



Alcohol & Drug Abuse
Certification Board of Georgia

P.O. BOX 250449
Atlanta, GA 30325
770.825.0481 Fax: 770.790.0018
ADACBGA.org info@adaebga.org

CERTIFIED PEER RECOVERY COACH SUPERVISED PRACTICAL EXPERIENCE

APPLICANT'S NAME _____

SUPERVISOR/ TITLE _____

PROFESSIONAL LICENSES AND/OR CERTIFICATES YOU HOLD* _____

*If Applicable

AGENCY _____ PHONE _____

How long have you supervised this applicant?

From (m/y) _____ to (m/y) _____

***Supervisors must include a photocopy of a state or federal photo ID and a copy of the appropriate certification and/or licensure.**

Purpose: The supervised practical experience is to document that the candidate has received supervision directly relating to the CPRC domains. Methods of supervision that will be accepted include activities designed to provide training of specific recovery coach functions. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the counselor in this learning process.

Supervised Practical Experience Requirements:

- One (1) hour of supervision to ten (10) hours of *practical experience*.
- Candidate must receive a minimum of 10 hours face-to-face supervision per domain.
- Candidates must receive a minimum total of 50 hours face-to-face supervision.
- **Supervision can be done individually, as part of a supervision group, clinical review meetings and via video conferencing if necessary. All Supervision should be supported by well-maintained documentation by the Supervisor. Supervision is not done via email, text or phone calls.**

CPRC DOMAINS	# hours face to face supervision
Advocacy	
Mentoring/ Education	
Recovery Support	
Ethical Responsibility	

*Supervisor must also fill out an evaluation form.

Following is the outline of the tasks that fall under each domain.

Domain 1: Advocacy

Associated Tasks:

- Relate to the individual as an advocate.
- Advocate within systems to promote person-centered recovery/wellness support services.
- Describe the individual's rights and responsibilities
- Apply the principles of individual choice and self-determination.
- Explain importance of self-advocacy as a component of recovery/wellness.
- Recognize and use person-centered language. • Practice effective communication skills.
- Differentiate between the types and levels of advocacy.
- Collaborate with individual to identify, link, and coordinate choices with resources.
- Advocate for multiple pathways to recovery/wellness.
- Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.

Domain 2: Ethical Responsibility

Associated Tasks:

- Recognize risk indicators that may affect the individual's welfare and safety.
- Respond to personal risk indicators to assure welfare and safety.
- Communicate to support network personal issues that impact ability to perform job duties.
- Report suspicions of abuse or neglect to appropriate authority.
- Evaluate the individual's satisfaction with their progress toward recovery/wellness goals.
- Maintain documentation and collect data as required.
- Adhere to responsibilities and limits of the role.
- Apply fundamentals of cultural competency.
- Recognize and adhere to the rules of confidentiality.
- Recognize and maintain professional and personal boundaries.
- Recognize and address personal and institutional biases and behaviors.
- Maintain current, accurate knowledge of trends and issues related to wellness and recovery.
- Recognize various crisis and emergency situations.
- Use organizational/departmental chain of command to address or resolve issues.
- Practice non-judgmental behavior.

Domain 3: Mentoring and Education

Associated Tasks:

- Serve as a role model for an individual.
- Recognize the importance of self-care.
- Establish and maintain a peer relationship rather than a hierarchical relationship.
- Educate through shared experiences.
- Support the development of healthy behavior that is based on choice.
- Describe the skills needed to self-advocate.
- Assist the individual in identifying and establishing positive relationships.
- Establish a respectful, trusting relationship with the individual.
- Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
- Support the development of effective communication skills.

- Support the development of conflict resolution skills.
- Support the development of problem- solving skills.
 - Apply principles of empowerment.
- Provide resource linkage to community supports and professional services.

Domain 4: Recovery/Wellness Support

Associated Tasks:

- Assist the individual with setting goals.
- Recognize that there are multiple pathways to recovery/wellness.
- Contribute to the individual's recovery/wellness team(s).
- Assist the individual to identify and build on their strengths and resiliencies.
- Apply effective coaching techniques such as Motivational Interviewing.
- Recognize the stages of change.
 - Recognize the stages of recovery/wellness.
- Recognize signs of distress.
- Develop tools for effective outreach and continued support.
- Assist the individual in identifying support systems.
- Practice a strengths- based approach to recovery/wellness.
- Assist the individual in identifying basic needs.
- Apply basic supportive group facilitation techniques.
- Recognize and understand the impact of trauma.

Candidate has spent _____ hours in supervision with me (total of all lines)

I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery. I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia. I acknowledge the right of

ADACBGA to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

Supervisor's Signature/Date

The Alcohol and Drug Abuse Certification Board of Georgia reserves the right to request further information from you concerning this applicant. PLEASE RETURN THIS FORM DIRECTLY TO:

ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA
P.O BOX 250449, Atlanta, GA 30325

Please do not return this form to the applicant unless it is placed in a sealed envelope with the supervisor's signature across the back seal.

EVALUATION FORM (Page 1 of 2)

Applicant Name: _____

Evaluator Name: _____

Relationship to Applicant: Sponsor Former/Current Counselor Supervisor

Accountability Partner Spiritual Advisor/Mentor Other _____

Evaluator Address: _____

Evaluator Telephone: _____

How long have you known applicant? _____

Please describe the reasons that you would or would not endorse the applicant to work in the addiction field as a Peer Recovery Coach: (You may type a response and attach if preferred)

I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL, AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THE APPLICANT.

Signature

Date

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EVALUATION FORM (page 2 of 2)

APPLICANT'S NAME _____

EVALUATOR'S NAME _____

Following are the skills and knowledge needed by Certified Peer Recovery Coaches. Please evaluate the above named applicant based on the abilities you have seen him/her demonstrate. Use the following scale to evaluate the applicant:

- 1 = NOT APPLICABLE
- 2 = POOR
- 3 = AVERAGE
- 4 = ABOVE AVERAGE
- 5 = EXCELLENT

Skills and Knowledge Rating

_____ Common sense in dealing with others

_____ Respect for others

_____ Care and concern for others

_____ Empathy for others

_____ Flexibility with others

_____ Spontaneity with others

_____ Capacity for confrontation with others

_____ Capacity for appropriate self-disclosure

_____ Concreteness

_____ Ability to communicate effectively with others

_____ Ability to set boundaries with others

_____ Knowledge of the addictions field

_____ Capacity for acting in an ethical manner

_____ Ability to set limits with others

_____ Ability to facilitate appropriate change

_____ Knowledge of physical, behavioral, attitudinal, and effective manifestations of addictions

GENERAL REMARKS: _____

Evaluators Signature: _____

Date _____