

# Michigan Alcohol and Drug Counselor Development Plan - CPRM

## Read This First - General Information and Instructions

### What is a Development Plan and why are you being asked to apply for this?

- You are becoming employed at a licensed program providing substance use disorder services, but you do not yet hold the specialty certification from the Michigan Certification Board for Addiction Professionals (MCBAP) that is required under a State of Michigan funded contract, State licensing, by another payer source or quality assurance source, or employer which requires it.
- An approved MCBAP-registered Development Plan is a time-limited, one-time opportunity to gain employment in these services prior to having completed the needed professional specialty certification. The Plan is an agreement between you and your employer.
- MCBAP certification requires focused preparation and demonstration of competencies in alcohol/drug addiction and related fields, meeting the requirements of certification: formal education, working experience with supervision, and passing of the fitting IC&RC\* examination. Since this may take some time, the Development Plan allows you to work while completing the requirements, with a time limit. \*IC&RC is International Certification & Reciprocity Consortium – the world's largest addiction specialty certification standards system. Requirements for all MCBAP certifications are detailed at: [www.mcbap.com](http://www.mcbap.com).
- A registered Development Plan is not recommended unless it is required by your employer and their payment sources as an alternative to full certification.
- **A Development Plan is not required prior to applying for a MCBAP credential.** If you do not complete the full certification process before your Development Plan expires, you may continue to prepare for the MCBAP certification on your own schedule. However, your position with your employer may be affected in the interim.
- If you are working as a temporary or short-term student intern, discuss this with your employer, regional public funding entity, or contact MCBAP before applying for a Development Plan. You may not need to register for a Development Plan at this time.

### How long will you have to complete the certification requirements? Are there extensions?

- Development Plans vary in length depending on their level and sometimes on the candidate's starting point. Development Plans leading to the CPRM are normally 1 year or less. Applicants working part time may be given additional time in their Plan.
- The Development Plan is **not** designed to be renewed or extended. Once begun, if the Plan expires before you have completed all the requirements in the application process, and submitted your application, you may have a gap in your professional status which could affect your employment.

### Does the Development Plan move with you if you change employers?

- The Development Plan you are applying for is specific to the place of employment sponsoring your Plan. It does not automatically transfer to other programs or employers.
- If you do relocate, you should file an updated Plan application, signed by the new employer, with MCBAP. This will not normally change your overall Development Plan schedule or expiration date.

### What are the steps to complete the Development Plan Application?

- The Development Plan should be completed and submitted to MCBAP within 30 days of the start of state-funded substance use disorder services. Plans submitted later will not be dated to begin more than 30 days prior to receipt at MCBAP. The date the application is signed by the Program Administrator/Director is usually the key date MCBAP uses.
- Before completing the Development Plan, please read the requirements and instructions for applying for certification found at [www.mcbap.com/certifications/](http://www.mcbap.com/certifications/). You need to be familiar with the overall requirements of the credential you expect to apply for.
- Information must be typed or printed clearly. A valid email contact address for the applicant is required. Follow-up contact from MCBAP will be sent via email.
- Agency information should include the official name of all agencies at which you are providing services, no acronyms or abbreviations. Please list the primary agency first, and have your supervisor and program director at the primary agency sign the application documents.
- Documentation of completion of CCAR (Connecticut Community for Addiction Recovery – Recovery Coach Academy) educational series or approved equivalent education.
- The Peer Recovery Code of Ethics must be read prior to signing the Development Plan Assurances.
- Development Plan application must be submitted **with a copy of the current job description under which required experience will be gained**, or a copy of recent past job description if you believe you have already met the minimum experience standards for the credential in an earlier position.
- Submit a \$25.00 **non-refundable** processing fee, the official job description from experience you plan to use in your future CPRM application, required CCAR education proof, and completed forms 1-4. **Keep a copy of the Plan for your own files. \* Fee may be higher after July 31, 2017.**
- **Once your Development Plan is approved and registered, if your address, other contact information, name, or employment changes, report these changes to MCBAP.**

### Reporting Information Updates:

Notify MCBAP if your name, home address, place of work, email, or other contact information changes after your Development Plan application has been submitted.

Submit a revised/updated form if your employment has changed. If you change agencies this plan is no longer valid until you update it to your new place of work. The revised form needs only to include new information, and appropriate signatures. No additional fee is required for routine personal information updates.

### Progress on the Development Plan:

You are responsible for making needed progress within your Development Plan so as to complete the Plan and MCBAP certification requirements within the Plan period. You do not need to notify MCBAP if you choose to move faster or slower than described within the Plan, however, if you do not keep up progress and your Plan expires, you will not be given an extension or a new Plan period. If your employment depends on having a valid Development Plan or completed MCBAP certification and you do not meet the overall deadline, you may put your employment at risk.

A Development Plan does not replace the requirement to submit a complete initial application for the MCBAP credential you seek. You must complete the MCBAP initial certification application, provide full information and documentation, and pay all fees, as required for the certification, once all required elements have been completed and you are ready to apply.

## **RECOMMENDATIONS:**

Your Plan schedule should take into account what you have already completed and what you have yet to do to meet the CPRM credential requirements.

In order to complete the requirements for certification by the time your Development Plan expires, please consider the guidelines listed below. These guidelines are based on a full-time work schedule (32+ hours per week), for a candidate who has not already completed substantial progress towards the credential requirements before they start the Plan. Part time schedules will most likely require a different schedule, and may be longer overall. If you have more hours already completed, you may be able to finish sooner.

**Again, please review the requirements, instructions, definitions, and application forms for the MCBAP certification you will be applying for. These can be found on [www.mcbap.com/certifications/](http://www.mcbap.com/certifications/).**

### **Experience Hours**

500 hours per year providing substance use recovery support services at a licensed substance abuse service program. This is equivalent of approximately three (3) months of full time work. To complete the requirements of the CPRM within the allowed 12 months, an average of at least 10 hours per week of recovery support related work will be necessary.

### **Education Hours**

It is your responsibility to retain proof of completed education hours. A minimum of 46 education hours in the recovery support domains is required.

18 or more hours of specific peer recovery support education hours beyond the standard CCAR Recovery Coach Academy education series, covering the following areas:

1. Advocacy
2. Mentoring and Education
3. Recovery Processes and Wellness Planning
4. Ethical Responsibilities including Clinical Ethical Behavior
5. Specific topics as detailed in the MCBAP CPRM credential full application

### **Supervision**

25 hours of direct supervision performing peer recovery mentor functions related to the MCBAP/IC&RC Peer Recovery Mentor Performance Domains.

### **IC&RC Exam - You will need to gain a passing score for the PR exam.**

Individuals that have the CPRM application to MCBAP by July 31, 2017, are not required to take the CPRM examination. After July 31, 2017, the IC&RC CPRM examination will be required.

Scheduling your IC&RC exam date at least **6 months before** the end of the Development Plan is highly recommended. If you fail the IC&RC exam, you must wait 90 days to retest.

A study guide or course can be a useful tool for exam preparation. Links to study guides and practice exams may be found on the MCBAP website, [www.mcbap.com](http://www.mcbap.com), or via the IC&RC website, [www.internationalcredentialing.org](http://www.internationalcredentialing.org). MCBAP does not provide exam study courses, but these may sometimes be found from professional education providers listed on our website.

# Application for Michigan Development Plan Peer Recovery Mentor (CPRM)

New Plan (\$25)\_\_\_\_\_ Update of Address/Employment (No fee)\_\_\_\_\_

**General Information** (type or print clearly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: (last 4 digits only) \_\_\_\_\_ Month/Year of Birth (mm/yyyy) \_\_\_/\_\_\_\_

**Complete the following information regarding your current clinical services location.**

Provider/Program Name: \_\_\_\_\_

Your Title: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

City/Township: \_\_\_\_\_ Agency LARA License Number: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you will be working for multiple substance abuse service providers during this Development Plan, attach a separate sheet with other program name, address and agency LARA license number.

\*\*\*Attach a formal job description for the experience you will be using to meet certification requirements. For most applications, this is the current (new) job description. If you have completed other recent experience, provide a brief description of that past work, dates active, and identify service program by name, address and MILARA license number.

Expected average number of hours you will work per week in SUD services during this Development Plan: \_\_\_\_\_

**Highest Level of Academic Education Completed (please include graduation year)**

- |   |                                  |
|---|----------------------------------|
| _____ High School Diploma or equivalent | _____ Associates Degree in _____ |
| _____ College, non-degree               | _____ Bachelors Degree in _____  |
| _____ Addiction Studies Certificate     | _____ Masters Degree in _____    |
| _____ Other (describe) _____            | _____ Doctorate Degree in _____  |

**COMPLETION OF MCBAP REQUIREMENTS**

Applicant: Compete the following Plan schedule filling in each line accurately and clearly. Read instructions for CPRM credential applications, at [www.mcbap.com](http://www.mcbap.com).

**Experience Hours** (500 hours required)

Estimate of Hours Already Completed within the last 7 years \_\_\_\_\_

Remaining Hours to be completed during Plan month 1-6 \_\_\_\_\_

Remaining Hours to be completed during Plan month 7-12 \_\_\_\_\_

**Direct Supervision Hours** (25 hours required)

Estimate of Hours Already Completed within the last 7 years \_\_\_\_\_

Remaining Hours to be completed during Plan month 1-6 \_\_\_\_\_

Remaining Hours to be completed during Plan month 7-12 \_\_\_\_\_

**Qualifying Education Contact Hours** (46 hours and specific topics required)

Estimate of Hours Already Completed within the last 7 years \_\_\_\_\_

Remaining Hours to be completed during Plan month 1-6 \_\_\_\_\_

Remaining Hours to be completed during Plan month 7-12 \_\_\_\_\_

Is future completion of an academic certificate (non-degree) program part of this plan? Yes\_\_\_\_ No\_\_\_\_

If yes, identify the program, school, and completion date: \_\_\_\_\_

**IC&RC Examination** (Recommended at least 6 months before overall target completion date below.)

Already Taken and Passed on (date) \_\_\_\_\_

Or -Your Planned IC&RC Exam Completion Date \_\_\_\_\_

**Overall Target Date of Completion of ALL MCBAP Credential Requirements\*:** \_\_\_\_\_

(\*The date by which you plan to have all elements of the full credential completed, and application sent to MCBAP. Maximum time for new, full time professionals is 1 year. Earlier completion is welcomed.

Prior to submitting this Development Plan Application to the Michigan Certification Board for Addiction Professionals (MCBAP) for review, all parties to this agreement: the Applicant and the sponsoring Agency Director, must fill out and sign and date their respective section of the assurances. The Development Plan is an agreement and commitment between these parties.

**APPLICANT ASSURANCES**

- I. I certify that I prepared all the enclosed Development Plan application materials and this information is true and correct.
- II. I acknowledge I have received, read and understand the Peer Recovery Code of Ethics and do agree to its terms.
- III. I agree to gain the education, supervision and experience necessary to maintain compliance with my Development Plan; focusing on the Peer Recovery Support domains.
- IV. I understand that if my Development Plan is suspended or revoked as a result of my breaching the Peer Recovery Code of Ethics, I will return my Plan certificate to the MCBAP office immediately.
- V. I understand that my Development Plan is not designed to be renewed or extended.
- VI. I understand that I am working toward the MCBAP CPRM Certification; and that all requirements needed to obtain certification will be met, and I must be certified by the time of expiration of this Plan for my funded work status to continue.
- VII. I hereby authorize MCBAP the release of my name and information in my development plan for review or verification by employers, regional state funding entities, and other entities vested in my professional development.

\_\_\_\_\_  
Applicant's Start Date of Sponsored Recovery Support Employment

\_\_\_\_\_  
Applicant's Name (type or print clearly)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AGENCY DIRECTOR / ADMINISTRATOR ASSURANCES**

- I. I affirm this treatment agency's responsibility and commitment to assist the above named applicant of this Peer Recovery Mentor Certification Development Plan in gaining the necessary education, training and experience required for certification as a Peer Recovery Mentor. This will include but may not be limited to the IC&RC Peer Recovery Domains.
- II. I affirm that the identified Supervisor has been assigned or is contracted to provide the recovery support supervision responsibilities for our agency
- III. I understand the Development Plan is not renewable and the applicant must complete the certification process by the expiration date of the plan to maintain funding approval status.

\_\_\_\_\_  
Treatment Agency Director/Administrator's Name (type or print clearly)

\_\_\_\_\_  
Treatment Agency Director/Administrator's Signature

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

IDENTIFY the State-designated substance abuse services regional entity or Medicaid Prepaid Inpatient Health Plan (PIHP) for your primary service area. Name of Regional Entity / PIHP:

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Note: Some regions may require a copy of the Development Plan, please check with your regional contract manager. It is the applicant agency's responsibility to send copy(ies) of the Development Plan to funding authority(ies) if required.

**Please MAIL (do not fax) completed and signed forms with job description supporting past experience if any, ethics-boundaries-confidentiality education proofs, and \$25 payment to:**

MCBAP  
6639 Centurion Drive, Suite 170  
Lansing, MI 48917

Payments to MCBAP may be sent by check or money order via mail; or made via the MCBAP website: [www.mcbap.com](http://www.mcbap.com) using a credit, debit, or PayPal account. MCBAP cannot take credit card payments by phone or mail.

(517) 347-0891  
[Info.mcbap@gmail.com](mailto:Info.mcbap@gmail.com)

*Note: Retain copies of Development Plan and documents for your files.*

<u>MCBAP OFFICE USE ONLY</u>	Start Date: _____	Submission Date: _____
	Expiration Date: _____	

This data is important in identifying the on-going status of the substance use disorder services workforce in the State of Michigan. The information will assist with identification of future needs, e.g. training, competency standards, credentialing, education, workforce supply, future funding and other planning activities. Aggregated data may be shared with groups such as employer groups, regional funding authorities, State of Michigan departments, elected officials and other interested parties. This information is collected for statistical purposes only. Individual data will not be distributed.

**Type of SUD service(s) in which you expect to spend the majority of your time during this Plan.**

- |   |  |
|---|--|
| <input type="checkbox"/> Prevention                         | <input type="checkbox"/> Detoxification                            |
| <input type="checkbox"/> Residential                        | <input type="checkbox"/> Intensive Outpatient with housing         |
| <input type="checkbox"/> Outpatient (incl. Assessment, IOP) | <input type="checkbox"/> Medication Assisted Treatment(Methadone+) |
| <input type="checkbox"/> Funding Management /Insurance/PIHP | <input type="checkbox"/> Drug / Sobriety Court                     |
| <input type="checkbox"/> Jail / Prison – in house           | <input type="checkbox"/> Recovery Support Program                  |
| <input type="checkbox"/> Probation or Parole Services       | <input type="checkbox"/> Recovery Residence                        |

**Primary role / functions in planned substance use disorder service work:**

- |   |  |
|---|--|
| <input type="checkbox"/> Prevention Specialist / Educator | <input type="checkbox"/> Quality Assurance or Staff Trainer    |
| <input type="checkbox"/> Primary Therapist/Counselor      | <input type="checkbox"/> Group Support / Aid / Outpatient Tech |
| <input type="checkbox"/> Case Manager                     | <input type="checkbox"/> Screener/Assessor                     |
| <input type="checkbox"/> Clinical Supervisor              | <input type="checkbox"/> Medical / Nursing                     |
| <input type="checkbox"/> Administrator/Manager            | <input type="checkbox"/> Residential Aid/Technician            |
| <input type="checkbox"/> Recovery Support/Mentor          | <input type="checkbox"/> Probation/Parole Monitoring           |

**Work schedule: work full or part time in behavioral health or associated services:**

- Full Time (32 hrs per week +, year round)     Part Time &/or Variable

**Estimated annual income from work at licensed substance use disorder program(s):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> no answer           | <input type="checkbox"/> \$31,000 - \$40,000 | <input type="checkbox"/> \$71,000 - \$80,000  |
| <input type="checkbox"/> \$ 0 - \$10,000     | <input type="checkbox"/> \$41,000 - \$50,000 | <input type="checkbox"/> \$81,000 - \$90,000  |
| <input type="checkbox"/> \$11,000 - \$20,000 | <input type="checkbox"/> \$51,000 - \$60,000 | <input type="checkbox"/> \$91,000 - \$100,000 |
| <input type="checkbox"/> \$21,000 - \$30,000 | <input type="checkbox"/> \$61,000 - \$70,000 | <input type="checkbox"/> over \$100,000       |

**Gender Identity:**     Female     Male

**Primary Race/Ethnic Identity:**

- |  |   |
|--|---|
| <input type="checkbox"/> White/Caucasian (non-Hispanic)        | <input type="checkbox"/> Asian American         |
| <input type="checkbox"/> Black/African American (non-Hispanic) | <input type="checkbox"/> Native American/Indian |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander      | <input type="checkbox"/> Alaska Native          |
| <input type="checkbox"/> Hispanic/Latino                       | <input type="checkbox"/> Arab/Chaldean          |
| <input type="checkbox"/> Other (please specify) _____          | <input type="checkbox"/> no answer / unknown    |

**Other Certification(s)/Health License(s) (Indicate if expired, revoked, limited, temporary status)**

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