

COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
Phone: (804) 367-4610 Fax: (804) 527-4435
Website: www.dhp.virginia.gov/counseling

REGISTERED PEER RECOVERY SPECIALISTS APPLICATION INSTRUCTIONS

“Registered peer recovery specialist” means a person who by education and experience is professionally qualified in accordance with 12VAC35-250 to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

To avoid delays, please provide a **COMPLETE** application packet by submitting all of the documentation listed below to the Board of Counseling at the above listed address. Incomplete packets will not be reviewed by the Credential Reviewer.

Signed and Complete Application: The application must be completed in full and contain original signature.

Application Fee: A fee of **\$30.00** is required for an application to be processed. All fees paid must be paid by check or money order made payable to the “Treasurer of Virginia”. All fees are non-refundable. The application is valid for one year from date of receipt.

Verification of Certification: You must provide evidence of **ONE** of the following:

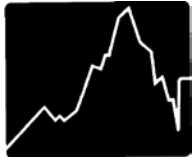
- Provide a copy of your current Certified Peer Recovery Specialist (CPRS) Certificate issued by the Virginia Certification Board (VCB); or,
- Provide a copy of your current Nationally Certified Peer Recovery Support Specialist (NCPRSS) Certificate issued by The Association for Addiction Professionals (NAADC) and a copy of your DBHDS Peer Recovery Specialist Training Certificate; or,
- If you hold a current and valid Peer Recovery Specialist certification from a state whose certification process has been accepted by DBHDS, you will need to provide a copy of the letter provided to you from DBHDS stating that your state meets the qualifications for a Registered Peer Recovery Specialist and a copy of your DBHDS Peer Recovery Specialist Training Certificate; or,
- If you are certified by the Veterans Administration as a Peer Recovery Specialist, you will need to provide a copy of your current Peer Recovery Specialist Certification and a copy of your DBHDS Peer Recovery Specialist Training Certificate.

Name Change: (if applicable) Documentation must be provided if your name has legally changed through marriage, divorce, or a court order since the issuance of your Peer Recovery Specialists Certificate. A photocopy of your marriage license or a copy of the court order must be provided.

Verification of License/Certification/Registration: (if applicable) If you have ever held or hold a licensure, certification or registration as a mental health or health professional, whether current or expired, you must submit an online license verification. The online license verification can be printed directly from the licensing jurisdiction’s website. Please note that the license verification must indicate if you have any disciplinary actions against your license, certification or registration. If this information is not available online, please contact the licensing jurisdiction directly for an official verification.

Please note:

- All fees are non-refundable
- The board primarily communicates through email. Please ensure that you add the board’s email address (coun@dhp.virginia.gov) to your safe recipient list to ensure that you receive all email communication from board staff.
- Please keep a copy of all documentation submitted to the Board.
- Due to the volume of applications, the processing time can take up to 60 business days.
- Applications are valid for up to one year.



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Registered Peer Recovery Specialist Application

Military/Military Spouse:

Are you active duty military personnel? **Yes** **No**
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? **Yes** **No**

Registered Peer Recovery Specialist

Complete All
Sections

Application
Fee of \$30.00 is
Non-Refundable

Application forms
lacking a Social
Security or VA DMV
number will not be
processed.

Mail all required
documentation and fee
to:

**Board of Counseling
9960 Mayland Dr.,
Suite 300,
Henrico,
Virginia 23233**

All signatures must be
original.

Legal Name (First, Middle, Last)

Other Names Used on Official Documents (i.e. transcripts)

Social Security Number (or VA DMV #)

Date of Birth

Public Address (Street/Box Number, City, State, Zip) *

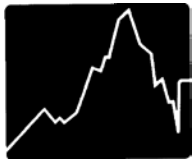
Mailing Address (Street/Box Number, City, State, Zip)

Primary Phone Number

Secondary Phone Number

Email

* The address provided in this section is subject to disclosure under the Freedom of Information Act..



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Ethics Attestation: Please answer the six questions below.

If you answer yes to any question, include a detailed explanation AND supporting documentation. Refer to Guidance Document 115-2 for detailed information on the requirements with a criminal conviction, past actions or possible impairment.

- | | | | |
|----|---|-----|----|
| 1. | Have you ever been denied the issuance a license, certification, or registration, or denied the privilege of taking an occupational examination by a licensing agency.
If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | No |
| 2. | Have you ever had any disciplinary action taken against an occupational license, certification, or registration; have you voluntarily surrendered your license, certification or registration while under investigation?
If yes, provide detail(s), jurisdiction(s), date(s), and supporting documentation. | Yes | No |
| 3. | Have you ever been convicted of, pled Nolo Contendere to, or entered into a plea agreement for a violation of any federal, state or local statute, regulation, or ordinance?
(This includes convictions for driving under the influence, but does not include other traffic violations).
If yes, include an explanation of the charges/convictions, and attach documentation required in the Board's Guidance Document #115-2 . | Yes | No |
| 4. | In the last twelve (12) months, have you been unable to practice by reason of excessive use of alcohol, drugs, chemicals, or any other type of material, or as a result of any mental or physical condition?
If yes, provide detail(s) and supporting documentation. | Yes | No |
| 5. | Have you ever been censored, warned, terminated, or requested to withdraw from your employment with any health care facility, agency, or practice?
If yes, provide a full description of the circumstances and any supporting documentation. | Yes | No |
| 6. | Are you the respondent in any pending or unresolved case or investigation by an occupational licensing board or insurance carrier? If yes, provide detail(s), jurisdiction(s) and date(s). | Yes | No |

Licenses / Certifications: List all mental health or health professional licenses, certificates or registration that you hold or have ever held.

State	License #	Current License Status	Issue Date	Type of License

Applicant's Initials	Statements of Assurance
	I have read, understand and intend to comply with the regulations that govern the Virginia Board of Counseling.
	I will practice only within the competency area for which I am qualified by training or experience and shall not provide clinical mental health services for which a license is required.
	I understand that as a Peer Recovery Specialist I will not engage in independent or autonomous practice.
	I will practice in a manner that is in the best interest of the public and does not endanger the health, safety or welfare of the public.

I attest that the information contained within the application is true and accurate to the best of my knowledge and belief.

Applicant's Signature:	Date: