

# CERTIFIED RECOVERY SPECIALIST TRAINING

The Certified Recovery Specialist (CRS) credential is for drug and alcohol peers in recovery that have been trained to help others move into and through the recovery process. As a CRS, an individual accepts and agrees that his/her experience as a person in recovery from a substance use condition will be known by their colleagues, persons served, and others with whom he/she may share that they have achieved this credential. Additionally a person with lived experience must attest that he/she has personal, lived recovery experience, in a continuous manner for a minimum of 18 months to be eligible for the CRS credential.

This program is sponsored by THE COUNCIL ON CHEMICAL ABUSE (COCA) and trainings are provided by the PENNSYLVANIA RECOVERY ORGANIZATION ALLIANCE (PRO-A)

*All individuals interested in attending the training series MUST be able to attend and complete ALL 10 training courses as well as the CRS Exam. Trainings will be held weekly from 9am-4pm. See [www.cocaberks.org](http://www.cocaberks.org) for current dates. Light refreshments and lunch will be provided. Below is a list of classes that are taught during the CRS cohort.*

- **The Addiction Process (6 hrs.)**
- **Recovery 101 (6 hrs.)**
- **Peer-Based Recovery Support Services (6 hrs.)**
- **Do You Hear What I Hear: Lessons in Effective Communication (6 hrs.)**
- **Ethics and Boundaries for Peer Providers (6 hrs.)**
- **Confidentiality Training\* (6 hrs.)**
- **Healing the Stigma of Addiction (6 hrs.)**
- **Addiction and the Family (3 hrs.)**  
**Crisis Intervention Strategies for Peer Providers (3 hrs.)**
- **A Common Vision of Recovery (6 hrs.)**
- **CRS Study Group (3 hrs.)**
- **CRS Exam**

*\*(Confidentiality training is not required if you have already completed a 6-hour PCB approved Confidentiality training within the last 2 years)*

## COSTS:

1. **Berks County Residents:**
  - a. \$10 for each day of Training (Due upon acceptance of application)
  - b. \$125 for the CRS Exam (Due by the end of the trainings, no later than May 11)
2. **Out of County Residents:**
  - a. \$20 for each day of Training (Due upon acceptance of application)
  - b. \$125 for the CRS Exam (Due by the end of the trainings, no later than May 11)

## Applicants must:

- Complete COCA's CRS Training Application form
- Commit to attending all courses and exam
- Be eligible to obtain a Certified Recovery Specialist certification from the PCB:
  - ✓ In recovery for at least 18 months
  - ✓ Able to provide evidence of a High School diploma, GED, or an official transcript from a college or university

# COCA APPLICATION FOR CRS TRAINING:

This application is designed to prepare the individual for the Pennsylvania Certification Board's (PCB) credential of Certified Recovery Specialist. It is important to understand that by obtaining this credential, you are disclosing to your community, co-workers, and potential clients that you are in long term recovery from drug and alcohol addiction. There are no wrong answers so please complete the following questions honestly and thoughtfully.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL (Required): \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_  
(IF NO PLEASE LIST PREVIOUS EMPLOYER, TITLE, AND LENGTH OF EMPLOYMENT)

EMPLOYER: \_\_\_\_\_  
POSITION/TITLE: \_\_\_\_\_  
DATE OF HIRE: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

- Do you intend to seek employment as a CRS once certified? \_\_\_\_\_
- Would you like us to share this application with potential employers? \_\_\_\_\_  
*If no, all information will remain confidential.*
- Do you have an active account with the Pennsylvania Department of Drug and Alcohol Programs (DDAP) Training Management System (TMS)? \_\_\_\_\_
- \_\_\_\_\_  
*If yes, please explain in full on a separate sheet.*
- Do you need special accommodation in order to attend the weekly full-day training? \_\_\_\_\_  
*If yes, please explain in full on a separate sheet.*

By signing this application, I am confirming that I understand, meet and agree to all the criteria to participate in this training program. In addition, I fully intend to be present and an active participant in the Certified Recovery Specialist Training Program in its entirety. Responses to all questions on the application are my own and truthful to the best of my knowledge.

Applicant Signature and Date \_\_\_\_\_

# **COCA APPLICATION FOR CRS TRAINING:**

**If necessary, please use another sheet of paper to fully answer each question.**

1. How would you define recovery?
2. Please describe your personal pathway to recovery.
3. Please list important resources that support you and your recovery.
4. Why do you want to become a Certified Recovery Specialist?
5. What makes you a good candidate to work with other peers in the addiction recovery field?
6. How do you think peer recovery support can benefit others?
7. What will be your most difficult challenge in attending the training?

# **COCA APPLICATION FOR CRS TRAINING:**

Your application will be reviewed and you will be notified as to whether you are accepted into the program. Once you have been accepted, you will receive information regarding payment.

## **For more information please contact:**

Brian Kammerer

610-376-8669x109

[bkammerer@cocaberks.org](mailto:bkammerer@cocaberks.org)

## **You can mail this Application to:**

Brian Kammerer

Council on Chemical Abuse

601 Penn St

Suite 600

Reading PA 19601

## **Or email this Application to:**

[bkammerer@cocaberks.org](mailto:bkammerer@cocaberks.org)

Registration is limited to 18 individuals.

