

PRO.A Recovery Institute Training Series Application

PCB Approved Training Curriculum Applicable Toward the CRS Certification

Contact Information

Full Name _____

Please print name as you wish it to appear on your certificate(s) of completion

Agency (If applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Education

Do you have a high school diploma or GED? Yes _____ No _____

Please Note: A high school diploma or GED is required by the PCB for certification

Emergency Contact

Name and Relationship to You _____

Phone Number _____

Recovery

Are you in recovery from substance abuse? Yes _____ No _____

Please Note: Effective April 1, 2017, The CRS credential will require each candidate to have lived experience, to attest that they have had 18 months, continuous manner, of personal lived recovery experience, and to provide a statement of lived experience as part of the CRS application process.

Short Essays: Please thoughtfully consider and then answer the following questions in no more than 50 words (Please feel free to attach an additional sheet of paper if more space is needed).

1. In your own words, what does recovery mean to you?

2. How does the role of a CRS differ from other behavioral health professionals (i.e. counselors, technicians in residential facilities)?

3. What do you hope to gain from becoming certified as a CRS?

4. What do you see as your greatest strength in working as a CRS? Challenge?

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 _____

For Agency Review

Application is: Accepted _____ Denied _____