

## APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications that is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of a Certified Recovery Support Specialist. This process includes validation from employers, supervisors, and trainers. An approved application means an applicant is eligible to sit for the Written CRSS examination.

1. Application forms must be neatly printed or typewritten.
2. Staple or paperclip your materials to keep them together. Do not place your application materials in binders, folders, report covers, etc.
3. Checks and money orders for \$75.00 should be made payable to ICB. All fees are non-refundable. No refunds will be given.
4. Make a photocopy of the entire completed application including all attachments for your records. Send the original copy of the application and copies of all other documents. **(FAXED applications will not be accepted!)**
5. Applications will not be reviewed until all sections are completed and signed where required. Applicants will receive written notification of any problems with the application.
6. It is the applicant's responsibility to notify ICB in writing of any changes to name, work/home address and work/home telephone numbers
7. Applications in process will be held by ICB for **one year and then destroyed** if not completed, requiring reapplication
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to:  
ICB  
401 East Sangamon Avenue  
Springfield, IL 62702

# APPLICATION FOR CRSS

PLEASE PRINT OR TYPE

Name _____ / /			
Last	First	Middle	Date of Birth
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
County _____	Home Telephone _____	Home Fax _____	
Email Address _____			
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip Code _____	
County _____	Work Telephone _____	Work Fax _____	
I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Check only one box)			

Please check one selection from each of the following areas:

**Ethnic Origin**

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Other

**Highest Education Level Completed**

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science
- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

**Primary Work Setting**

- Mental Health
- Substance Abuse
- Developmental Disabilities
- MISA
- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral
- Residential
- Intensive Outpatient
- CILA
- Other \_\_\_\_\_

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed

Please indicate if you hold any of the following certifications/board registrations:

- CADC
- CRADC
- CSADC
- CAADC
- CARS
- CADP
- CSADP
- MISA I
- MISA II

**PLEASE NOTE: ICB, INC., RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM ALL EMPLOYERS AND OTHER PERSONS LISTED ON THE APPLICATION FORM. ICB, INC., AND ITS REVIEW COMMITTEES RESERVE THE OPTION TO REQUEST AN ORAL INTERVIEW WITH THE APPLICANT. THIS INFORMATION WILL BE USED STRICTLY TO EVALUATE THE PROFESSIONAL COMPETENCE OF THE CRSS AND WILL BE KEPT CONFIDENTIAL BY ICB, INC. FURTHER INFORMATION MAY BE REQUESTED IN ORDER TO VERIFY TRAINING, EMPLOYMENT, ETC. THIS INFORMATION IS NOT AVAILABLE TO OTHER PERSONS WITHOUT THE WRITTEN CONSENT OF THE APPLICANT.**

**WORK EXPERIENCE FORM**

I hereby attest that the applicant is working/volunteering in a position where a minimum of 51% of his/her time is spent providing mental health recovery support services.

The applicant minimally has primary responsibility for providing recovery support services to an individual and/or group, preparing recovery plans, documenting client's progress and is supervised by an individual who is knowledgeable in the Recovery Support Performance Domains.

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Signature of Supervisor

Date

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Signature of Applicant

Date

To determine eligibility of current and previous employment/volunteer work, the following must apply to and be clearly documented by applicant:

You must be currently employed or volunteer in a recovery support specialist position to be eligible for CRSS Certification;

Acceptable employment is one in which the applicant is working in a position where a minimum of 51% of his/her time is spent providing mental health recovery support services.

The applicant minimally has primary responsibility for providing recovery support services to an individual and/or group, preparing recovery plans, documenting client's progress and is clinically supervised by an individual who is knowledgeable in the Recovery Support Performance Domains.

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**BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION. Job descriptions 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. Please reproduce this form as needed to record work experience.**

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 (\_\_\_\_) \_\_\_\_\_

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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 (\_\_\_\_) \_\_\_\_\_

Application # \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the ICB regarding my status.

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

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



**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.



**Record of Education**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics ( )      Performance Domains ( )      Core Functions ( )

**Record of Education**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics ( )      Performance Domains ( )      Core Functions ( )

## STATEMENT OF SELF-DISCLOSURE

A certified recovery Support Specialist (CRSS) is a mental health consumer who has been trained and certified to help other consumers identify and achieve specific life goals. The CRSS cultivates the consumer's ability to make informed, independent choices, and assists consumers in gaining information and support from the community to make their goals a reality.

As a CRSS, an individual accepts and agrees that his or her experience as a mental health consumer will be known by their colleagues, consumers and others with whom s/he may share that s/he has achieved this certification. Additionally, a CRSS will follow the "Model Code of Ethics" outlined in the Illinois Certified Recovery Support Specialist Model.

"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 Certified Recovery Support Specialist (CRSS) under the terms stated above."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ASSURANCE AND RELEASE**

The Illinois Certification Board (ICB) 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 ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified Recovery Support Specialist. 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 the ICB, to officers, members, and staff of the afore mentioned board.”

“I further agree to hold the ICB, 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 ICB to issue certification.”

“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified Recovery Support Specialists.

“I further certify that my CRSS 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 CERTIFIED RECOVERY SUPPORT SPECIALIST

## **Principle 1: Legal and Moral Standards**

The welfare and dignity of persons served are to be protected and valued above all else. CRSS Professionals, in the practice of mental health recovery support services, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of the recovery support profession.

- a. The welfare and dignity of persons served are to be protected and valued above all else.
- b. CRSS Professionals shall not physically or verbally abuse the persons they serve.
- c. CRSS Professionals shall not abuse alcohol.
- d. CRSS Professionals shall not financially exploit the persons they serve.
- e. CRSS Professionals shall not abuse legal drugs.
- f. In some circumstances, CRSS Professionals may themselves use properly prescribed, mood-altering drugs for necessary and appropriate medical reasons. In such circumstances, CRSS Professionals should weigh their ability to serve in recovery support relationships.
- g. CRSS Professionals shall not possess or use any illegal drugs under any circumstances.
- h. CRSS Professionals who can legally prescribe controlled substances must exercise clinical discretion in prescribing controlled substances that are mind-altering and/or addictive.

## **Principle 2: ICB Certified CRSS Professionals/Consumer Relationships**

In the provision of mental health recovery support services, ICB Certified CRSS Professionals shall establish and maintain professional/consumer relationships characterized by professionalism, respect, and objectivity.

- a. CRSS Professionals shall not enter into recovery support relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. CRSS Professionals shall ensure that services are offered in a respectful manner and in an appropriate environment.
- c. CRSS Professionals shall not charge or collect a private fee or other form of compensation for services to an individual who is charged for those same services through the agency that employs the CRSS. CRSS Professionals shall not engage in fee splitting.

- d. CRSS Professionals must not use any relationship with an individual they serve to promote personal gain, or the profit of an agency or commercial enterprise of any kind.
- e. CRSS Professionals shall avoid continuing a relationship for personal gain or satisfaction beyond the point where it is clear that the individual being served is no longer benefiting from the relationship.
- f. CRSS Professionals shall not give or receive a fee, commission, rebate or any other form of compensation for the referral of consumers.
- g. CRSS Professionals shall not abandon or neglect consumers and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of services.
- h. If CRSS Professionals determine an inability to be of professional assistance to an individual, they shall either avoid initiating the recovery support relationship or immediately terminate that relationship. In either event, CRSS Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If the individual declines the suggested referral, CRSS Professionals are not obligated to continue the relationship.
- i. CRSS Professionals shall terminate a recovery support relationship, securing the individual's agreement when possible, when it is reasonably clear that the individual is no longer benefiting, when services are no longer required, when services no longer serve the needs or interests of the individual, or when the individual does not pay the fees charged by the CRSS (or their agency).
- j. In promotional and marketing activities for services, CRSS Professionals shall respect the dignity and confidentiality of the individuals they serve.
- k. CRSS Professionals shall not engage in any sexual relationship, conduct or contact with consumers during the time of the recovery support relationship or for at least one year thereafter, or if the consumer or former consumer becomes or remains emotionally dependent on the recovery support specialist (counselor) [as defined under Illinois Law at 740 ILCS & 140/1 (a)]. CRSS Professionals in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

### **Principle 3: Non Discrimination**

CRSS Professionals must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

### **Principle 4: Competence**

The CRSS Professional's responsibility is to provide competent professional services.

- a. CRSS Professionals shall not offer services outside the boundaries of the CRSS competencies (Performance Domains) unless otherwise educated and trained, licensed or certified.
- b. CRSS Professionals shall not offer services outside their range of competency.

## **Principle 5: Confidentiality**

CRSS Professionals shall preserve, protect, and respect the right to confidentiality of the persons they serve.

- a. CRSS Professionals shall comply with the federal and state laws, rules, and regulations pertaining to confidentiality.
- b. CRSS Professionals shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society.
- c. CRSS Professionals must inform the consumer and obtain agreement in areas likely to affect the consumer's participation, including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- d. CRSS Professionals must discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e. CRSS Professionals must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.
- f. The general requirement that CRSS Professionals keep information confidential does not apply when the best interests of consumers, welfare of others, obligations to society, or legal requirements demand that confidential information be revealed. CRSS Professionals consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g. Before confidential information is disclosed over the client's objection because of legal requirements, CRSS Professionals shall request to the court that the disclosure not be required and explain why disclosures are harmful to consumers. Steps are taken to limit the extent of the unwanted disclosure. A CRSS shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h. When circumstances require the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, consumers are to be informed before confidential information is disclosed.
- i. At the beginning of the recovery support relationship, CRSS Professionals discuss the relevant limitations of confidentiality and the foreseeable uses of information generated through support services with persons served.
- j. CRSS Professionals shall explain the fact that confidentiality cannot be guaranteed in group settings and communicate that clearly to group members.

## **Principle 6: Inter- Professional Relationships**

CRSS Professionals shall establish and maintain professional relationships characterized by respect and mutual support.

- a. CRSS Professionals shall establish and maintain professional relationships with the persons they serve.
- b. CRSS Professionals shall respect the confidences shared by other colleagues/ professionals with respect to the persons they serve.
- c. CRSS Professionals shall not knowingly solicit the consumers of other colleagues/ professionals.
- d. CRSS Professionals shall not knowingly withhold information from colleagues/professionals, appropriately released by the consumer, that would enhance their treatment effectiveness.
- e. CRSS Professionals shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.
- f. When working in a treatment team with other professionals, CRSS Professionals will not abdicate their responsibility to protect and promote the welfare and best interests of the person served.
- g. When working within a treatment team, CRSS Professionals shall work to support, not damage or subvert, the decisions made by the team.

### **Principle 7.1: When making recommendation for positions, advancements, certification, etc., CRSS Professionals shall consider the welfare of the public and the profession above the needs of the individual concerned.**

- a. CRSS Professionals shall not use another professional as a reference without first obtaining that person's permission.
- b. CRSS Professionals shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

### **Principle 7.2: CRSS Professionals shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.**

### **Principle 7.3: CRSS Professionals shall strive at all times to maintain high standards in the services they offer.**

- a. The maintenance of high standards of competency is a responsibility shared by all CRSS Professionals

- b. In circumstances where CRSS Professionals violate ethical standards, it is the obligation of all CRSS Professionals who know first hand of their activities to attempt to rectify the situation. If such attempts fail, CRSS Professional shall promptly notify the ICB Executive Director.

**Principle 7.4: CRSS Professionals respect their professional status and standing.**

- a. CRSS Professionals shall not misrepresent their qualifications and affiliations.
- b. CRSS Professionals shall not aid or abet a person not duly certified as a CRSS Professional in representing himself/herself as a CRSS Professional, or at a classification which is not true.

**Principle 7.5: CRSS Professionals have an obligation to see that recovery support services are done by qualified, competent persons. Constructive efforts to achieve competent services, such as certification, deserve support.**

- a. CRSS Professionals shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for certification.

**Principle 7.6: In the conduct of research, CRSS Professionals should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When CRSS Professionals accept the responsibility of teaching or of supervising CRSS professionals, they should discharge these responsibilities with the same regard for standards required of all other professional activities.**

**Principle 7.8: As authors or editors, CRSS Professionals shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. CRSS Professionals must acknowledge and document materials and techniques used.
- b. CRSS Professionals who conduct training in recovery support service skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. CRSS Professionals must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified by being listed first.
- d. CRSS Professionals must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. CRSS Professionals must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.
- f. CRSS Professionals who compile and edit for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.

- g.** CRSS Professionals must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h.** CRSS Professionals must not use a consumer in a demonstration role in a workshop setting where such participation would potentially harm the consumer.

**Principle 8: Resolving Ethical Issues**

- a.** CRSS Professionals shall take appropriate action when they possess information that raises doubts as to whether another CRSS professional is acting in an ethical manner.

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**PERSONAL STATEMENT**

**As a Certified Recovery and Support 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 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.**

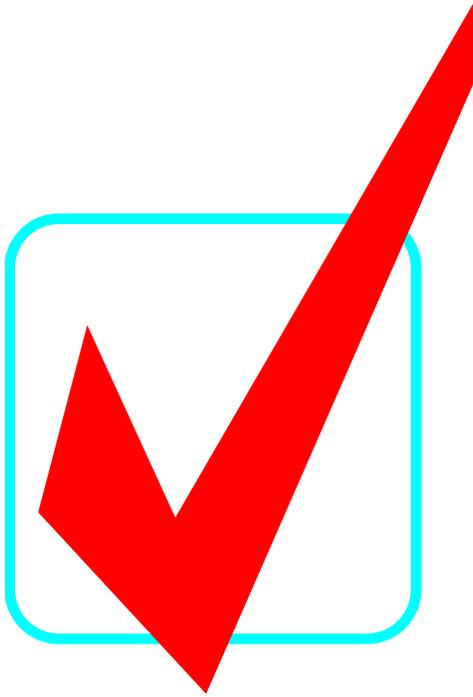
\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY STAMP**



## CRSS Application Checklist

The following should be included in your CRSS Application:

- \_\_\_\_\_ Application information
- \_\_\_\_\_ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor.
- \_\_\_\_\_ Supervisor form completed by your supervisor.
- \_\_\_\_\_ Education forms including all documentation.
- \_\_\_\_\_ Statement of Self-Disclosure signed and dated by applicant
- \_\_\_\_\_ Assurance and Release signed and dated by applicant.
- \_\_\_\_\_ Code of Ethics signed dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**