

Peer Recovery / CPRM
Education and Continuing Education
Application and Instruction

Description

The Certified Peer Recovery Mentor credential is offered as a Michigan level credential program of personnel development and quality assurance operated by the Michigan Certification Board for Addiction Professionals (MCBAP). IC&RC multi-state reciprocity is optional for this credential. Coursework approved by MCBAP may be used towards initial or renewal applications for this, and potentially other MCBAP credentials.

The application form and instructions contained here are to enable presenters of educational events to obtain approval for their events as meeting criteria that satisfy education and continuing education requirements for the CPRM. To be accepted for application toward the educational requirement, education and training must meet criteria described in the following sections. Providers must submit the complete application, the requested documentation and the required fee to the mailing address on the application form. Allow up to two weeks for review.

Criteria

1. The goals and objectives of the event must be relevant to the knowledge domains of the CPRM, and/or any of the specific topics identified within the MCBAP CPRM credential criteria.

CPRM Domains are: -

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| Advocacy | Details on domain content found in CPRM Application Manual: www.mcbap.com |
| Mentoring and Education | If education is also intended for use by treatment or prevention professionals, note domains, core functions addressed for those certification categories. |
| Recovery Support / Wellness Planning | |
| Ethical Responsibilities | |

For education events addressing more than one domain area, please provide a detailed course outline showing time allocated to the different domain topics.

Definitions:

Substance Abuse Specific: In this category the goals and objectives must specifically address substance abuse issues for recovery. The terms "alcohol, tobacco, and/or other drugs", "substance use disorders", "chemical dependency", "co-occurring disorders", or "substance-use addiction" must be mentioned in the goals and objectives.

Related topics : In this category the goals and objectives do not specifically focus on the Peer Recovery Mentor domains for substance use recovery, but may more generally address subject matter of the domains, and are related to CPRM functions.

Contact Hours: 60 Minutes of formal, face to face, applicant-trainer, and instructional interaction = 1 hour. Time of instruction may be rounded to the nearest ¼ hour (up or down) for partial hours of total instruction time in a day. Thus 70 min. = 1.25 hours, 90 minutes = 1.5 hours, 100 minutes = 1.75 hours. Breaks, meals times, & administrative functions do not count in instruction time.

To offer substance abuse professional education you must be a licensed program or provider. Any individual or program in the State of Michigan who provides training for a fee must be licensed. If you are not licensed, and not sponsored by a licensed entity, you may be in violation of the Public Health Code or the Michigan Education Code.

2. Participants must demonstrate attainment of the education goals and objectives by completing one of the following:
 - a. Output Product: through successful completion of the culminating output product (test, demonstration, paper, etc.) Only one post test needs to be administered per education/training event to meet the testing requirements for Continuing Education Units (CEU's). If an event is multi-day, with all days required, only one post-test, on last day needed.
 - Or**
 - b. Evaluation Form: participants must be provided an opportunity to evaluate both the event and the instructor(s) at the conclusion, before the results of the output product (if one is used) are made known.

3. Participants must be provided with certificates of completion which minimally include:
 - the participants name,
 - the name of the organization sponsoring the event,

- the date(s) of participation,
- the title of the event, which should clearly reflect subject matter, and
- the number of contact hours; -signature of verifying representative.

4. The education and training planning committee for each event must include: at least one professional active full-time in substance abuse treatment, prevention, or recovery support, as appropriate.
5. Education and training presenters must have education and/or experience, which is relevant to substance abuse treatment, prevention, or recovery support. Include in your application the presenter for each workshop and attach a vita or resume for each.
6. To ensure that credit is correctly assigned to participants, a list, which includes the names of participants successfully completing the workshop, must be submitted to the Michigan Certification Board for Addiction Professionals within thirty days of the program completion. This list is used to document attendance in the event the certificate issued by your organization is lost. Lists are retained at MCBAP for a limited period of time, so attendees should understand they are responsible for retaining their own attendance certificates.

Resubmitting Application Previously Approved

To obtain approval for previously approved education events, which are being offered again (repeats):

1. Submit a photocopy of the previously approved education event application and a letter stating that the workshop is the same as previously approved,

OR

2. Submit a photocopy of the previous letter of approval and a letter stating that the workshop is the same as previously approved.

Regardless of which of the above options is used, the processing fee is still required.

*Calculate CE contact hours using current format (1 hour = 60 minutes).

Educational Calendar

A calendar listing upcoming MCBAP-approved training events is posted weekly to our website at www.mcbap.com .

Canceled or Postponed Workshop

If a workshop is canceled or postponed written notification of the cancellation or postponement and new date(s) should be sent to the Michigan Certification Board for Addiction Professionals at the following address. The postponement of a training will not require additional paperwork or fee.

MCBAP
6639 Centurion Drive, Suite 170
Lansing MI 48917
Fax: 517-347-1288

Fee

A non-refundable fee is required for processing. The fee must be submitted with the application. The processing fee applies to each date the event is offered.

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|---------------------------------|---------|
| 4 hours or less | \$15.00 |
| More than 4 hours-up to 8 hours | \$25.00 |

**Application for Approval of Education and Continuing Education Event for
CPRM – Peer Recovery Mentors.**

This application and all supporting documentation **must be typed**. Attach additional pages as needed. Identify the section number for all attachments.

Section I

Name of Organization Submitting Application

Name of Co-sponsor(s) – if any

Name of Person Submitting Application

Registration Phone Number

Street Address

City

State

Zip Code

Title of Education or Training Event

Number of Contact Hours

MI. Lic. No.

Date(s) to be offered

Location(s) (City/State) of Event(s)

Section II

Attach a list of Education Goals(s) and Objectives(s) and a copy of the schedule or agenda for the workshop with specific times. Culminating Output Product(s) (test, demonstration, paper, etc.): or participation evaluation. Attach a copy of the event's evaluation form(s).

Attach a blank copy of the certificate of completion which includes: The participant's name, the name of the organization sponsoring the event, the date(s) of participation, the title of the event, and the number of contact hours, and verifying signature.

Section III

List the name(s) of each person on the planning committee for this education event. Indicate the organizational affiliation and attach a current resume' for each person listed.

Section IV

List the presenter(s) for each workshop and attach a resume' or vita for each.

Section V

The person signing below attest that he/she is legally authorized to sign on behalf of the organization sponsoring the education event and that all information and documentation submitted is true and accurate.

Signature of Person Completing the Application

Date

Attach non-refundable application fee here. (**1.0 – 4.0 hours = \$15.00, 4.0 – 8.0 hours = \$25.00**)

Mail completed application, documentation and fee to:

MCBAP
6639 Centurion Drive, Suite 170
Lansing MI 48917

Revised 10/2015