



Addiction Professionals of South Carolina

# Certified Peer Support Specialist Manual

1215 Anthony Avenue Columbia, SC 29201

T: (803) 540-7527 F: (803) 254-3773

*A Notice To Our Applicants...*

*Please be aware that the process to be certified a Certified Peer Support Specialist (CPSS) in South Carolina is one that may be revised from time to time at the discretion of the Peer Support Specialist Certification Commission (PSSCC).*

*It is the responsibility of the applicant to make sure that he or she is using the most recent version of the application. The Peer Support Specialist Certification Manual found on the Addiction Professionals of South Carolina website (scaadac.org) will be the most current version.*

I.	Eligibility, Practice Guidelines, Activities, Domains, and Basic Knowledge.....	3-4
II.	Reciprocity .....	5
III.	Certification Process.....	5
IV.	Written Examination .....	5-6
V.	Recertification Procedure/Extensions .....	6
VI.	Refusal or Revocation of Certification.....	6-7
VII.	Guidelines for Accepted Training .....	7
VIII.	Guidelines for Applying for Approval of CPSS Training.....	7-8
Appendix I Code of Ethics.....		9-10
Appendix II Assurance Acceptance of Ethical Standards.....		11
Appendix III Application Checklist.....		12
Appendix IV Fees and Related Forms .....		13-15
Form A. Lived Recovery and Practical Experience.....		16
Form B. 500 Hours of Volunteer or Paid Work Experience.....		17
Form C. Supervisor/Mentor Evaluation.....		18-19
Form D. Application for Approved CPSS Training Center.....		20

# I. Eligibility

Certified Peer Support Specialist (CPSS)

## Education and Prerequisite Training

- High school diploma or jurisdictionally certified high school equivalency (i.e. GED).
- **500 hours of volunteer or paid experience** specific to the four domains (Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility).
- **One year of Lived Recovery and Practical Experience** must be verified by current and/or previous employers or an administrator of volunteer organizations.
- **46 hours of education specific to the four domains** (Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility) and complete the Medicare webinar.
- **10 hours** in each of the first three domains
- **16 hours** must be specific to or address ethical responsibility

*\*Addiction Professionals of South Carolina's Peer Support Specialist Certification Commission approves qualified CPSS training centers.*

- **Code of Ethics:** Applicants must sign and submit the South Carolina Peer Support Specialist Code of Ethics and affirmation statement (included in application).
- **Affirmation in writing of adherence** to the South Carolina Peer Support Specialist Domains, practice guidelines, and activities.
- **Examination:** Applicants must sit for and pass the IC&RC International Written PRS Examination.

## **Practice Guidelines, Activities, Domains, and Basic Knowledge**

The primary role of a Peer Support Specialist is to establish a safe and authentic therapeutic alliance while assisting participants in the recognition of solution-focused activities which will enhance successful stabilization, recovery, and actualization. To this end, the following Peer Support Specialist practice guidelines, activities, and domain are utilized in the certification process to assure competence of the Certified Peer Support Specialist (CPSS):

### *Practice Guidelines for Peer Support Specialists*

- Peer support is **Voluntary**
- Peer supporters are **Hopeful**
- Peer supporters are **Open-minded**
- Peer supporters are **Empathetic**
- Peer supporters are **Respectful**
- Peer supporters **Facilitate Change**
- Peer supporters are **Honest and Direct**
- Peer supporters are **Mutual and Reciprocal**

- Peer support is **Equally Shared Power**
- Peer support is **Strengths-Focused**
- Peer support is **Transparent**
- Peer support is **Person-Driven**

### ***Activities for Peer Support Specialist***

1. Promoting hope through understanding, social adaptation, and alternative solutions to improve quality of life.
2. Helping engage in recovery-oriented thinking and behavior while reducing preoccupation with negative thoughts and acute withdrawal/post-acute withdrawal symptoms.
3. Promoting the expression of needs, feelings, and thoughts in a supportive and safe environment.
4. Assist with establishing and maintaining recovery-oriented relationships.
5. Assisting to restore basic functional abilities which may have lost because of substance use, misuse, and commonly co-occurring mental health challenges.
6. Encourage verbalize thoughts, feelings, and ideas in a supportive environment.
7. Promoting self-advocacy and the safe, effective use of community resources.
8. Promoting the understanding and practice of recovery-oriented daily living routines.
9. Improving concentration and attention, problem solving skills, ethics development, and time management to promote and enhance recovery engagement.
10. Assist with identifying and reducing stressors, developing recovery-oriented coping skills and techniques used to prevent mental health decompensation and return to dysfunctional behavior and/or substance use/misuse.
11. Promoting the enhancement of self-care, wellness, and resilience.
12. Assist with identifying, developing, and practicing abilities to maintain recovery oriented living environment.
13. Identifying and managing symptoms, attitudes, and behaviors that both interfere with and reinforce engaging the process of recovery-oriented living, working, and vocation.

### **Domains for Peer Support Specialist**

1. Advocacy
2. Mentoring/Education
3. Recovery Support
4. Ethical Responsibility

### **Basic Knowledge for Peer Support Specialist**

#### **1. Human Behavior**

Relationship of substance use to human behavior, values, lifestyle and attitude; Influences of culture and society on human behavior.

#### **2. Signs and Symptoms of Substance Use Disorder**

Classification of mood-altering drugs and their effects; Use of combinations of drugs and resultant complications; Withdrawal syndrome; Stages of severe use and behavioral patterns of severe use.

#### **3. Recovery Service Techniques**

Practical application of peer support approaches in individual, group and family support; Use of appropriate approaches with participants from various ethnic, cultural and economic backgrounds; Philosophy and objectives of various peer recovery and social model theories; Evaluation of progress for continuing care, follow-up, and engagement.

#### **4. Continuum and Continuity of Care**

The coordination of recovery-oriented systems of care; Availability of treatment, support, and integrated community resources to individuals, families, and communities

## 5. Federal and State Guidelines

Application of regulations and guidelines that directly relate to individuals, family, or community members who are identified as experiencing psychiatric, traumatic, or substance use challenges; Participant's' Bill of Rights and Confidentiality Regulations that protect both CPSS and participant.

# II. Reciprocity of Certification

The Peer Support Specialist Certification Commission considers reciprocity for certified peers holding a certification from a recognized authority in another state. For those seeking reciprocity from an IC&RC state, applicants will be required to submit application, pay required fee and complete the South Carolina Medicaid webinar. For those seeking reciprocity from a non-IC&RC state, applicants will be required to submit application, pay required fee, submit training outlines, and complete the South Carolina Medicaid webinar.

# III. The Certification Process

All levels of certification shall be valid for a period of two years. No applicant should use the CPSS certification or make reference to being certified as such until obtaining this designation.

### **The process is as follows:**

A. The applicant must obtain a Addiction Professionals of South Carolina (APSC) Peer Support Specialist - CPSS Manual. Applications must be made using forms supplied in the manual. It is the responsibility of the applicant to make sure that he or she is using the most recent version of the application.

B. Applicant shall submit a full and complete application packet with processing fee.

C. Upon receipt of all elements of an application, an administrative review of the file will be conducted.

D. Applicants will be scheduled for the written examination once receipt of application is confirmed. Without exception, all fees must be received prior to scheduling of examinations. The results of written examinations will be sent by the testing authority in writing to the applicant.

E. The formal application package must include:

1. Copy of the CPSS Training Certificate received from an approved Training Center
2. Documentation of passing the SCDHHS approved Peer Support Services Exam
3. Written sample of Lived Recovery and Practical Experience (your recovery philosophy)
4. Two letters of recommendation from individuals familiar with your recovery experience
5. A signed affirmation to the Code of Ethics for Certified Peer Support Specialist
6. The completed application form
7. One year of Lived Recovery and Practical Experience must be verified by current and/or previous employers or an administrator of volunteer organizations. *(See form A)*
8. Documentation of 500 hours of volunteer or paid experience in the domains. *(See form B)*
9. Evaluation completed by a supervisor who is a CPSS to include documentation of supervised domains. *(See form C)*
10. Application fee.

*\*(1-6 can come from CPSS Training Center Application and Certificate of Training Completion)*

## IV. Written Examination

The process of evaluation consists of one written examination. The written exam is administered by a third-party company designated by the IC&RC.

The written examination serves as an objective measure of applicants' knowledge of a Certified Peer Support Specialist.

Written exam dates are scheduled by the candidate after approval by the Certification Commission. You will receive an automatically generated email with instructions on how to choose your own date, time, and location for your examination.

The Peer Support Specialist Certification Commission uses the IC&RC written examination. No other examination is accepted.

## V. Recertification Procedure

Renewal of certification shall be required every two years. The following procedure governs the recertification process:

### **Recertification Application**

As a courtesy, applicants will be emailed a reminder that their recertification is due approximately 60 days prior to their date of recertification. Applications may be completed online at [www.scaadac.org](http://www.scaadac.org). It is always the responsibility of the applicant to maintain certification, which includes personal and professional address changes and/or name changes.

Applicant must submit the recertification application with recertification online. Applicants must pay a late fee if their applications are received 30 days prior to expiration of their certification.

### **Recertification Requirements:**

- For recertification, a minimum of 40 hours biannually must be earned. 24 hours must be as an attendee (in person) and a maximum of 16 hours may be earned in virtual environments.
- 12 hours related to ethics.
- A maximum of 20 hours biannually of the 40 hours required for recertification may be earned through events where the applicant is the in-person trainer.

### **Extensions**

Extensions may be granted only prior to the date of certification lapsing. Extensions are only granted one time and are only granted for a period of six months. The Peer Support Specialist Certification Commission handles extensions on a case-by-case basis. In these cases, the CPSS must identify the reason for making the extension request.

## VI. Refusal, Suspension or Revocation of Certification

A. Certification may be refused or revoked for the following reasons, including but not limited to:

1. Failure to adhere to the APSC Professional Ethical Standards as signed and agreed to by the applicant.
2. Fraud or deception in reporting employment circumstances, training, or supervision when

applying for certification or in taking the examinations provided in this process.

3. Use of illegal drugs, misuse of prescription drugs and mind-altering drugs, or any substance, which may interfere with competent and attentive performance of duties.
4. Providing services for which one is not licensed or certified to perform.
5. Negligence or wrongful actions in the performance of one's duties.
6. Misrepresentation of credentials.
7. Non-Adherence to continuing education/training requirement for recertification.

B. Written complaints concerning a Certified Peer Support Specialist must be submitted to the APSC Board President. Any person may make a complaint. All complaints will be reviewed and investigated.

C. A final decision on all ethics hearings will be submitted in writing to the APSC Board. The accused and the individual initiating the complaint shall be notified of any decisions in writing after the next regularly scheduled meeting of the APSC Board.

## VII. Guidelines for Accepted CPSS Continuing Education

### **Recertification Requirements:**

---

#### **Continued Education Guidelines**

Contact hours are defined as actual number of academy, classroom, or workshop hours spent in the activity, exclusive of breaks, or the actual supervised hours spent in a practicum, internship or apprenticeship.

A minimum of 12 hours of Ethics training or continued education is required every two years for recertification.

Continuing education must be sponsored by an organization, institution, or group recognized as knowledgeable in the field of peer recovery services, substance use disorders, or mental health providers.

*\*Internship or practicum may be counted as continued training hours and work experience when properly documented.*

## VIII. Guidelines for Applying for Approved CPSS Training *(See form D)*

Training Instructors and centers must be located in South Carolina and training centers must be members of the Association of Recovery Community Organizations (ARCO).

Approved Trainings must relate to Peer Support Specialist Domains as outlined on page 7 in the Certification Manual. Training submitted for approval must be accompanied by:

- (1) a description of the training event;
- (2) the name and qualifications of the trainer(s);



(3) clock hours applied for;

(4) curriculum content (Peer Support Specialist Domain relatedness).

- Provide a copy (digital or physical) of the courseware (training manual)
- Using a course syllabus or table of contents, identify where the training modules fit into the four Peer Support Specialist Domains.
- Confirm use of the SCDHHS approved Peer Support Specialist exam

---

46 hours specific to the four domains (Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility).

**-10 hours in Advocacy**

---

**-10 hours in Mentoring/Education**

---

**-10 hours in Recovery Support**

---

**-16 hours must be specific to Ethical Responsibility**

---

The following three education hours must be integrated within the four Peer Support Specialist Domains:

***\*3 hours Medicaid Requirements and Documentation best-practices.***

# Appendix I

**Principles and Ethical Code of Behavior:** *The following principles will guide CPSS in their role as a Certified Peer Support Specialist as well as their relationships and the levels of responsibility in which they function.*

1. The primary obligation and responsibility of a CPSS is their recovery. A self-report to supervisor/mentor will be made immediately if alcohol, drug use, or anything else interferes with recovery.
2. Recovery is guided by self-determination. CPSS assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
3. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve (see link to [FAVOR - The Recovery Bill of Rights](#)).
4. CPSS advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
5. CPSS will act in accordance with the law.
6. CPSS affirm the dignity of each person they serve.
7. Recovery services are provided regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition. If differences that impact the motivation for recovery occur, a CPSS will seek consultation from a supervisor/mentor and, if necessary, make a referral to another appropriate recovery support service provider.
8. The use of physical force, verbal abuse, or any efforts to emotionally abuse; intimidate; threaten; harass, or make unwarranted promises of benefits are strictly forbidden.
9. CPSS share their lived experience to help others identify resources and support services that promote recovery.
10. The privacy of those served will be respected, and CPSS will abide by confidentiality guidelines as required by law.
11. Engagement in sexual or intimate relations with peers served are strictly forbidden.
12. Accepting of gifts of significant value from peers that I serve is strictly forbidden.
13. CPSS will not lend or borrow from the peers that are served.
14. CPSS will continue to improve their recovery service knowledge and skills through ongoing education, training, and supervision.

## **Faces And Voices Of Recovery - Recovery Bill of Rights**

- 1). We have the right to be viewed as capable of changing, growing** and becoming positively connected to our community, no matter what we did in the past because of our addiction.
- 2). We have the right – as do our families and friends – to know about the many pathways to recovery, the nature of addiction** and the barriers to long-term recovery, all conveyed in ways that we can understand.
- 3). We have the right, whether seeking recovery in the community, a physician’s office, treatment center, or while incarcerated, to set our own recovery goals,** working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.
- 4). We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
- 5). We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
- 6). We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit – free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
- 7). We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs.
- 8). We have the right to be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.
- 9). We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of “proper” care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
- 10). We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentence.
- 11). We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

# Appendix II

## **Assurance, Acceptance of Ethical Standards and Release of Information**

I certify that all information provided in this application is accurate and complete. I understand that untrue or incomplete information may result in being disqualified from becoming certified or in having my certification revoked.

I authorize the APSC Board to conduct any necessary investigations; to contact current or former employers to verify employment or relevant work experience; and to release information about my certification status to my employer. I agree to abide by the APSC Code of Ethics and understand that any violation may result in disqualification from becoming certified or having my certification revoked.

I understand that the APSC Peer Support Specialist Certification Commission retains ownership of all certification certificates and agree to return my certificate(s) upon request.

I recognize and understand that the members of the APSC Peer Support Specialist Certification Commission are the sole and only judges of the qualifications required for receiving or maintaining certification. I further recognize that the APSC Peer Support Specialist Certification Commission reserves the right to modify or alter at any time the standards, qualifications, rules, policies, or procedures in connection with the certification process.

**I agree to the above statements and release of information regarding my certification application.**

Signature of Applicant \_\_\_\_\_

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

# Appendix III

## Application Checklist for Application

It is the responsibility of the applicant to submit a complete application. All questions must be answered. Please check each item to ensure that your application is complete. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification.

- Completed application for certification.
- Check made payable to APSC for \$100 (member/if sent with a copy of a valid NAADAC membership card) or \$150 (nonmember). Pay online at [www.scaadac.org](http://www.scaadac.org)
- Documentation of eligibility for certification:
  - Certified Peer Support Specialist from an approved CPSS Training Center or Trainers.
  - Documentation of passing the SCDHHS approved Peer Support Specialist Exam
  - Written sample of Lived Recovery and Practical Experience (your recovery philosophy)
  - Two letters of recommendation from individuals familiar with your recovery experience
  - High school diploma or jurisdictionally certified high school equivalency (i.e. GED)
  - One year of Lived Recovery and Practical Experience must be verified by current and/or previous employers or an administrator of volunteer organizations. (*See form A*)
  - 500 hours of *volunteer or paid* work experience specific to the four domains (Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility). (*See form B*)
  - Evaluation completed by a supervisor who is a CPSS to include documentation of supervised domains. (*See form C*)
    - Read and sign the Assurance, Acceptance of Ethical Standards and Release of Information form.
    - Passed IC&RC written exam.

# Appendix IV

## **Fees:**

<b>New Application (NAADAC Member)</b>	<b>\$100</b>
<b>New Application (Non-member)</b>	<b>\$150</b>
<b>IC&amp;RC Written Exam</b>	<b>\$100</b>
<b>Reciprocity</b>	<b>\$100</b>
<b>Recertification (NAADAC Member)</b>	<b>\$45</b>
<b>Recertification (Non-member)</b>	<b>\$75</b>
<b>Extension</b>	<b>\$25</b>
<b>Trainer Center Application</b>	<b>\$400 (\$200 is refunded if not approved)</b>
<b>Trainer Center Recertification</b>	<b>\$100 (Annual)</b>

Complete all applications online at [www.scaadac.org](http://www.scaadac.org):

Written Examination visit <https://www.internationalcredentialing.org/takinganexam>

**Application: Must be complete, demonstrating that experience meets criteria for eligibility. Applicable fees must be included for application to be considered. Allow 7-10 days to process applications.**



Description of Duties:	
------------------------	--

Do you hold any other current certification or licensure?

- Yes                       No

If yes, please identify the credential(s)

Credential name:

Issued By

Issue Date

Expiration Date

Have you ever been certified as a Certified Peer Support Specialist?

- Yes                       No

Have you completed any other type of Peer Support Specialist Training?

- Yes                       No

If yes, please list which training.

**EXPERIENCE AND RECOVERY**

Please check all that apply.

- I have lived experience in recovery from a substance use disorder  
 I am willing to share my recovery story in order to assist others

How many years of experience do you have working/volunteering in Addiction/Recovery? \_\_\_\_\_

I attest that I have given true, accurate, and complete information on this form to the best of my knowledge and understand that any false information or omissions may affect my eligibility for certification.

\_\_\_\_\_



Signature

Date

## FORM A. Lived Recovery and Practical Experience

*(this form is to be filled out by a supervisor/mentor of the applicant for certification)*

\*One year of Lived Recovery and Practical Experience must be verified by current and/or previous employers or an administrator of volunteer organizations.

In the following spaces, please indicate the period(s) of Lived Recovery and Practical Experience you affirm that the applicant has engaged.

Please provide your signature, indicating that you personally affirm the time periods indicated.

DATE(S) OF EXPERIENCE	TIME (DAYS/MONTHS/YEARS)	SUPERVISOR/MENTOR (SIGNATURE FOR EACH PERIOD)

Confirmation of One Year Documented:

SUPERVISOR/MENTOR CONTACT INFORMATION:

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

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\*I affirm lived recovery and practical experience demonstrated by this applicant is consistent with the standards of certification for Peer Support Specialist by the APSC Peer Support Specialist Certification Commission.

SUPERVISOR/MENTOR Signature: \_\_\_\_\_

# FORM B. 500 hours of *volunteer or paid* work experience

(this form is to be filled out by a supervisor/mentor of the applicant for certification)

\*500 Hours of **Volunteer or Paid** work experience specific to the four domains of peer recovery service (*Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility*).

In the following spaces, please indicate the periods of time of **Volunteer or Paid** work experience you affirm that the applicant has engaged in specific to the four domains of peer recovery service (*Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility*).

Please provide your signature, indicating that you personally affirm the time periods indicated.

DATE(S) OF EXPERIENCE	TIME (DAYS/MONTHS/YEARS)	PEER RECOVERY DOMAINS EXPERIENCED	SUPERVISOR/MENTOR (SIGNATURE FOR EACH PERIOD)

Confirmation of Total Hours Documented:

SUPERVISOR/MENTOR CONTACT INFORMATION:

NAME (printed): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\*I affirm that the performance demonstrated by this applicant is consistent with the standards of certification for Peer Support Specialist by the Peer Support Specialist Certification Commission.

SUPERVISOR/MENTOR Signature: \_\_\_\_\_

# FORM C. Supervisor/Mentor Evaluation

*(this form is to be filled out by a supervisor/mentor of the applicant for certification)*

PEER RECOVERY SERVICES - CONFIDENTIAL EVALUATION PAGE 1 of 2

APPLICANT'S NAME: \_\_\_\_\_

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named applicant's work related to the 4 Domains of Peer Support Services (*Mentoring/Education, Recovery Support, Advocacy, and Ethical Responsibility*):

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

I have observed this applicant's work from: \_\_\_\_\_ to \_\_\_\_\_

My relationship to this applicant is/was  Supervisor/Mentor

The information I am giving is my best judgment of this applicant's capabilities to be certified as (check one)

Peer Support Specialist

I believe this applicant's performance has been consistent with APSC's Ethical Standards for Peer Support Specialist.  Yes  No If no, please explain: (use additional pages if needed)

To be answered by current or former supervisor only:

1. How long have you supervised this applicant? \_\_\_\_\_

6. What are significant strengths and challenges experienced by this applicant?

Notable **Strengths:** \_\_\_\_\_

Notable **Challenges:** \_\_\_\_\_

This form was completed by: Print Name \_\_\_\_\_

Title/Certification: \_\_\_\_\_

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

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

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# FORM C. Supervisor/Mentor Evaluation

## PEER SUPPORT SPECIALIST - CONFIDENTIAL EVALUATION PAGE 2 of 2

Please rate the applicant on the scale below based on the average of employees/volunteers doing similar work by checking the appropriate box.

Evaluator must be knowledgeable in, and practice oriented by the 4 Domains of Peer Recovery Services (*Education, Recovery Support, Advocacy, and Ethical Responsibility*):

S    U    N    Satisfactory / Unsatisfactory / Not Observed or Not Applicable

Check as each applies and provide a brief explanation for your evaluation for each domain.

S U N 1. Education:

---

---

---

---

S U N 2. Recovery Support:

---

---

---

---

S U N 3. Advocacy:

---

---

---

---

S U N 4. Ethical Responsibility:

---

---

---

---

***Email this form to: [certification@SCAADAC.org](mailto:certification@SCAADAC.org)***  
*Or mail to: APSC Peer Support Specialist Certification Commission,  
1215 Anthony Avenue • Columbia, SC 29201*

# FORM D. Application for Approved CPSS Training Center

- ✓ Training Instructors and centers must be located in South Carolina and training sites must be members of the Association of Recovery Community Organizations (ARCO).
- ✓ Approved Trainings must relate to Peer Support Specialist Domains as outlined on page 7 in the Certification Manual. Training submitted for approval must be accompanied by:

(1) A description of the training event;

- Provide a copy (digital or physical) of the courseware (training manual).
- Using a course syllabus or table of contents, identify where the training modules fit into the four Peer Support Specialist Domains.
- Confirm use of the SCDHHS approved Peer Support Specialist exam.

(2) Name(s) and qualifications of the trainer(s);

- Provide a **trainer's form** for each person providing instruction during your training.

(3) Clock hours applied for; \_\_\_\_\_

(4) Curriculum content (Peer Support Specialist Domain relatedness).

---

46 hours specific to the four domains (Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility).

## **-10 hours in Advocacy**

<input type="radio"/> <i>Satisfactory</i>	<input type="radio"/> <i>Unsatisfactory</i>	<i>Notes:</i>
---	---	---------------

## **-10 hours in Mentoring/Education**

<input type="radio"/> <i>Satisfactory</i>	<input type="radio"/> <i>Unsatisfactory</i>	<i>Notes:</i>
---	---	---------------

## **-10 hours in Recovery Support**

<input type="radio"/> <i>Satisfactory</i>	<input type="radio"/> <i>Unsatisfactory</i>	<i>Notes:</i>
---	---	---------------

## **-16 hours must be related to Ethical Responsibility**

<input type="radio"/> <i>Satisfactory</i>	<input type="radio"/> <i>Unsatisfactory</i>	<i>Notes:</i>
---	---	---------------

The following three education hours must be integrated within the four Peer Support Specialist Domains:

**\*3 hours Medicaid Requirements and Documentation best-practices.**