former helping professionals. Through this thought-provoking, interactive and hands-on exploration, attendees will gain insight into frequently identified problem areas that can hurt both clients and service providers.

**The trainings below constitute the 12 hours required under the Advocacy and Education Domain.**

- » **Addiction and the Family** (3 hours) – Chemical dependency, including alcohol and prescription medications, has a severe impact on families, loved ones, and other individuals close to the person who is chemically dependent. The most effective way for family members to be responsive and supportive of their loved one is to develop a strong understanding of the disease and recovery processes. *Addiction and the Family* provides an understanding of the consequences of addiction, family dynamics, and techniques that promote self-care.
- » **An Inside Look at Intervention Services** (3 hours) – This workshop lends guidance to understanding and breaking down the denial that often stands in the way of individuals who need addiction treatment services in order to recover. It educates attendees on available drug and alcohol treatment services and how to access these services. This workshop also offers an opportunity for team building and group exercise that assists in understanding the concept of intervention services.
- » **Healing the Stigma of Addiction** (6 hours) – The consequences of stigmatizing attitudes and behaviors are tangible, painful, and destructive. The mission of this training is to reduce stigma by raising consciousness, facilitating ongoing dialogue, searching for creative solutions, and educating all within or connected to the Recovering Community.

**Additional trainings offered by PRO-A.**

- » **A Common Vision of Recovery** (6 hours) – This training provides an overview of addiction, mental illness, and co-occurring disorders. Participants will compare the common aspects and differences relative to the recovery process for addiction and mental illness. The training strives to provide persons in attendance with a better understanding of how to reach a common vision of recovery. PRO-A hopes to alleviate any misconceptions relevant to the recovery process of these disorders in an effort to reduce the disparity often associated with behavioral health disorders.
- » **Peer Support Mentoring Program** (12 hours) – This training offers an extensive 2-day training program on the role, activities and skills needed to mentor individuals with co-occurring disorders that are transitioning into the community from state hospitals, residential facilities and other protective environments. This training was initially designed through the support of OMHSAS to provide training to individuals providing mentoring services to individuals being released from State Hospital facilities.

All trainings will be facilitated by PRO-A staff and other individuals in recovery from addiction and others skilled in training facilitation. To register for these trainings, please contact PRO-A at 717-545-8929 or visit their website at [www.pro-a.org](http://www.pro-a.org).

# Application for CRS

*PLEASE TYPE OR PRINT NEATLY*

DATE: \_\_\_\_\_ OTHER PAST OR CURRENT PCB CREDENTIALS: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

COUNTY: \_\_\_\_\_ GENDER: (Please circle) Male Female

HOME PHONE: ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

*If employed in the addiction field, please complete the information below on employment.*

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_ COUNTY: \_\_\_\_\_ EMPLOYER PHONE: ( ) \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

DATE EMPLOYED: from \_\_\_\_\_ to \_\_\_\_\_ HOURS OF WORK PER WEEK: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_



Fee of \$100 can be paid using one of the following:  
Check or Money Order payable to PCB or Visa or MasterCard

( ) Check \$ \_\_\_\_\_ Credit Card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

( ) Money Order \$ \_\_\_\_\_ 3-digit code: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

( ) Visa \$ \_\_\_\_\_ \_\_\_\_\_  
Name on card

( ) MasterCard \$ \_\_\_\_\_

# Code of Ethical Conduct

## UNLAWFUL CONDUCT

**Rule 1.1:** Once certified, a certified professional shall not be convicted for any misdemeanor or felony relating to the individual's ability to provide substance abuse and other behavioral health services as determined by PCB.

Discussion: A certificate of conviction shall be deemed conclusive evidence of an individual's guilt of the felony or misdemeanor for which he or she has been charged. If that felony or misdemeanor relates to the individual's ability to provide substance abuse and other behavioral health services as determined by PCB, the conviction shall also be proof of violation of this Rule. Some specific examples within this section include but are not limited to crimes involving violence, use or sale of drugs, fraud, theft, and sexual misconduct.

**Rule 1.2:** A certified professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

Discussion: A certificate of conviction shall be deemed conclusive evidence of a certified professional's guilt of the crime for which he or she has been charged.

## SEXUAL MISCONDUCT

**Rule 2.1** A certified professional shall, under no circumstances, engage in sexual activities or sexual contact with recovery support service (RSS) recipients, whether such contact is consensual or forced.

**Rule 2.2** A certified professional shall not engage in sexual activities or sexual contact with RSS recipients' relatives or other individuals with whom RSS recipients maintain a close personal relationship when there is a risk of exploitation or potential harm to the RSS recipient.

Discussion: Sexual activities or sexual contact with RSS recipients' relatives or other individuals with whom RSS recipients maintain a personal relationship has the potential to be harmful to the RSS recipient and may make it difficult for the certified professional and RSS recipient to maintain appropriate professional boundaries. Certified professionals, not their RSS recipients, their RSS recipients' relatives, or other individuals with whom the RSS recipient maintains a personal relationship, assume the full burden of setting clear, appropriate, and culturally sensitive boundaries.

**Rule 2.3** A certified professional shall not engage in sexual activities or sexual contact with former clients because of the potential harm to the client.

Discussion: If certified professionals engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is certified professionals, not their RSS recipients, who assume the full burden of demonstrating that the former RSS recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.

**Rule 2.4** A certified professional shall not provide recovery services to individuals with whom they have had a prior sexual relationship.

Discussion: Providing recovery services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the certified professional and individual to maintain appropriate professional boundaries.

## FRAUD-RELATED CONDUCT

**Rule 3.1** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

**Rule 3.2** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

**Rule 3.3** A certified professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.

**Rule 3.4** A certified professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

**Rule 3.5** A certified professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

**Rule 3.6** A certified professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the certified professional should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

### **EXPLOITATION OF RECOVERY SUPPORT SERVICE RECIPIENTS**

**Rule 4.1** A certified professional shall not develop, implement, or maintain exploitative relationships with RSS recipients and/or family members of RSS recipients.

Discussion: Ethical problems are often raised when those persons providing services blend their professional relationships with another kind of relationship. Dual relationships can take many forms and are inherent in the work of all helping professions regardless of their setting or client population. The nature of the professional-RSS recipient relationship is such that the RSS recipient remains vulnerable to the real or perceived influences of the professional. Those who are in a position to influence a RSS recipient's behavior may impose their own desires upon the RSS recipient.

Dual relationships may make it difficult for the professional to maintain appropriate professional boundaries. It is the professional's responsibility to assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

Examples of dual or multiple relationships that are potentially exploitive through the violation of professional boundaries include but are not limited to: sexual relationships, bartering arrangements, business arrangements, counseling one's own family members, and friendship.

Behavior that takes advantage of a RSS recipient in any way is contrary to this rule.

**Rule 4.2** A certified professional shall not misappropriate property from RSS recipients and/or family members of RSS recipients.

**Rule 4.3** A certified professional shall not enter into a relationship with a RSS recipient which involves financial gain to the certified professional or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.

**Rule 4.4** A certified professional shall not promote to a RSS recipient for their personal gain any treatment, procedure, product, or service.

**Rule 4.5** A certified professional shall not ask for nor accept gifts or favors from RSS recipients and/or family members of RSS recipients.

Discussion: When a certified professional "plays" or "preys" upon the RSS recipient's gratitude for services, or covertly or overtly implies or states that the RSS recipient remains indebted and should "repay" him or her through gifts or other favors, a violation of this rule can occur. The unique position of trust and responsibility with the RSS recipient not only becomes jeopardized, but the certified professional has also engaged in unethical actions.

**Rule 4.6** A certified professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a RSS recipient referral.

Discussion: Notwithstanding this provision, a certified professional may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on their behalf by such agent. Included in this would be compensation for referrals of RSS recipients identified through such services on a per RSS recipient basis.

**Rule 4.7** A certified professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the certified professional is employed.

## PROFESSIONAL STANDARDS

**Rule 5.1** A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or pathway to recovery.

Discussion: The certified professional who promotes, condones, or engages in discriminatory conduct towards a RSS recipient, a RSS recipient's family, or a RSS recipient's significant other(s) during the course of the professional activities creates an atmosphere that constitutes conduct contrary to the principles of the profession. Similarly, discriminatory conduct towards colleagues, employees, supervisors, and students/interns with whom the certified professional interacts remains unacceptable.

**Rule 5.2** A certified professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a certified professional must request inactive status of their PCB credential for medical reasons for as long as necessary.

**Rule 5.3** A certified professional shall meet and comply with all terms, conditions, or limitations of a certification or license.

**Rule 5.4** A certified professional shall not engage in conduct that does not meet the generally accepted standards of practice.

Discussion: A certified professional must continually enrich his or her professional knowledge and must competently comprehend and perform the global criteria within the core functions. They shall not perform any RSS recipient services in a manner that falls below the minimum standards of competence for the substance abuse and other behavioral health profession.

It is recognized that honest disagreements may exist between professionals as to the best form of service for a given RSS recipient. Competency does not mean perfection; nor is incompetence normally established by the showing of an isolated instance in which performance has been inadequate. However, when a professional demonstrates multiple inadequacies in performance, or when their behavior portrays a gross neglect of a RSS recipient's rights and condition, a finding of incompetence will be warranted and disciplinary action imposed.

**Rule 5.5** A certified professional shall not perform services outside of their area of training, expertise, or competence.

Discussion: A certified professional should not use a modality or a technique if they do not have the education, training, or skills to perform in a competent or qualified manner.

**Rule 5.6** A certified professional shall not reveal confidential information obtained as the result of a professional relationship without the prior written consent from the recipient of services, except as authorized or required by law.

**Rule 5.7** The certified professional shall not permit publication of photographs, disclosure of RSS recipient names or records, or the nature of services being provided without securing all requisite releases from the RSS recipient, or parents or legal guardians of the RSS recipients.

Discussion: The certified professional can unwittingly compromise a RSS recipient's right to confidentiality by permitting photographs and articles in publications that identify RSS recipients and/or the nature of services being provided without securing releases.

**Rule 5.8** The certified professional shall not discontinue professional services to a RSS recipient nor shall they abandon the RSS recipient without facilitating an appropriate closure of professional services for the RSS recipient.

Discussion: This rule generally applies to those professionals in private practice or who have the capacity to directly bill the client or the insurer for services rendered. In an agency setting, the contract for services exists between the client and the agency. Therefore, it becomes the responsibility of the agency to assure continuation of services to the client in circumstances wherein the certified professional is not available to provide for the continuity of care. In the case of a certified professional who has direct contractive responsibilities, this person shall not discontinue professional services to a client unless:

1. services have been completed;
2. the client requests the discontinuation;
3. alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services.

**Rule 5.9** A certified professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the RSS recipient's problem is beyond their area of training, expertise, or competence.

Discussion: Certified professionals should strive to achieve and maintain the highest level of professional competence. In order to provide the highest standard of service for RSS recipients, they must maintain the commitment to assess their own personal strengths, limitations, biases, and effectiveness.

When a certified professional recognizes that a RSS recipient's needs exceed their education, training, and capabilities, they must pursue advice and counsel from colleagues and supervisors. When a RSS recipient's issues are outside the professional's level of functioning or scope of service, they must refer the RSS recipient to another professional who will provide the appropriate service.

#### **SAFETY & WELFARE**

**Rule 6.1** A certified professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

**Rule 6.2** All certified professionals are mandated child abuse reporters.

Discussion: Certified professionals are encouraged to be familiar with all applicable state child abuse reporting laws.

#### **RECORD KEEPING**

**Rule 7.1** A certified professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the RSS recipient record.

#### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

**Rule 8.1** A certified professional shall not refer a RSS recipient to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

#### **DISCIPLINE IN OTHER JURISDICTIONS**

**Rule 9.1** A certified professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

#### **COOPERATION WITH THE BOARD**

**Rule 10.1** A certified professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any RSS recipient or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending. Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the certified professional's credential until the ethical complaint is resolved.

**Rule 10.2** A certified professional shall:

1. not make a false statement to the PCB or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;

3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A certified professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A certified professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the PCB investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the PCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A certified professional shall not file a complaint or provide information to the PCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to PCB, a certified professional shall comply with any requirements pertaining to the disclosure of RSS recipient information established by the federal or state government.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Release (must be notarized below)

I hereby request that the Pennsylvania Certification Board grant the credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;

I consent to authorize PCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;

Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print your name as it should appear on your certificate:**  
\_\_\_\_\_

**O**n this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by me \_\_\_\_\_

a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that

she/he executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary Public **SEAL:**

Notary Public

# Written Exam

## **Exam Content**

The Role Delineation Study/Job Task Analysis identified three performance domains for the Certified Recovery Specialist. Within each performance domain there are several identified tasks that provide the basis for questions in the exam. There are 50 multiple-choice questions in the exam. One hour and 15 minutes are permitted to complete the exam.

## **Candidate Guide**

A Candidate Guide is available for the written exam and will be provided to all candidates preparing for the CRS exam.

## **Exam Dates**

The written exam is held in March, June, September and December. Applicant will be notified of specific dates, times and locations once application is approved. Results of the written examination will be mailed to candidates within 30 days of examination date. Results will not be provided to candidates by phone or email.

## **Special Exam Situations**

Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to PCB no fewer than 60 days prior to the scheduled exam date. With the written request, applicant must provide official documentation of the disability or religious issue. Contact PCB on what constitutes official documentation. PCB will offer appropriate modifications to its procedures when documentation supports the need for them. If applicant is unable to provide PCB with proper notice, every effort to accommodate will be made.

## **Cancellation Policy for Written Exam**

The exam fee (\$50) will be forfeited unless a minimum of 10 days notice is given to PCB to cancel a reservation. There are absolutely no exceptions to this policy.

## Glossary of Terms

The following is a list of terms that can prove helpful to the Certified Recovery Specialist (CRS).

**Abstinence** – Refraining from the use of alcohol and other drugs.

**Addiction** - A chronic, relapsing disease characterized by compulsive (loss of control) drug-seeking and drug-taking behavior despite adverse health, social, or legal consequences to continued use, and by long-lasting chemical changes in the brain.

**Advocacy** – see Recovery Advocacy

**Alcoholism** - A disease characterized by excessive and habitual drinking of alcoholic beverages that causes physical, psychological, and social harm.

**Anonymity** – A concept in 12-step programs that provides protection for members from being identified as an addict and/or alcoholic to the public.

**Assessment** – The process of interviewing an individual to obtain the sociological background, psychological makeup, educational and work history, family and marriage difficulties and medical issues to better assess an individual's needs.

**Behavioral Health Disorder** – A term used to describe adjustment problems, behavioral issues, mental health and substance abuse issues.

**Boundaries** – Limits that protect the space between the professional's power and the client's vulnerability.

**Buprenorphine** - A prescription medication for people addicted to heroin or other opiates that acts by relieving the symptoms of opiate withdrawal such as agitation, nausea and insomnia. This medication is also used for pain management.

**Chemical Dependency** – A general term used to describe a physical and/or psychological reliance on alcohol and other drugs.

**Certified Recovery Specialist (CRS)** – One who possesses the necessary knowledge, skills and abilities to safely and effectively provide peer recovery support to individuals in recovery from chemical dependency.

**Craving** – A strong, nearly irresistible desire to use alcohol and other drugs.

**Denial** – The failure of a person to acknowledge the reality of his/her addiction and circumstances apparent to other people.

**Disease Concept of Addiction** - This concept identifies addiction as a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations.

**Enable** - Any intervention that, with the intention of helping the individual, inadvertently results in the continuation of their addiction and destructive behaviors. Enabling is often unintentional but can result in additional harm and/or destruction.

**Empowerment** - The process of increasing an individual's or group's capacity to make their own choices and to transform those choices into desired actions and outcomes.

**Ethics** – A standard of behavior by which certified professionals must abide.

**Faith-Based Recovery** – Addressing alcohol and other drug problems within the framework of religious experiences, beliefs, and rituals and within the mutual support of a faith community. Faith-based recovery frameworks may serve in conjunction with traditional recovery support programs or serve as alternatives to such programs.

**Family Disease** - Refers to ways in which all members of the family are affected by the disease of addiction.

**Halfway House** - A residence for those who have completed treatment at a rehabilitation facility, institution or other type of program but are not yet ready to return to their community. A halfway house provides support to assist individuals in the restructuring of their lives. Such facilities are licensed by the Department of Health (DOH) and part of the continuum of care in PA.

**Home Group** - The term given to a self-help meeting that is most regularly attended by an individual. It is the inner circle in which one's recovery is forged and in which most milestones of recovery are celebrated. A home group is that meeting where a person makes a personal commitment and one's absence would be most missed.

**Intervention** - When people whose lives are affected by the addict or alcoholic confront him or her with their feelings about the user's behavior and how it has affected them. An intervention is an attempt to get the addict/alcoholic to accept help and seek treatment.

**Medication-Assisted Recovery** - The use of medication to assist in recovery (e.g., methadone, buprenorphine).

**Methadone** - A synthetic opioid used to treat opiate addiction and pain therapy.

**Pathways to Recovery** - A phrase that reflects the many ways people use to successfully address their addiction.

**Powerlessness** - The acknowledgement of one's inability to control the frequency and quantity of alcohol and/or other drug intake and its consequences through an act of personal will.

**Recovery** - There is no one definition for recovery from chemical dependency. Recovery is a highly individualized experience – one that goes beyond abstinence alone to include a full re-engagement - based on resilience, health, and hope – with one's family, friends, and community.

For the purpose of this certification, recovery from chemical dependency can be defined as an individual's journey of healing and transformation to live a meaningful life in a community of his or her choice, while striving to achieve maximum human potential. It incorporates a philosophy of support, respect, empowerment, choice, hope, and social inclusion.

**Recovery Advocacy** - The process of educating and exerting influence toward the development of pro-recovery social policies and programs. Recovery advocacy activities include: portraying alcoholism and addiction as problems for which viable and varied recovery options exist; providing living role models that illustrate the diversity of those recovery options; countering any attempt to dehumanize and stigmatize those with an addiction; enhancing the variety, availability, and quality of local/regional addiction treatment and recovery support services; removing environmental barriers to recovery, including the promotion of laws and social policies that reduce addiction-related problems and support recovery from the disease, and enhancing the viability and strength of recovery communities.

**Recovery Community** - A term used to convey the sense of shared identity and mutual support of those persons who are part of the social world of recovering people. The recovery community includes individuals in recovery, their family and friends, and a larger circle of "friends of recovery" that include both professionals working in the addictions field as well as recovery supporters within the wider community.

**Recovery Culture** - A social network of recovering people that collectively nurture and support long-term recovery from behavioral health disorders. Each culture has its own recovery-based history, language, rituals, symbols, literature, institutions (places), and values.

**Recovery Environment** - A term indicating that recovery flourishes in communities that build the physical, psychological and social space where healing can occur. The growing recovery movement and the creation of drug free zones within public housing projects are examples of efforts to create sober sanctuaries for newly recovering people.

**Recovery House/Sober Living** - A residence or facility that offers a safe, drug-free environment for newly recovering individuals who are not ready to live independently in the community. Individuals typically become residents of a recovery house after being in a licensed residential treatment facility, prison or other institution.

**Recovery Management** – A variety of approaches that address the ongoing process of one's recovery. This can include the support of others.

**Recovery Movement** - Depicts the collective efforts of grassroots organizations of recovering people and their families whose goals are to provide a message of hope about the potential of long-term recovery from addiction, and to advocate for public policies and programs that help initiate and sustain recovery.

**Recovery Plan** - An outline to address the needs of a person in recovery.

**Recovery Process** – The ongoing development of healthy behaviors and attitudes that support a more productive lifestyle.

**Recovery Support Groups** – see Self-Help Groups

**Recovery Support Services** - Services designed and delivered by individuals and families in recovery to meet the needs of others affected by the disease of addiction. These community-based services serve to strengthen and enhance those offered through the addiction treatment system to help prevent relapse and promote long-term recovery.

**Relapse** – The act of returning to active alcohol and/or other drug use after a period of abstinence.

**Self Disclosure** – The intentional telling of personal information about oneself that cannot be readily known by others, including one’s thoughts, feelings, past experiences and future plans.

**Self-Help Groups** - Groups of individuals who share their experience, strength and hope about recovery from addiction to help each other through the recovery process. Self-help groups involve an admission that efforts at controlling their use has failed and that the help and support of others is needed. These groups are based on relationships that are personal rather than professional, reciprocal rather than fiduciary, free rather than fee-based, and enduring rather than transient.

**Story Telling** - The process by which recovering people share their experience with others as acts of self-healing and service. Each story usually follows a three-part sequence: the development of addiction (what it was like), the turnaround experience (what happened), and an account of life in recovery (what it is like now).

**Substance Use Disorders** - A group of substance-related disorders in which substance use or abuse repeatedly results in significantly adverse consequences.

**Treatment** - A structured process of activities designed to minimize or arrest the harmful effects of alcohol, other drug abuse or addiction, thereby improving the individual’s physical, psychological and social level of functioning.

**Tolerance** – The need for increased amounts of a drug to achieve intoxication or a desired effect.

**Using** – Actively consuming alcohol and/or other drugs.

**Withdraw** - The characteristic signs and symptoms that appear when a drug that causes physical dependence is regularly used and is suddenly discontinued or decreased in dosage.