

## NCRS APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. The application is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of an extended care/recovery home alcohol and drug abuse professional. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. Materials must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$75.00 should be made payable to IAODAPCA. All fees are non-refundable. No refunds will be given.
4. It is the applicant's responsibility to ensure **three letters of reference** from substance abuse professional staff are sent to IAODAPCA as part of the application.
5. Applicants should make a photocopy of the entire completed application including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to IAODAPCA.  
**(FAXED applications will not be accepted!)**
6. Applications will be reviewed when they are received by IAODAPCA. A letter will be sent to applicants notifying them of any problems or missing parts of the application.
7. Applicants have the responsibility to notify IAODAPCA, in writing, of any changes to name, work/home addresses and work/home telephone numbers.
8. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
9. IAODAPCA reserves the right to request further information from employers and other persons listed on the application forms.
10. Send completed application to: IAODAPCA, Inc.  
401 East Sangamon Avenue  
Springfield, IL 62702



**EMPLOYMENT FORM**

**NOTE: Please reproduce this form as needed for documentation of work experience.**

**BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION.** Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

**Position/title** \_\_\_\_\_

**Date Employed:**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **hrs. of work per week** \_\_\_\_\_  
mo./day/yr. mo./day/yr.

**Place of Employment:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Telephone Number (\_\_\_\_)** \_\_\_\_\_

**Position/title** \_\_\_\_\_

**Date Employed:**

**From** \_\_\_\_\_ **to** \_\_\_\_\_ **hrs. of work per week** \_\_\_\_\_  
mo./day/yr. mo./day/yr.

**Place of Employment:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Title** \_\_\_\_\_ **Telephone Number (\_\_\_\_)** \_\_\_\_\_

**VOLUNTEER/EMPLOYMENT SETTING**

**VOLUNTEER/EMPLOYMENT SETTING:**

A. Clinical Setting

\_\_\_\_\_ Detox      \_\_\_\_\_ Outpatient      \_\_\_\_\_ Inpatient  
\_\_\_\_\_ Halfway House      \_\_\_\_\_ Extended Care Facility

B. Personal Role/Activity

\_\_\_\_\_ Part-time Employee      \_\_\_\_\_ Full-time Employee  
\_\_\_\_\_ Volunteer      \_\_\_\_\_ Other (please specify)

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**OTHER CERTIFICATIONS/LICENSES:** List any other certifications or licenses you hold and the state in which the credential is issued. If the credential is national, please note.

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I hereby attest to the fact that I, the applicant, am providing services in a setting which provides case management services, service coordination, behavior management or behavior shaping to alcohol/drug involved individuals. Further, all answers are correct to the best of my knowledge. I authorize any educational institution or other body having knowledge of my academic status, to release information to IAODAPCA regarding my status.

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Signature of Applicant

Date

**SUPERVISED PRACTICAL EXPERIENCE**

**To Supervisor:** Please complete this form indicating applicant's supervised practical experience. This form is not intended to document applicant's total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant.

**PLEASE RETURN THIS FORM DIRECTLY TO: IAODAPCA  
401 East Sangamon Avenue  
Springfield, IL 62702**

**Name of Applicant** \_\_\_\_\_  
(LAST) (FIRST) (MI)

Realizing that supervision may take place in a variety of settings and have many faces, IAEC determined not to place limiting criteria on areas of supervision or qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21. TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing and enhancing counselor performance.

**I hereby attest to the fact that the applicant is providing services in a setting which provides case management services, service coordination, behavior management or behavior shaping to alcohol/drug involved individuals and that I have provided the applicant face-to-face supervision for the number of hours noted below.**

<u>Core Skill Areas</u>	<u>Number of Hours Received in Each</u>
Resident Screening.....	_____ (minimum 10)
Resident Intake .....	_____ (minimum 10)
Resident Orientation .....	_____ (minimum 10)
Resident Assessment .....	_____ (minimum 10)
Recovery Planning.....	_____ (minimum 10)
Case Management.....	_____ (minimum 10)
Crisis Intervention .....	_____ (minimum 10)
Resident Education .....	_____ (minimum 10)
Referral.....	_____ (minimum 10)
Intervention .....	_____ (minimum 10)
Record Keeping .....	_____ (minimum 10)
Consultation .....	_____ (minimum 10)
Outreach.....	_____ (minimum 10)
Clinical Supervision.....	_____ (minimum 10)
Other .....	_____

**Hours of face-to-face supervision I have provided the applicant \_\_\_\_\_ (minimum 150)**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Supervisor (Printed)**

\_\_\_\_\_  
**Title of Supervisor**

\_\_\_\_\_  
**Agency/Facility**

\_\_\_\_\_  
**Telephone Number**

**EDUCATION FORM**

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours towards certification.

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**Record of Education**

Dates Attended \_\_\_\_\_ Clock Hrs/Credit Hrs \_\_\_\_\_

Courses/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe the Content of Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NCRS Specific ( )

Ethics ( )

Performance Domains ( )

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**Record of Education**

Dates Attended \_\_\_\_\_ Clock Hrs/Credit Hrs \_\_\_\_\_

Courses/Program Title \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Briefly Describe the Content of Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NCRS Specific ( )

Ethics ( )

Performance Domains ( )

**STATEMENT OF SELF-DISCLOSURE**

National Certified Recovery Specialists provide support and direction to alcohol/drug involved individuals in an extended care or recovery home setting. They provide a safe, clean environment, encourage residents to make informed, independent choices and assist residents in gaining information and support from the community to make their goals a reality.

A history of alcohol and/or other drug abuse or dependence is not required to earn this credential. However, it is requested for those applicants who themselves are in recovery from alcohol and other drugs be willing to self disclose. As National Certified Recovery Specialists in recovery, they accept and agree that their experience of recovery from alcohol and/or other drugs will be known by their colleagues, residents and others with whom they may share they have achieved this certification. Additionally, they actively seek to role model recovery in their life and work, and to follow the Code of Ethics outlined in the Illinois Model of the National Certified Recovery Specialist.

“I understand the terms stated above, and I accept and agree to these terms. I understand that upon successful completion of the application and examination, I will be issued a certificate as a National Certified Recovery Specialist under the terms stated above.”

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

\_\_\_\_\_  
Date

**ASSURANCE & RELEASE**

IAODAPCA may request further information from all persons listed on the application form in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the IAODAPCA Board or it’s designee and staff to investigate my background as it relates to information contained in this application for certification as a National Certified Recovery Specialist (NCRS). I understand that intentionally false or misleading statements, or intentional omissions shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file and other pertinent data submitted to, or collected by IAODAPCA, to officers, members and staff of the aforementioned board.”

“I further agree to hold IAODAPCA, it’s officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IAODAPCA to issue certification.”

“I certify that I have read and subscribe to the Code of Ethics for National Certified Recovery Specialists and the Illinois Model of the National Certified Recovery Specialist.”

“I further certify that my NCRS certification classification and status is public knowledge.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

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

\_\_\_\_\_  
Date

**CODE OF ETHICS FOR NATIONAL CERTIFIED RECOVERY SPECIALISTS**

Reflected in each principle of the Code of Ethics is the fundamental belief that the National Certified Recovery Specialist will maintain a vital concern for the effects of his/her behavior on the lives and well-being of all persons.

1. A National Certified Recovery Specialist is dedicated to the belief in the dignity and worth of all human beings.
2. A National Certified Recovery Specialist pledges to provide service for the welfare and betterment of all members of society.
3. A National Certified Recovery Specialist promotes and assists in the recovery of all persons regardless of the ability to pay.
4. A National Certified Recovery Specialist maintains an appropriate supportive relationship with all persons served, never becoming socially, sexually or romantically involved, not committing any act of violence or threats of violence and avoiding becoming financially involved with the same.
5. A National Certified Recovery Specialist refrains from undertaking any activity where personal conduct, including the inappropriate use of alcohol and other mind-altering drugs, is likely to result in the inferior services or constitute the violation of the law.
6. A National Certified Recovery Specialist adheres strictly to established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations.
7. A National Certified Recovery Specialist respects organizational policies and procedures, along with the rights of other staff members, co-operating with management both on the job and in associations with other agencies with which he/she may come in contact with in his/her job.
8. A National Certified Recovery Specialist will regularly evaluate his/her own skills, strengths and limitations, striving always for self-improvement, personal growth and increased knowledge through further education and training.

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**PERSONAL STATEMENT**

As a National Certified Recovery Specialist, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established National Certified Recovery Specialist standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Stamp**



### **NCRS Application Checklist**

**The following should be included in your NCRS Application:**

\_\_\_\_\_ **Application Information.**

\_\_\_\_\_ **Employment/Volunteer Forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor.**

\_\_\_\_\_ **Supervised Practical Experience Form completed by your supervisor.**

\_\_\_\_\_ **Education Form including all documentation.**

\_\_\_\_\_ **3 Letters of Reference**

\_\_\_\_\_ **Statement of Self-Disclosure Form, if applicable.**

\_\_\_\_\_ **Assurance and Release signed and dated by applicant.**

\_\_\_\_\_ **Code of Ethics signed, dated and notarized.**

**When application is complete, send all materials to IAODAPCA, 401 East Sangamon Avenue, Springfield, IL 62702.**

**Applications will not be accepted by fax.**