Certified Peer Recovery Coach (CPRC)*
Manual And
Application Forms

Contact:
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PO Box 1548
Meridian, ID  83680
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*Meets the Requirement for IC&RC Certified Peer Recovery Coach Certification (CPRC)
Welcome from the Idaho Board of Alcohol/Drug Counselor Certification, Inc.

Thank you for your interest in applying for certification in the State of Idaho. This manual is a guide for the process of gaining the designation of Certified Peer Recovery Coach (CPRC—which meets the requirements for IC&RC Peer Recovery Coach Certification), under the auspices of the Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC).

The CPRC was designed as a peer-based level certification for applicants in recovery from a substance use disorder (the applicant must have a minimum of 12 months abstinence from drugs and alcohol), who want to work with those seeking recovery, and who have proven professional competency to work as a CPRC in the alcohol and drug abuse field.

Please note: Information contained herein may be changed without notice.

IBADCC is an independent, non-profit corporation whose purpose is to set and maintain professional certification standards for practitioners in addictions counseling. This serves the profession by controlling the practitioner standards and qualifications at the state level and it provides the individual with a credential signifying professional competency.

IBADCC is a member of the International Certification & Reciprocity Consortium (IC&RC). The IC&RC is the national body whose function is to grant reciprocity from state to state and to set appropriate standards for credentials. Should you have any questions regarding the credentialing process, please direct your inquiries to:

IBADCC
P.O. Box 1548
Meridian, ID 83680
208.468.8802
e-mail: ibadcc@ibadcc.org

Please Note: All certificates are the property of IBADCC and are subject to revocation.
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Section I:
General information and requirements for CPRC Certification

1) Information on the Application Process
2) Experience/Educational Requirements
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8) Inactive Status
9) Residency Requirements
10) Reciprocity
1. Information on Application Process

Thank you for your interest in applying for certification in the State of Idaho. This is your Application/Manual for Certified Peer Recovery Coach. Below is important information regarding the application process:

APPLICATION FORMS: Application forms are contained within the Manual and can be identified by our logo at the top.

*ALL logoed pages MUST be returned to the IBADCC office for your application to be complete; this includes the signed Code of Ethics/Conduct Agreement form (located in Section IV).*

APPLICATION FEES: Your application will not be processed until you submit a check for $50.00. You have one (1) year from the date you begin the application process to complete your application. If a completed application has not been received by the IBADCC within that year, any materials sent to the IBADCC will be destroyed and the application will no longer be valid.

APPROVAL OF APPLICATION: Once your application is approved, you have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a $50 reactivation fee will be charged.

TESTING: After your application is approved and your testing fee of $145 (includes certification fees for the first year) has been received, a letter will be issued with instructions directing you to register for your test online. You will be able to select the testing date and center that is most convenient for you.

Re-testing policy: If for some reason you fail your exam, you will have to wait 90 days before you can retake your exam. The testing fee for re-test is reduced to 50% of the original cost, $72.50. You may re-test two times within a year of your application.

Please note: You have one (1) year from your application approval date to pass your certification exam.

Make sure that you follow all instructions carefully. If you have any questions, you may contact the IBADCC office.

IBADCC
P.O. Box 1548
Meridian, ID 83680
208.468.8802
ibadcc@ibadcc.org

Any updates and/or changes to the manual will be posted on our website at [www.IBADCC.org](http://www.IBADCC.org).
2) Experience/Educational Requirements:

A) High School Diploma or GED: A minimum of a high school diploma or GED, verified by transcript

B) Experience: 500 hours of specific paid or volunteer peer recovery support experience in a clinical or community setting (inpatient, outpatient, residential, community or outreach) is required. 500 hours roughly equals three months of full-time (40 hours per week) work (paid or volunteer) or roughly six months of part–time (20 hours per week) work (paid or volunteer). Experience does not have to all occur in one setting, but it must occur in the context of working with peers with recovery support issues, coincide with the performance domains, and be documented by a supervisor.

Supervision: Of the 500 experience hours, there must be documentation of 25 hours of supervision, with a minimum of 5 hours in each of the CPRC domains (Advocacy, Mentoring/Education, Ethical Responsibility and Recovery Wellness/Support). Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge. The CPRC applicant must submit a signed, supervisor evaluation form, as well as, documentation of their hours in the 4 CPRC domains. (See Section IV for forms)

All supervised hours must be supervised and signed by:

a) A CADC or ACADC who has completed 46 hours of Peer Recovery Coach training OR
b) An individual who has completed 46 hours of Peer Recovery Coach training and has a minimum of two years paid or volunteer work experience in the four CPRC domains OR
c) an approved Health and Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 who has completed 46 hours of Peer Recovery Coach training

If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.
C) **Education/Training Requirements**: Documentation of 46 hours of specific education/training related to the CPRC domains of Advocacy, Mentoring/Education, Ethical Responsibility and Recovery Wellness/Support. There should be no less than 10 hours in each domain with the exception of Ethical Responsibility. There should be documentation of a minimum of 16 hours in the Ethical Responsibility domain.

Advocacy: 10 hours minimum  
Mentoring/Education: 10 hours minimum  
Recovery Wellness/Support: 10 hours minimum  
Ethical Responsibility: 16 hours minimum  

**Total Education/Training Hours: 46 hours**

Education/Training is defined as:

Workshops, trainings or seminars approved by IC&RC, NAADAC, State of Idaho Department of Health and Welfare, NASW, NBCC or IBADCC. Documentation of workshop/seminar requires a copy of any certificates of completion.

College/university courses one (1) credit hour equals 15 clock hours.

**PLEASE NOTE:**

Documentation of all college/university courses must include an official transcript. *(Must be in sealed envelope to be considered official)*

Practicum hours cannot be counted as education but can be counted as experience.

D) **Self-Identified Person in Recovery**: Applicants must identify as an individual in recovery from a substance use disorder and who meet the average abstinence requirements for recovering staff in alcohol and other drug treatment programs, which is a minimum of 12 months of continuous abstinence from alcohol and/or illicit drugs.

3) **Application Requirements:**

A. **LETTERS OF REFERENCE**: Three (3) letters of reference which are directly related to the applicant's knowledge and skills are required. (Reference forms are provided in Section IV of this manual).

   - One (1) letter/form **MUST BE** submitted from a sponsor, counselor, spiritual advisor or mentor.
A. Two (2) letters/forms **MUST BE** submitted by individuals who are familiar with your work as a CPRC and can attest to your skills.  
- All letters of reference **MUST BE** sent directly to the IBADCC office or in a sealed, signed envelope included with the application.

B. **CRIMINAL HISTORY BACKGROUND CHECK:** Applicants must submit a copy of a State of Idaho, Health and Welfare Background check (background check cannot be more than three (3) years old). Applicants who currently do not have a Health and Welfare Background check or need an employer ID number to use for the background check may contact the IBADCC office for instructions.

**Background Check Waiver:** IBADCC will accept the background check waiver from the Department of Health and Welfare for the CPRC certification only. A copy of the Waiver Granted letter issued by the Department of Health and Welfare must be submitted. A copy of a Waiver Granted issued letter is required any time a background check is run and an unconditional denial is issued.

C. **EMPLOYMENT OR VOLUNTEER VERIFICATION FORMS:** Applicants must submit employment/volunteer verification forms to verify work or volunteer experience (Employment/Volunteer Verification forms are provided in Section IV.)

D. **CODE OF ETHICS AGREEMENT:** Applicants MUST read the Ethics section of this manual, including the Code of Ethics and the Ethics Enforcement Procedure, and then submit a signed and dated Code of Ethics agreement (Code of Ethics/Conduct agreement form is located in Section III).

E. **ATTESTATION OF DRUG AND ALCOHOL ABSTINENCE:** Applicants must sign and submit the statement of drug and alcohol abstinence to verify that they meet the abstinence requirement which is a minimum of 12 months of continuous, on-going abstinence from drugs and alcohol. (Attestation form is located in Section IV.)

F. **LETTER OF ALCOHOL AND DRUG FREE VERIFICATION:** Applicants must submit a letter from a professional colleague or supervisor providing professional alcohol/drug free verification on your behalf. (Verification form is located in Section IV.)

G. **DISABILITY-RELATED NEEDS:** If you have a disability that requires special testing accommodations, please complete the forms located in Section IV. (optional)
4) Certification Procedures

STEP I. Application
All candidates for certification must submit an application, with appropriate documentation, for review by the IBADCC. When it has been determined that the eligibility requirements have been met, the candidate will be notified.

STEP II. Examination
Applicants must pass a competency-based examination developed by the IC&RC through cooperation with and for use by all member boards. The initial test is $145.00

Please Note:

- A candidate who fails the exam may retest again in 90 days by submitting a check for $72.50, a discount of 50% of the original test fee.
- A candidate may re-test up to two (2) times within a year of application approval.
- A candidate who fails three (3) certification tests must reapply and be accepted, prior to testing again.
- If you have any special accommodations needed at the exam, you will have to fill out the Documentation of Disability-Related Needs form. (Please see Section IV)

A candidate guide for the examination manual is available at: http://internationalcredentialing.org/examprep

The benefits of computer based test are:

- Flexibility to test “on demand”
  - No longer limited to only two (2) test cycles per year
- Immediate scoring at the completion of your exam
  - No longer will have to wait for your score

Once your application has been approved and your testing fee has been received by IBADCC, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and the testing center that is most convenient for you.

- You have one (1) year from your approval date to test. If you have not tested within that year your file will become inactive and a $50 reactivation fee will be charged between year one and year two of the approval date. Two years after the approval date, the application will become suspended and the applicant must submit a current and complete application for certification.
Reschedule/Cancellation Policy:

If you need to cancel or reschedule your test five (5) or more calendar days prior to the date, you will have to pay a $25 rescheduling fee to IQT. Contact them at www.isoqualitytesting.com.

If you reschedule or cancel your test less than five (5) calendar days prior to the date, you will forfeit the full testing fee.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission letter, you will not be allowed to sit for your exam. You will forfeit the full testing fee.

Test Day:

You MUST have proper identification and your admission letter when you arrive at the test center.

For a list of current Testing Centers nearest you go to:
www.isoqualitytesting.com/locations.aspx

STEP III. Certification

Once you have passed the examination, you will receive your certificate in the mail.

<table>
<thead>
<tr>
<th>Fees</th>
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<tbody>
<tr>
<td>Application for Certification</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>CBT Exam</td>
<td>$145.00</td>
</tr>
<tr>
<td>Two Year Renewal Fee/State Certification</td>
<td>$108.00</td>
</tr>
<tr>
<td>(which includes the IC&amp;RC Membership update)</td>
<td>$ 5.00</td>
</tr>
<tr>
<td>Duplicate Certificates</td>
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<td>File Copying</td>
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</tbody>
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It is the responsibility of the certificate holder to maintain record of renewal packages .10 per sheet

Please Note: All certificates are the property of IBADCC and are subject to revocation!
5) Renewal Procedures  
A. Documentation of twenty (20) hours of continuing education/training is required, with six (6) of those twenty hours being in the domain of Ethical Responsibility. The remainder of the required education/training hours needs to be related to the four CPRC domains.  
As of January 1st, 2017 ethical responsibilities must be face to face.  
Face to face education is defined as in person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor(s) as the educational content is presented.  
The ethical responsibility hours cannot be an in house in-service training.  
All education/training must be approved by NAADAC, State of Idaho Department of Health and Welfare, NASW, NBCC, IC&RC, IBADCC or an accredited college/university, at the time the Education is recorded. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.  
A maximum of ten (10) hours in-service training is acceptable. Documentation must include a certificate of completion.  
Please note: Education presented by the candidate does not count toward continuing education hours.  
B. Supervision:  Documentation must be provided for a minimum of 96 hours is required of supervision (average of four hours per month) within the CPRC domains. All hours must be signed off by:

   a) A CADC or ACADC who has completed 46 hours of Peer Recovery Coach training OR  
   b) An individual who has completed 46 hours of Peer Recovery Coach training and has a minimum of two years paid or volunteer work experience in the four CPRC domains OR  
   c) an approved Health and Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 who has completed 46 hours of Peer Recovery Coach training

If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.
A courtesy reminder letter will be mailed to you approximately 90 days before your certification expires. The renewal application MUST be postmarked or in the IBADCC Office by your certification expiration date.

Please note: Grace Period, is defined as the day after a certification expires to the 30th day after. During that time, if a CPRC has submitted their renewal and it was received and processed by the IBADCC office, the CPRC is not considered to be expired. Please check with the IBADCC office if there is any question as to the CPRC’s status. If your paperwork is postmarked within 30 days after your expiration date, you will be charged a $25.00 grace period fee; otherwise your certification will be considered lapsed.

6) Requesting a Change of Name
IBADCC maintains records under your full legal name. This pertains to changing your name on your records AFTER you have legally changed your name.

You may submit a Request for Name Change (form is at the back of manual).

Along with your request, copies of the following supporting documentation are required to change your name:

- Copy of documentation showing your name as it currently appears
  - picture ID preferred; or
  - birth certificate or social security card acceptable; or
  - your current IBADCC certificate
  AND

- A copy of your marriage license/certificate; or
- A copy of name change by court order; or
- valid state issued driver license with new name; or
- Social security card with new name

Mail your completed Request for Name Change along with required documentation to IBADCC, PO Box 1548, Meridian, ID 83680. If you would like a new certificate with the name change before your next renewal, please enclose $5.00 check or money order.

7) Lapsed Certificate Policy
Certifications at any level that have been expired between days 31-180 days (6 months) may be renewed, if the Peer Recovery Coach seeking recertification is in good standing with IBADCC, has abided by the IBADCC CPRC Code of Ethics, and completes the following procedure:
1) Return completed renewal application for re-certification with a check for $208.00. (Regular renewal fee ($108.00) and lapsed certificate processing fee ($100.00).)

2) Please note: A CPRC whose certification has been expired between 31 to 180 days (6 months) may not hold themselves out as a CPRC and may not provide services under this title during this period.

Receipt of renewal documentation is based on postmarked date; this date is honored for items pending review by the Education Committee. Additionally, certifications at any level that have been expired more than six (6) months MUST go through the process of reapplying and retesting for their certification, unless inactive status was approved.

8) Inactive Status
Certifications at any level may be made “inactive” for a minimum of one (1) year and a maximum of three (3) years with IBADCC approval. The intention of the “inactive status” is to provide an avenue for certified members to place their certification “on hold” in the event of major life challenges, such as illnesses, deaths in the family, etc. Certified members must submit a letter of request to the IBADCC.

During the period of inactivity, the CPRC cannot receive payment for services performed in the substance abuse field and must submit ten (10) hours of continuing education units annually, which includes the required three hours of education in the domain of Ethical Responsibility each year and to abide by the IBADCC CPRC Code of Ethics. No certification fee will be charged during the period of inactivity and no certificate will be issued. To return to active status, the CPRC must pay the current renewal fee.

Please note: An “inactive status” cannot be requested for a certification which is lapsed or under a current ethics investigation.

9) Residency
As an IC&RC member board, Idaho subscribes to the residency requirement of IC&RC. Persons applying for IC&RC reciprocal level certification through the IBADCC must live or work a minimum of 51% of the time in Idaho at the time of application (this does not apply to reciprocity; only initial application).

If a CPRC lives or works in an IC&RC state, they must certify in that state. If a CPRC lives or works in a non-IC&RC state, that CPRC is allowed to certify in an IC&RC state, including Idaho.
10) Reciprocity Procedures

The Idaho Board of Certification has membership in the International Certification and Reciprocity Consortium (IC&RC). A CPRC who possesses a valid certification from IBADCC can request reciprocal recognition from other IC&RC member states and bodies that offer the Certified Peer Recovery Coach credential (not all IC&RC member boards offer the CPRC). CPRC’s can obtain IBADCC credentialing upon application, without retesting, provided they are from an IC&RC state or body possessing the CPRC. Reciprocity is not granted to any CPRC certified in a non-member state.

**RECIPROCITY INTO IBADCC:** Addiction professionals certified by an IC&RC member board who relocate to Idaho may transfer their credential to the IBADCC using the reciprocity process, as long as the credential meets the minimum standards of IBADCC. The certified addiction professional may also have other additional requirements depending on the laws and regulations governing the practice of addiction related services in the State of Idaho. To begin the reciprocity process, certified addiction professionals must:

- Contact their current board and request an Application for Reciprocity.
- Complete the one-page application and return it to their current board with the appropriate fee.
- The application will be verified and sent to the IC&RC Office, once approved will notify IBADCC.
- The IBADCC Education Committee will then review the application and approve a new certification for the State of Idaho if minimum standards have been met.
- The CPRC will then be expected to follow all requirements of certification through IBADCC.

**RECIPROCITY OUT OF IBADCC:** Addiction professionals certified by the IBADCC who relocate to another state, country, or nation may apply to transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional
requirements must be met. To begin the reciprocity process, certified addiction professionals must:

- Contact IBADCC and request an Application for Reciprocity.
- Complete the one-page application and return it to IBADCC with the appropriate fee.
- The application will be verified and sent to the IC&RC Office; once approved IC&RC will notify the new jurisdiction board.
- The new jurisdiction will then issue the certified addiction professional the equivalent credential offered by IBADCC unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met.
Section II:
Definitions and descriptions of specific skill sets needed for certification

1) Explanation of Supervision and Supervision Requirements.

2) 4 Certified Peer Recovery Coach Domains.

3) 12 Core Functions of a Substance Abuse Counselor (for those applicants considering a career in addiction counseling)
1) Instructions for Documentation of Supervision

Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge. A supervisor shall be interpreted to mean, a person who is knowledgeable of not only the role and function of a CPRC but is also familiar with the necessary knowledge, skills and attitudes of a CPRC. The supervisor has the ability to judge the capability and competence of a CPRC. The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the CPRC.

Applicants must provide documentation of 25 hours of supervision for initial certification, a minimum of 5 hours in each of the CPRC domains (Advocacy, Mentoring/Education, Ethical Responsibility and Recovery Wellness/Support). Supervision is defined as a formal, systematic process that focuses on skill development and integration of knowledge. All hours must be supervised and signed by an approved IBADCC Recovery Coach Supervisor (See approved supervisor list at ibadcc.org). In addition, a completed evaluation form must be submitted and signed by the supervisor. (See Section IV for forms)

If supervisor is for a renewal documentation must be provided of a minimum of 96 hours is required of supervision (average of four hours per month) within the CPRC domains and/or the 12 core functions (see Section II) if the CPRC is considering a career as a Certified Drug and Alcohol Counselor.

Please note: If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred.

A supervisor shall be interpreted to mean, a person who is knowledgeable of not only the role and function of a CPRC but is also familiar with the necessary knowledge, skills and attitudes of a CPRC. The supervisor has the ability to judge the capability and competence of a CPRC.

The supervisor must be willing to accept the responsibility of monitoring and evaluating the performance of the CPRC and meet the following criteria. All hours must be signed off by:
a) A CADC or ACADC who has completed 46 hours of Peer Recovery Coach training

OR

b) An individual who has completed 46 hours of Peer Recovery Coach training and has a minimum of two years paid or volunteer work experience in the four CPRC domains

OR
c) an approved Health and Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 who has completed 46 hours of Peer Recovery Coach training

Supervision forms are provided in Section IV of this manual.

Modes of Supervision:

Supervision can be delivered in a variety of modes and mediums. Methods of supervision include, but are not limited to:

**INDIVIDUAL SUPERVISION**

**Face-to-Face:** Involves a one-to-one supervisor/supervisee relationship; implies regularly scheduled meetings to be conducted for the purpose of supervision.

**Appraisal** (with intermittent Performance reviewed): This method involves the formal agency process of annual evaluation. It is the overall summation, the total overview of a CPRC’s performance.

**Assigned Reading:** This implies the developmental and educational aspect of supervision. Reading materials may be a supportive and constructive component of the supervision process.

**Audio Tape Video Tape:** This may involve peer use of training tapes, as well as the use of taped (audio or video) sessions, for the purpose of review and evaluation of actual sessions. In using tapes for the latter purposes of evaluating a CPRC’s skills, the approved supervisor’s feedback should be involved. A sample consent form is included in this manual (see below) in order to ensure that clients understand and agree to being taped for supervision purposes.

**Behavior Rehearsal:** This mode of supervision is similar to role playing, yet behavior rehearsal will usually focus on more specific behaviors and skills. Behavior rehearsals offer "before the fact".

**Consultation:** This process of supervision is initiated by the CPRC. Unlike face-to-face supervision, this method is normally more spontaneous. It involves the review of generic skills.
**Demonstration**: In this process, the supervisor acts as the demonstrator. This process also involves the feedback process. It is the responsibility of the supervisor to involve and solicit the CPRC’s feedback to assure that the demonstration has been understood. This is different from Behavior/Rehearsal where the CPRC is the demonstrator.

**Direct Observation**: Entails first-hand observation of on-the-job performance.

**Evaluative**: This review of the CPRC’s performance is an ongoing process. This process is supervisor-initiated and involves the day-to-day performance review. For example, this process includes the review of charts, notes, etc.

**Explanation/Directive**: This entails one-way communication from the supervisor to the supervisee. Essentially, the supervisor is dictating a CPRC’s actions and behavior.

**One-Way Screen**: A form of direct observation which removes the actual presence of the supervisor from the situation, i.e., view from one-way mirror.

**Outside Consultation**: Using this method of supervision delivery, an expert is brought into the program for the purposes of review, evaluation of training.

**Role playing**: In this method of supervision, the emphasis is on the evaluation of generic helping skills. This process normally involves the creation of contrived situations, or may involve the re-creation of CPRC/client situation “after the fact.”

**Sanctions**: The imposition of constructive discipline.

**Verbatim Record and Written Report**: This involves the review, by the supervisor, or the client records, progress notes, verbatim transcriptions of CPRC/client interviews, etc.

**Work Review**: This process involves the review of a CPRC’s caseload.
GROUP SUPERVISION

When using assigned reading, audio tape, verbatim record and video tape methods of supervision in group situations, the definitions would be altered slightly to reflect the change in staff and supervisor numbers. These methods, when used in group situations, are usually training devices.

Case Conference/Treatment Review: This form of supervision entails the presentation by a CPRC, of a case. This does not imply the one way communication of reporting a case, but involves review and feedback.

Group: Supervision by more than one (1) supervisor.

Peer Consultation: This includes the exchange of ideas in both formal and informal situations. This may include meetings of professional associations, groups and guilds. This process must involve evaluation and feedback or the process becomes an educational function, not a supervisory function.

Support Group: This pertains to a group of staff sessions aimed at dealing with interpersonal and intrapersonal problems, i.e., working to prevent staff burn-out.

Team Development (treatment enhancement): The evaluation of how CPRCs act as a team in the delivery of service: an evaluation of group cohesiveness and team effectiveness. The enhancement of treatment is the consequence of the supervisory process.
What is Considered Adequate Supervision?

Minimally adequate supervision involves face-to-face interpersonal relationship between the supervisor and the supervisee. Therefore, mere written evaluation forms and written reports would constitute as inadequate supervision.

Minimally adequate supervision, at its best, involves the use of methods from both individual and group supervision. Any one method, in and of itself, would constitute inadequate supervision. While it is preferred and recommended that no more than two-thirds of a CPRC’s supervision should involve group supervision; it is preferred and recommended that the focus of a CPRC’s supervision be on an individual CPRC’s methods, and it is recognized that supervision should be modeled to meet the unique needs of the individual CPRC.

Please note: For the purpose of certification, supervised training must be attained in a work setting in the addictions counseling field; classroom experience is not acceptable.
SAMPLE CONSENT FORM TO RECORD SESSION
FOR AUDIO & VIDEO TAPE SUPERVISION

I, _________________________________ (client), understand that this session is being either audio or video recorded. I further understand that the sole use of these tapes will be for the professional supervision of ________________________________ (CPRC). These tapes will not be used for educational or other purposes without further and specific consent. The confidentiality laws apply to the recordings exactly as they apply to me personally.

I hereby give my consent for the recording of this session under the conditions listed above.

Client_________________________________________Date___________________

CPRC      ___________________________  Date____________________

Supervisor_____________________________________Date____________________
2) Four CPRC Domains

A Certified Peer Recovery Coach has the necessary knowledge in the following domains as it pertains to a variety of coaching settings. These 4 domains are:

**Advocacy:**
Job Tasks that should be performed by the CPRC in the Advocacy domain are:

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

**Mentoring/ Education**
Job Tasks that should be performed by the CPRC in the Mentoring/Education domain are:

1. Serve as a role model for an individual.
2. Recognize the importance of self-care.
3. Establish and maintain a peer relationship rather than a hierarchical relationship.
4. Educate through shared experiences.
5. Support the development of healthy behavior that is based on choice.
6. Describe the skills needed to self-advocate.
7. Assist the individual in identifying and establishing positive relationships.
8. Establish a respectful, trusting relationship with the individual.
9. Demonstrate consistency by supporting individuals during ordinary and extraordinary times.
10. Support the development of effective communication skills.
11. Support the development of conflict resolution skills.
12. Support the development of problem-solving skills.
13. Apply principles of empowerment.
14. Provide resource linkage to community supports and professional services.
Recovery/Wellness Support

Job Tasks that should be performed by the CPRC in the Recovery/Wellness Support domain are:

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

Ethical Responsibility:

Job Tasks that should be performed by the CPRC in the Ethical Responsibility domain are:

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

3) Twelve Core Functions

The Twelve Core Functions of an ISAS, CADC or ACADC are used as standards for developing counselor competency. CPRC candidates interested in pursuing a career in addiction counseling through IBADCC, may seek education/training in any of the 12 core functions to submit for Certified Peer Coach Certification renewal (see Renewal Policy page 11).

I. Screening: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria

1) Evaluate psychological, social, and physiological signs and symptoms of alcohol/drug use and abuse.
2) Determine the client’s appropriateness for admission or referral.
3) Determine the client’s eligibility for admission or referral.
4) Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
5) Adhere to applicable laws, regulations and agency policies governing alcohol and drug abuse services.

EXPLANATION

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment.

It is imperative that the counselor uses appropriate diagnostic criteria to determine whether the applicant’s alcohol and drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and drugs has become dysfunctional for a particular client.

The determination of a particular client’s appropriateness for a program requires the counselor’s judgment and skill and is influenced by the program’s environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or daycare. Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside supports/resources, previous treatment efforts, motivation, and philosophy of the program.
The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor’s program or agency. Many of the criteria are easily ascertained. These may include the client’s age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

II. Intake: The administrative and initial assessment procedures for admission to the program.

Global Criteria

1) Complete required documents for admission to the program.
2) Complete required documents for program eligibility and appropriateness.
3) Obtain appropriately signed consent when soliciting from or providing information to outside sources to protect client confidentiality and rights.

EXPLANATION

The intake usually becomes an extension of the screening when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate release of information, collect financial data, sign consent for treatment, and assign the primary counselor.

III. Orientation: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment cost to be home by the client, if any; and client rights.

Global Criteria

1) Provide an overview to the client by describing program goals and objectives for client care.
2) Provide an overview to the client by describing program rules, and client obligations and rights.
3) Provide an overview to the client of program operations.

**EXPLANATION**

Orientation may be provided before, during and/or after the client’s screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of the treatment, such as medication.

**IV. Assessment:** The procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of a treatment plan.

**Global Criteria**

1) Gather relevant history from client including but not limited to alcohol and drug abuse, using appropriate interview techniques.
2) Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client’s alcohol and drug abuse and psycho-social history.
3) Identify appropriate assessment tools.
4) Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
5) Develop a diagnostic evaluation of the client’s substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment. Planning must be based on the client’s strengths, weaknesses, and identified problems and needs.

**EXPLANATION**

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life areas (i.e. physical health, vocation development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol and drug use has interfered with the client’s functioning
in each of these areas. The result of this assessment should suggest the focus of treatment.

V. Treatment Planning: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria

1) Explain assessment results to client in an understandable manner.
2) Identify and rank problems based on individual client needs in the written treatment plan.
3) Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
4) Identify the treatment methods and resources to be utilized as appropriate for the individual client.

EXPLANATION

The treatment contract is based on the assessment and is a product of negotiation between the client and the counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem must concisely elaborate on the client's needs previously identified. The goal statements refer specifically to the identified problem and may include a set of objectives ultimately intended to resolve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. (Both immediate and long-term goals should be established.) The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will perform them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

VI. Counseling (individual, group, and significant others): The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.
Global Criteria

1) Select the counseling theory or theories which apply.
2) Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
3) Apply technique(s) to assist the client, group, and/or family in examining the client’s behavior, attitudes, and/or feelings if appropriate in the treatment setting.
4) Individualize counseling in accordance with cultural, gender, and lifestyle differences.
5) Interact with the client in an appropriate therapeutic manner.
6) Elicit solutions and decisions from the client.
7) Implement the treatment plan.

EXPLANATION
Counseling is a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include: Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client Centered Therapy, etc.

Furthermore, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.
VII. **Case Management:** Activities which bring services, agencies, resource, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

**Global Criteria**

1) Coordinate services for client care.

2) Explain the rationale of case management activities to the client.

**EXPLANATION**

Case management is the coordination of a multiple service plan. Case management decisions must be explained to the client. By the time many alcohol and drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system.

The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.
VIII. Crisis Intervention: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria

1) Recognize the elements of the client crisis.

2) Implement an immediate course of action appropriate to the crisis.

3) Enhance overall treatment by utilizing crisis events.

EXPLANATION

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. That latter might include the death of a significant other, separation/divorce, arrest, suicide gestures, and a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture—before, during, and after the crisis.

It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

IX. Client Education: Provision of information to individuals and groups concerning alcohol and drug abuse and the available services and resources.

Global Criteria

1) Present relevant alcohol and drug use/abuse information to the client through formal and/or informal processes.

2) Present information about available alcohol and drug services and resources.
EXPLANATION

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

X. Referral: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria

1) Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
2) Explain the rationale for the referral to the client.
3) Match client needs and/or problems to appropriate resources.
4) Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client’s confidentiality.
5) Assist the client in utilizing the support systems and community resources available.

EXPLANATION

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug, as well as others, and should be aware of the limitations of each service and the limitations might adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral.
Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

XI. Report and Record Keeping: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria

1) Prepare reports and relevant records integrated available information to facilitate the continuum of care.
2) Chart pertinent ongoing information pertaining to the client.
3) Utilize relevant information from written documents for client care.

EXPLANATION

The report and record keeping function is important. It benefits the counselor by documenting the client’s progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor’s supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client’s entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

XII. Consultation with Other Professionals in Regard to Client Treatment/Services: Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria

1) Recognize issues that are beyond the counselor’s base of knowledge and/or skill.
2) Consult with appropriate resources to ensure the provision of effective treatment services.
3) Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
4) Explain the rationale for the consultation to the client, if appropriate.
EXPLANATION

Consultations are meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.

Section III:
Outline of a CPRC’s highest standard of behavior

1) Ethics Preamble
2) Ethics Definitions
3) Rules of Conduct
4) Appendix A: Discussions
5) Disciplinary Procedures
6) Ethical Standards Report
7) Code of Conduct Agreement
Code of Ethics

Ethics Preamble
The Idaho Board of Alcohol/Drug Counselor Certification (referred to herein as "the Board" or "IBADCC") provides certification for substance abuse counselors, recovery coaches, clinical supervisors and prevention specialists in the State of Idaho. The purpose of the IBADCC's voluntary certification process is to assure consumers, the public, and employers, that individuals certified by IBADCC are capable and competent, have been through a certain organized set of experiences, and have been judged to be qualified.

IBADCC is dedicated to the principle that professionals in the field of alcohol and drug treatment must conform their behavior to the highest standards of ethical practice. To that end, the IBADCC has adopted this Certified Professional Code of Ethics (referred to herein as “the Code” or “the Code of Ethics”), to be applied to all professionals, certified, or seeking certification.

The Board is committed to investigate and sanction those certified professionals or those seeking certification who breach this Code. Certified professionals or those seeking certification are therefore encouraged to thoroughly familiarize himself/herself with the Code and to guide their behavior according to the Rules set forth within this Code.

The Board has determined that all substantiated ethics violations will be posted on the IBADCC website for public disclosure. The public disclosure of the final outcome of ethics cases on the website is appropriate and legal. The ethics posting will be final findings, after appeals have been exhausted, these outcomes will remain posted for an eighteen month cycle of recertification.
Ethics Definitions

**Consumer:** Any person seeking or assigned the services of an IBADCC CPRC or person seeking the CPRC certification, regardless of the CPRC or person seeking the CPRC certification’s work setting.

**Complainant:** A person who files a formal complaint with the IBADCC against a CPRC or a person seeking the CPRC certification under IBADCC jurisdiction.

**Certified Peer Recovery Coach:** Any person who holds the CPRC credential issued by IBADCC.

**Dual Relationship:** Any relationship between the CPRC or the person seeking CPRC certification and a client outside of the coaching relationship. Examples include but are not limited to: social, financial, or business relationships with clients.

**Ethics Committee:** An IBADCC standing committee charged with the responsibility of investigating or sanctioning CPRCs or persons seeking the CPRC certification who breach the Code of Ethics, as well as amending and reviewing all appropriate documentation, and charged with all other responsibilities deemed necessary.

**Hearing Officer:** A non-voting member of a Hearing Committee appointed by the Board who presides over a Respondent's appeal hearing.

**Immediate Family:** A spouse, child, parents, parent-in-laws, siblings, grandchild, grandparents, and other household members of the CPRC or a person seeking CPRC certification.

**Person Seeking CPRC Certification:** Any individual who has an application for a CPRC certification on file with the IBADCC.

**Respondent:** A CPRC or person seeking the CPRC certification, who is the subject of a formal complaint alleging a breach of the Code of Ethics.

**Sexual Misconduct:** When a CPRC or person seeking the CPRC certification engages, attempts to engage, or offers to engage a client in sexual behavior, or any behavior, whether verbal or physical, which is intended to be sexually arousing, including kissing; sexual intercourse, either genital or anal; cunnilingus; fellatio; or the touching by either the CPRC or person seeking the CPRC certification or the client of the other's breasts, genital areas, buttocks, or thighs, whether clothed or unclothed.
Supervisee: An individual that works under the direct supervision of a certified professional, and works in the capacity of delivering direct services to consumers of addiction services.

**Rules of Conduct**

The following Rules of Conduct adopted by the Idaho Board of Alcohol/Drug Counselor Certification, Inc. set forth the minimum standards of conduct which all certified professionals or those seeking certification are expected to honor. Failure to comply with an obligation or prohibition set forth in the Rules may result in discipline by the IBADCC.

Discussion sections accompany some of the Rules. These discussions are intended to interpret, explain, or illustrate the meaning of the rules, but the rules themselves remain the authoritative statements of the conduct for which disciplinary action may be imposed.

1. **Applicability**

   1.1 The rules within this IBADCC Certified Professional Code of Ethics apply to all professionals certified by or seeking certification through IBADCC.

2. **Professional Standards**

   2.1 The CPRC or a person seeking the CPRC certification shall meet and comply with all terms, conditions, or limitations of the certification or license which they hold.

   2.2 A CPRC or a person seeking the CPRC certification shall not perform services outside of their area of training, expertise, competence, or scope of practice.

   2.3 A CPRC or a person seeking the CPRC certification shall not fail to obtain an appropriate consultation or make an appropriate referral when the consumer's
problem is beyond the area of training, expertise, competence, or scope of practice of the CPRC or person seeking the CPRC certification.

2.4 A CPRC or a person seeking the CPRC certification shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

2.5 Through the awareness of the negative impact of racial, sexual, religious, gender, marital status, nationality or physical stereotyping and discrimination, the CPRC or the person seeking the CPRC certification, guards the individual rights and personal dignity of the client and/or participant(s). When client/participant(s) possess diverse or non-familiar cultural and ethnic backgrounds, the CPRC or the person seeking the CPRC certification, is motivated to learn about cultural and ethnic sensitivities in order to provide the highest level of care.

2.6 A CPRC or a person seeking the CPRC certification shall seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning, and where any such conditions exist and impede their ability to function competently, the CPRC or a person seeking the CPRC certification shall request inactive status for medical reasons for a minimum of one (1) year and a maximum of three (3) years. CPRCs desiring inactive status must submit a letter of request to the IBADCC.

2.7 A CPRC or a person seeking the CPRC certification has a responsibility both to the client and/or participant(s), the community and/or to the organization within which the service is performed to maintain a high standard of ethical conduct. The moral, ethical and legal standards of behavior of the CPRC or a person seeking the CPRC certification is a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the trust in CPRCs or those seeking CPRC certification held by the general public. This includes:
- Awareness of the prevailing community standards and of the possible impact upon the quality of CPRC services provided by their conformance to or deviation from these standards;
- Serve as a role model in the certified professionals or person seeking certifications’ use of alcohol or other mood altering drugs
- Reporting to an employer, supervisor, colleague or the CPRC or a person seeking the CPRC certification, intervention program when experiencing difficulty with mood altering substance(s) are experienced.

2.8 The CPRC or a person seeking the CPRC certification shall not discontinue professional services to a consumer nor shall the CPRC or a person seeking the CPRC certification abandon the consumer without facilitating an appropriate closure of services for the consumer.

2.9 A CPRC or a person seeking the CPRC certification shall not reveal confidential information obtained as the result of a coaching relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

3. Unlawful Conduct

3.1 Being convicted or found guilty, regardless of adjudication, or entering a plea of nospecrease to any crime relating to the CPRC or a person seeking the CPRC certification’s, ability to practice peer recovery coaching to include intervention, prevention, and criminal justice services shall be grounds for disciplinary action.

3.2 A CPRC or a person seeking the CPRC certification shall not use, possess, or sell any controlled or psychoactive substance. Being convicted or found guilty, regardless of adjudication, or entering a plea of nospecrease to any crime which involves the use of any controlled or psychoactive substance shall be grounds for disciplinary action.

3.3 If a CPRC or a person seeking the CPRC certification is reprimanded by any agency or organization through any administrative proceedings, may be grounds for disciplinary action by this body.
4. Sexual Misconduct

4.1 A CPRC or a person seeking the CPRC certification shall not engage in any form of sexual contact/behavior with consumers. The prohibition shall apply with respect to any consumer of an agency or organization by which the CPRC or a person seeking the CPRC certification is employed or volunteers, regardless of whether or not the consumer is on their caseload. For the purposes of determining the existence of sexual misconduct the CPRC-consumer relationship, once established, is deemed to continue for a minimum of five (5) years after the termination of services or the date of the last coaching contact with the consumer.

4.2 A CPRC or a person seeking the CPRC certification shall not:

- Engage a supervisee in sexual misconduct (as defined in the Code’s Glossary) during the period a supervisory relationship exists.
- Engage in sexual misconduct (as defined in the Code’s Glossary) with any immediate family member or guardian of a consumer during the period of time services are being rendered to the consumer, during the entire professional consumer relationship pursuant to rule 4.1.

5. Fraud-Related Conduct

5.1 A CPRC or a person seeking the CPRC certification shall not:
• Present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
• Prepare, make or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
• Present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information which would affect a future claim or benefit application, to be paid under any employee benefit program.

5.2 A CPRC or a person seeking the CPRC certification shall not use misrepresentation in the preparation of an application or in the procurement of recertification as a CPRC or assist another in the preparation of an application for certification or in the procurement of registration, certification or re-certification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, certification, accreditation, affiliations, employment experience, educational experience, the plagiarism of application and recertification materials, or the falsification of references.

5.3 A CPRC or a person seeking the CPRC certification shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist.

5.4 A CPRC or a person seeking the certification shall not practice under a false name or under a name other than the name under which his or her certification or license is held.

5.5 A CPRC or a person seeking the CPRC certification shall not sign or issue in the professional capacity a document or a statement that the CPRC or a person seeking the CPRC certification knows or should have known to contain a false or misleading statement.
5.6 A CPRC or a person seeking the CPRC certification shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

6. Exploitation of Consumers

6.1 A CPRC or a person seeking the CPRC certification shall not develop, implement, or maintain exploitative relationships with current or past consumers.

6.2 A CPRC or a person seeking the CPRC certification shall make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to the client. When a dual relationship cannot be avoided, the CPRC or a person seeking the CPRC certification needs to take appropriate precautions such as informed consent, supervision, or documentation to ensure that no exploitation occurs.

6.3 A CPRC or a person seeking the CPRC certification shall not misappropriate property from a consumer.

6.4 A CPRC or a person seeking the CPRC certification shall not enter into a relationship with a consumer which involves financial gain to the CPRC or a person seeking the CPRC certification or a third party resulting from the promotion or the sale of services unrelated to treatment or of goods, property, or any psychoactive substance.

6.5 A CPRC or a person seeking the CPRC certification shall not promote to a consumer for personal gain, any unnecessary, ineffective or unsafe psychoactive substance, or any unnecessary, ineffective or unsafe device, treatment, procedure, product or service.

6.6 A CPRC or a person seeking the CPRC certification shall not solicit gifts or favors from consumers.

6.7 A CPRC or a person seeking the CPRC certification shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a consumer referral.

7. Safety & Welfare

7.1 In circumstances where the CPRC or a person seeking the CPRC certification becomes aware, during the course of providing or supervising coaching services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm on another person or persons, the
CPRC or a person seeking the CPRC certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to warn any likely victims of the consumer's behavior.

7.2 In circumstances where the CPRC professional or a person seeking the CPRC certification becomes aware, during the course of providing or supervising coaching services, that a condition of clear and imminent danger exists that a consumer may inflict serious bodily harm to himself or herself, the CPRC or a person seeking the CPRC certification shall, consistent with federal and state regulations concerning the confidentiality of alcohol and drug counseling records, take reasonable steps to protect that consumer.

7.3 A CPRC or a person seeking the CPRC certification shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a consumer of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the CPRC or a person seeking the CPRC certification to safely and competently provide coaching services.

8. Records Management

8.1 A CPRC or a person seeking the CPRC certification shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the consumer record.

8.2 A CPRC or a person seeking the CPRC certification shall follow all Federal and State regulations regarding consumer records.

9. Assisting Unlicensed Practice

9.1 A CPRC or a person seeking the CPRC certification shall not refer a consumer to a person that the CPRC or a person seeking the CPRC certification knows or should know is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

10. Discipline in Other Jurisdictions

10.1 A CPRC or a person seeking the CPRC certification shall not practice recovery coaching during the period of any denial, suspension, revocation, probation, or other restriction or discipline on certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or the federal government.
11. Cooperation with the Board

11.1 A CPRC or a person seeking the CPRC certification shall cooperate in any investigation conducted pursuant to this Code of Ethics and a CPRC or a person seeking the CPRC certification shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

- The willful misrepresentation of facts before the disciplining authority or its authorized representative;
- The use of threats or harassment against, or an inducement to, any consumer or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed.

11.2 A CPRC or a person seeking the CPRC certification shall report any violation of the Code of Ethics. Failure to report a violation may be grounds for discipline.

11.3 A CPRC or a person seeking the CPRC certification who has firsthand knowledge of the actions of a respondent or a complainant shall cooperate with an IBADCC complaint investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in an IBADCC complaint investigation or disciplinary proceeding shall be grounds for disciplinary action.

11.4 A CPRC or a person seeking the CPRC certification shall not file a complaint or provide information to the IBADCC which the CPRC or a person seeking the CPRC certification knows or should have known is false or misleading.

11.5 In submitting any information to the Board, a CPRC or a person seeking the CPRC certification shall comply with any requirements pertaining to the disclosure of consumer information established by the federal or state government.

Appendix A: Discussions

Rule 2.2 Discussion
A CPRC or a person seeking the CPRC certification should not use a modality or a technique if the CPRC or a person seeking the CPRC certification does not have the education, training, or skills to perform a modality or a technique in a competent or qualified manner.

**Rule 2.3 Discussion**

Most CPRCs or those seeking CPRC certification strive to achieve and maintain the highest level of professional competence. In order to provide the highest standard of recovery coaching services for consumers, CPRCs or those seeking the CPRC certification must maintain the commitment to assess their own personal strengths, limitations, biases, and effectiveness. When a CPRC or a person seeking the CPRC certification recognizes that a consumer's recovery coaching needs exceed their education, training, and capabilities, the CPRC or a person seeking the CPRC certification must pursue advice and counsel from colleagues and supervisors. When a consumer's issues are outside the CPRC’s or the person seeking the CPRC certification, level of professional functioning or scope of practice, the CPRC or a person seeking the CPRC certification must refer the consumer to another professional who will provide the appropriate intervention for the consumer.

**Rule 2.7 Discussion**

Private conduct of a CPRC or a person seeking the CPRC certification remains a personal matter to the same degree as any other person. However, when conduct compromises the fulfillment of professional responsibilities, the CPRC or a person seeking the CPRC certification bears the responsibility for any misconduct in all areas of their professional life. When the personal life, of a CPRC or a person seeking the CPRC certification, begins to adversely affect professional performance and the quality of services delivered, putting the consumer at risk. The CPRC or a person seeking the CPRC certification must take sufficient and immediate action to resolve any personal adversity which interferes with their professional functioning. This may include but is not limited to seeking professional assistance or requesting inactive status for medical reasons.

The CPRC or person seeking CPRC certification should expect his or her employer or supervisor to intervene when the professional’s personal problems begin to adversely affect their professional performance with consumers and coworkers.

**Rule 2.8 Discussion**

The CPRC or person seeking CPRC certification shall not discontinue coaching services to a consumer unless: services have been completed; the consumer
requests the discontinuation; alternative or replacement services are arranged; or the consumer is given reasonable opportunity to arrange alternative or replacement services.

**Rule 2.9 Discussion**

Except as may otherwise be indicated in this Code, CPRC or those seeking the CPRC certification are expected to preserve all consumer confidences and refrain from revealing confidential information obtained as a result of the CPRC-consumer or the person seeking the CPRC certification-consumer relationship, except as may be authorized by the consumer or required or authorized by law. CPRCs or those seeking the CPRC certification are expected to be familiar with and act in accordance with federal and state regulations concerning confidentiality of participant records and identifying information.

**Rule 3.3 Discussion**

Any public record pertaining to an arrest, charge, disposition or sentencing of a CPRC or person seeking the CPRC certification, shall be deemed as conclusive evidence of guilt of the felony or misdemeanor for which he or she has been convicted. If that felony or misdemeanor relates to the individual's ability to practice the Peer Recovery coaching profession, the fact of conviction shall also be proof of violation of this rule. Some specific examples within this section include but are not limited to crimes involving violence, use or sale of drugs, fraud, theft, sexual misconduct, or other felonies. All proceedings in which the sentence has been deferred, suspended, adjudication withheld, or a conviction expunged shall be deemed a conviction within the meaning of this section.

**Rule 4.1 Discussion**

The Board finds that the effects of the CPRC-consumer or the person seeking the CPRC certification-consumer relationship can be powerful and subtle and that consumers can be influenced consciously and subconsciously by the unequal distribution of power inherent in such relationships. Furthermore, the Board finds that the effects of the establishment of a professional-consumer relationship can endure
after services cease to be rendered. The CPRC or the person seeking the CPRC certification is responsible for acting in the best interest of the consumer even after the termination of services. The CPRC shall not engage in or request sexual contact with a former consumer at any time if engaging with that consumer would be exploitative, abusive or detrimental to that consumer’s welfare. A CPRC-consumer or the person seeking the CPRC certification-consumer relationship is established between the CPRC or the person seeking the CPRC certification and a consumer once a CPRC/person seeking the CPRC certification, renders, or purports to render recovery coaching services. A formal contractual relationship, the scheduling of recovery coaching appointments or payment of a fee for services are not necessary conditions for the establishment of a CPRC/person seeking the CPRC certification-consumer relationship, although each of these may be evidence that such a relationship exists.

**Rule 5.1 Discussion**

The term "fraudulent claim" includes but is not limited to charging a consumer or a third-party payer for a service not performed or submitting an account or charge for services that is false or misleading. It does not include charging for a missed appointment.

**Rule 6.1 & 6.2 Discussion**

CPRCs or those seeking the CPRC certification must remain "honest and self-searching in determining the impact of their behavior on the consumer. Ethical problems are often raised when a CPRC or person seeking the CPRC certification blends his or her coaching relationship with a consumer with another kind of relationship. Behavior is unethical when it reflects a lack of awareness or concern about the impact of the behavior on the consumers. CPRCs or those seeking the CPRC certification who engage in more than one role with consumers may be trying to meet their own financial, social, or emotional needs." (1993, Corey G., Corey M., and Callanan P.)

The nature of the consumer-CPRC/person seeking the CPRC certification relationship is such that the consumer remains vulnerable to the real or perceived influences of the CPRC or a person seeking the CPRC certification. CPRCs or those seeking the CPRC certification, who are in a position to influence a consumer's behavior, may impose their own desires upon the consumer.

**Rule 6.6 Discussion**
When a CPRC or a person seeking the CPRC certification "plays" or "preys" upon the consumer's gratitude for coaching services; or covertly or overtly implies or states that the consumer remains indebted to the CPRC or a person seeking the CPRC certification and should "repay" him or her through gifts or other favors, their unique position of trust and responsibility with the consumer not only becomes jeopardized, but the CPRC or person seeking the CPRC certification has also engaged in actions antithetical to the Peer Recovery Coaching profession.

**Rule 6.7 Discussion**

Notwithstanding this provision, a CPRC or a person seeking the CPRC certification may pay an independent advertising or marketing agent compensation for advertising or marketing services rendered on their behalf by such agent, including compensation for referrals of consumers identified through such services on a per consumer basis.

**Rule 7.1 Discussion**

If during the course of coaching a participant, a CPRC or a person seeking the CPRC certification becomes aware that a consumer intends or is likely to commit some act which may result in serious bodily harm to another person or persons and there is a clear and imminent danger of such harm occurring, the CPRC or a person seeking the CPRC certification has a duty to take reasonable steps to warn such persons. In doing so, the CPRC or a person seeking the CPRC certification should be aware that state and federal regulations set forth rules concerning the confidentiality of CPRC-consumer or person seeking the CPRC certification-consumer communications and consumer records and identifying information. In cases where the threat is of the commission of a crime on an agency premises or against agency personnel, the rules may allow disclosure of the circumstances of the threatened crime and identity of the consumer directly to law enforcement officers. CPRCs or those persons seeking the CPRC certification should seek supervision and direction from their agency or supervisor in these cases. In some instances, however, in order to warn the likely victims of the consumer's actions it may be necessary for the CPRC or a person seeking the CPRC certification or their
agency to make an emergency application to a court for an order permitting disclosure of information concerning the consumer or communications from the consumer before such information can be disclosed. Once again, CPRCs or a person seeking the CPRC certification should seek direction from their agency and/or supervisor.

**Rule 7.2 Discussion**

If during the course of coaching a participant, a CPRC or person seeking the CPRC certification becomes aware that a consumer intends or is likely to inflict serious bodily harm to himself or herself and that there is a clear and imminent danger of such harm occurring, the CPRC or person seeking the CPRC certification has a duty to take reasonable steps to protect the consumer. In doing so, the CPRC or person seeking the CPRC certification should be aware that state and federal regulations set forth rules concerning the confidentiality of CPRC/person seeking the CPRC certification-consumer communications and consumer records and identifying information. Under those rules, it may be permissible in some cases to communicate information about an individual if done in a manner that does not disclose the individual's status as a participant in alcohol or drug abuse counseling. In other cases, however, in order to protect the consumer, it may be necessary for the CPRC or the person seeking the CPRC certification or their agency to make an emergency application to a court for an order permitting disclosure of information concerning the
consumer or communications from the consumer before such information can be disclosed. The CPRC or the person seeking the CPRC certification should seek supervision from their agency and/or supervisor.

**Rule 11.5 Discussion**

The primary commitment of the CPRC or the person seeking the CPRC certification is to the health, welfare, and safety of a consumer. As an advocate for the consumer, the CPRC or a person seeking the CPRC certification must take appropriate action to report instances of incompetent, unethical, or illegal practice by other certified professionals or those seeking certification that places the rights or best interests of the consumer in jeopardy.
## Disciplinary Procedures

### Definitions

**Appeal Hearing**  
A formal hearing conducted when a respondent appeals the decision of the Ethics Committee.

**Applicant**  
A person who has submitted an application for certification with the IBADCC but is not yet certified. Also known as “person seeking CPRC certification”.

**CPRC**  
A person who holds a Certified Peer Recovery Coach credential administered by the IBADCC.

**Complainant**  
A person who files a formal complaint with the IBADCC against an IBADCC certified individual or applicant.

**Consent Order**  
A voluntary agreement worked out between the Respondent and the IBADCC that carries the same weight as a final decision by the Ethics Committee/Board of Directors.

**Ethical Complaint**  
A formal notice to the IBADCC alleging that a certified individual or applicant breeched the IBADCC Code of Ethics.

**Hearing Committee**  
A committee made up of three members and the hearing officer to hear, consider, and make recommendations when a respondent appeals the decision of the Ethics Committee/Board of Directors.

**Hearing Officer**  
A non-voting member of the Hearing Committee, who will preside over the Appeal Hearing.

**Probative Value**  
Evidence or facts which tend to prove the existence of other facts or issues.

**Respondent**  
A certified individual or applicant who is the subject of an ethical complaint alleging a breach of the IBADCC Code of Ethics.

**Revocation**  
A sanction resulting in the complete forfeiture of the IBADCC certification or application for certification.

**Sanction**  
A penalty intended to enforce compliance with the Code of Ethics. Sanctions may or may not include required payment of fines and/or completion of educational requirements.
<table>
<thead>
<tr>
<th>Summary Suspension</th>
<th>An immediate suspension of a certified individual's credentials(s) or application for certification when a preponderance of the evidence contained in the ethical complaint supports emergency action while the case is being investigated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>A sanction resulting in the temporary forfeiture of IBADCC certification or application for certification for a specified period of time.</td>
</tr>
<tr>
<td>Written Reprimand</td>
<td>A sanction that is a formal, written document expressing disapproval and/or providing a warning in regard to the Respondent’s behavior.</td>
</tr>
</tbody>
</table>
I. Confidentiality of Proceedings

A. Except as is otherwise provided herein, all information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings and appeal hearings, shall be kept confidential by the IBADCC.

B. The respondent is entitled to a full and complete copy of the:
   1. IBADCC Ethics Complaint
   2. Investigation Summary Report
   3. Ethics Committee’s Recommendation for Action
   4. Hearing Committee’s Finding of Fact and Recommendation for Action.

C. The complainant is entitled to a full and complete copy of the:
   1. The Ethics Committee’s Recommendation for Action
   2. The Hearing Committee’s Finding of Fact and Recommendation for Action

II. Conflict of Interest

A. In all cases,
   1. The Chair of the Ethics Committee will direct ethics investigation with the Ethics Committee members.
   2. IBADCC Ethics Committee shall conduct investigative activities, including interviewing relevant persons and collecting and receiving evidence and other documents related to the case.

B. Should the Ethics Committee Member have a conflict of interest with any party, the duties of said person shall be delegated by the Chair of the IBADCC Ethics Committee and said person shall be recused from any involvement in the case, including investigation and sanction activities.

III. Code of Ethics Sanctions

A. Possible sanctions for the violation of the Code of Ethics include but are not limited to:
   i. Written Reprimand
   ii. Summary Suspension
   iii. Consent Order
   iv. Suspension
   v. Revocation
   vi. Denial of Application for Certification
B. The IBADCC may impose any sanction deemed appropriate for the founded violation(s). There is not a requirement that sanctions are imposed in any particular order.

C. In conjunction with official sanctions, the IBADCC may impose fines, educational requirements, and other conditions deemed necessary and appropriate.

D. If assessed, fines will be imposed according to the following schedule:
   1. First offense: $500
   2. Second Offense: $700
   3. Third offense: $1,000

E. The Ethics Committee may consider the applicant’s or certified individual’s past history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.

F. A third offense in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of the credential(s).

G. Public notice of all ethics cases resulting in sanctions shall be published on the IBADCC’s web-based public access database. Such notice shall include the name of the Respondent, the rule(s) violated, and the sanction imposed. Web-based notice shall be published the first business day following the date the sanctions are applied. Such notice is permanent and will not be removed from the database.

IV. The Complaint Process

A. The IBADCC will not accept anonymous complaints.

B. All complaints must be submitted in writing on the official IBADCC Ethics Complaint form, which can be accessed at www.IBADCC.org or by calling the IBADCC office and requesting an official IBADCC Ethics Complaint form.
C. The IBADCC will accept phone calls from individuals wishing to discuss a particular situation for the purposes of determining if an ethical complaint should be filed. These phone calls are to be directed to an Ethic Committee member as available. Based on the content of the discussion, the IBADCC will either:
   i. Recommend the issue be dismissed, or
   ii. Recommend the caller file a formal ethical complaint.

D. Should the IBADCC become aware of a possible breach of the Code of Ethics, a Board of Director member may, on behalf of the IBADCC, file a formal complaint against a certified individual or person seeking certification.

E. In the instance that a formal complaint has been filed and the complainant subsequently requests to revoke said complaint, the IBADCC may choose to proceed with the investigation.

F. Completed complaint forms should be mailed to:

   Ethics Committee Chairperson
   IBADCC
   P.O. Box 1548
   Meridian, ID. 83680

G. The Ethics Committee Chairperson shall:
a. Review all formal complaints within 14 business days of receipt to determine if the preponderance of the evidence contained within the complaint warrants opening of an investigation.

   b. Contact the complainant by certified mail within seven (7) business days of the IBADCC’s decision to:
      1. Issue a summary suspension and open an ethics investigation,
      2. Open an ethics investigation, or
      3. Dismiss the case.
      4. Extenuating circumstances – notification can be postponed for up to two more weeks with documentation.
H. Within seven (7) business days of determining that the IBADCC will open an ethics investigation, the IBADCC shall send, by certified mail, notice to the respondent of such. The notice shall include:
   1. A complete copy of the official IBADCC Ethics Complaint, to include the name of the respondent.
   2. The date by which the respondent must submit, to the IBADCC, a written response to the complaint, which shall be no more than 30 business days from the date of the notice.

I. In the written response, respondents are encouraged to submit their interpretation of the situation or conduct under investigation, including:
   1. Any and all facts and circumstances concerning the alleged ethics violation, and
   2. Documentation or other evidence directly related to these circumstance, and
   3. Names and contact information of witnesses who can assist in the investigation.

J. Misrepresentation by either the respondent or complainant, failure to provide information, or failure to cooperate with the investigation may be grounds for the IBADCC to open a subsequent ethical complaint against the respondent or complainant.

K. Should the respondent fail to respond by the specified date in the formal notice, the IBADCC will assume guilt and will proceed with sanctions as necessary and appropriate.

V. The Investigation Process

A. The initial investigation shall be conducted by an IBADCC Ethics Committee Member, under the direct supervision of the Ethics Chairperson. The initial investigation shall include, but is not limited to, the gathering of documentation and other evidence from:
   1. The Complainant
   2. The Respondent
   3. Others identified by the complainant and/or the respondent.

B. Upon completion of the initial investigation, the Ethics Committee Member shall conduct a review of all evidence received to date from the complainant, respondent, and others involved in the investigation following receipt of respondents reply.
C. Based on a preponderance of the evidence, the Ethics Committee Member shall make one of the following recommendations to the Chairperson of the Ethics Committee:
   1. Dismiss the case without further investigation,
   2. Close the investigation and prepare the case for submission to the Ethics Committee, or
   3. Continue the investigation.

D. The Ethics Chairperson may determine:
   1. No violation has occurred and that no further investigation is warranted. If so,
      a. The Ethics Committee Member will develop an Investigative Summary Report for approval by the Ethics Committee.
      b. The Ethics Committee will report any action taken at the next IBADCC Board of Directors meeting.
   2. Allegations are founded and the investigation is complete. If so,
      a. The Chairperson of the Ethics Committee will prepare an Investigative Summary Report for review and recommended action by the Ethics Committee.
      b. Sanctions will be applied and the ethics investigation will not be closed until the recommendation of the Ethics Committee is deemed final and the case is closed.
   3. Further investigation is warranted.

VI. Consent Order

A. A consent order shall:
   1. Be the final action and have the same force and effect of an order made by the Ethics Committee.
   2. Result in a waiver of additional procedural steps in front of the Ethics Committee, or an Ethics Hearing Committee.
   3. Result in a waiver of the right to challenge or contest the sanctions included in the Consent Order in front of the Ethics Committee or an Ethics Hearing Committee.
B. At any point after the commencement of the investigation, the respondent may, in writing, request negotiation of a Consent Order.

C. The IBADCC may, at its discretion, agree to or reject the offer of request to negotiate a Consent Order.
   1. If the request is granted, the IBADCC will defer the proceedings a reasonable time to permit negotiation of a Consent Order.
   2. If the request is denied, the investigation will proceed as planned.

VII. Action by the Ethics Committee

A. The Ethics Committee shall receive a completed Investigation Summary Report and the full ethics investigation file for all cases where the investigation is complete. The Investigation Summary Report shall include, but is not limited to the:
   1. Complaint,
   2. A summary of the investigation conducted, including the respondent’s rebuttal to the complaint,
   3. Recommended sanctions, and
   4. Grounds for recommendation(s).

B. No later than 30 business days from receipt of the Investigation summary Report and investigation file, the Chair of the Ethics Committee shall issue a written *Recommendation for Action*, which shall include:
   1. A copy of the Investigation Summary Report,
   2. The committee’s finding of fact, and
   3. The committee’s recommendation for action.

C. The Ethics Committee’s *Recommendation for Action* shall call for one of the following actions:
   1. Dismissal of the complaint,
   2. Return of the complaint to the Ethics Committee Member for further investigation, or
D. If the Ethics Committee recommends returning the complaint to the Ethics Committee Member for further action, the recommendation must detail the additional information desired by the Committee for consideration.

E. If the Ethics Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fees, educational requirements, and time frames for compliance.

F. Within seven business days of the determination by the Ethics Committee, the IBADCC Ethics Chair shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.

1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breech of the Code has occurred and the case has been dismissed.

2. If the case has resulted in sanctions:
   a. The letter to the complainant must state that the investigation is complete, the rule(s) that have been breached, and the sanctions(s) to be applied.
   b. The letter to the respondent must state that the investigation is complete, the rule(s) that have been breached, the sanction(s) to be applied, and the process to appeal the results of the investigation.

G. The Chair of the Ethics Committee shall present the committee’s written Recommendation for Action to the Board of Directors at its next regularly scheduled meeting.

VIII. The Appeal Process

A. A respondent may, within 20 business days of receipt of the Ethics Committee’s decision, submit a written Request for an Appeal Hearing to the IBADCC. This request must include the evidentiary basis for the items to be appealed.
B. The Request for an Appeal Hearing should be mailed to:

IBADCC, Executive Director, Appeal Hearing
P.O. Box1548
Meridian, ID. 83680

C. Within seven (7) business days of receipt of the Request for an Appeal Hearing, the Executive Director shall, by email, notify the President of the Board of such request.

D. Within 20 business days of notice from the Executive Director of the Request for an Appeal Hearing, the President of the Board shall:

1. Appoint a Hearing Committee, whose members must not:
   
   a. Be a member of the standing Ethics Committee
   
   b. Have any prior involvement in the case, and/or
   
   c. Have other actual or perceived conflict of interest with any of the parties to the case.

2. Schedule the Appeal Hearing for a date no less than 20 days and no more than 90 days from the date the Notice of Appeal Hearing are sent to the Respondent.

E. The Executive Director will send, by certified mail, a written Notice of Appeal Hearing to both the respondent and the complainant. Such notice shall advise the respondent and complainant of the following:

1. The date, time, and location of the Appeal Hearing,

2. The names of the Appeal Hearing committee members, and

3. A copy of the IBADCC Disciplinary Procedures, directing them to the section on the Appeal Hearing process, including notice that:

   a. Prior to the hearing, there shall be no contact between the respondent and the complainant, or the respondent and the IBADCC, for purposes of discussing any part of the case, including actions from receipt of the complaint through the request for an appeal hearing.
b. Any request for postponement of the Appeal Hearing must be served in writing to the IBADCC at least 10 business days prior to the scheduled date. The decision to grant or deny the request for postponement is solely that of the IBADCC.

F. The Appeal Hearing shall be governed by the following rules:
1. The Appeal Hearing shall be presided over by the Hearing Officer, which is a non-voting member of the Hearing Committee.

2. The respondent shall have the burden of proof at the Appeal Hearing.

3. The Hearing Committee shall not be bound by common law or statutory rules of evidence and may consider all facts having reasonable probative value:
   a. The Hearing Committee will base its decision solely upon the evidence presented at the hearing.
   b. No discovery is permitted and no access to BADCC files is permitted.
   c. Objections concerning evidence will be resolved by the Hearing Officer.

4. The IBADCC shall be represented by the Chair of the Ethics Committee or its designee.

5. Any party, at the party's own expense, may be advised by counsel at the hearing.

6. Any party, at the party's own expense, may request the services of a court reporter at the hearing. If the respondent elects to hire a court reporter, the respondent must provide a copy of the transcript, without charge, to the IBADCC.

7. Evidence may be presented and witnesses cross-examined by both sides.

8. The respondent shall present its case to the Hearing Committee first, which will include all evidence submitted for consideration.
9. The IBADCC shall present its case to the Hearing Committee second, which will include all evidence submitted for consideration.

   a. At the hearing, the Chair of the Ethics committee or its designee, will present evidence in support of the recommendation by the Ethics Committee.

   b. Such evidence is limited to the evidence already gathered, the Recommendation for Action, and the Investigation summary Report, to support the Ethics Committee’s recommendations.

10. The Appeal Hearing is closed to the public.

G. Should the respondent fail to attend the hearing, whether represented by counsel or not, it shall be deemed as a waiver of the appeal and the appeal will be dismissed and the decision of the Board of Directors will stand.

H. Within 20 business days of the conclusion of the Appeal Hearing, the Hearing Officer will prepare and submit, to the Executive Director of IBADCC, a written *Finding of Fact and Recommendation for Action*, which shall call for one of the following actions:

   1. Dismissal of the complaint.

   2. Sanctions.

I. If the Hearing Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fines, educational requirements, and time frames for compliance.

J. The Chair of the Hearing Committee shall present the Hearing Committee’s written *Finding of Fact and Recommendation for Action* to the Board of Directors at its next regularly scheduled meeting.

K. Within seven (7) business days of the final determination by the Hearing Committee, the Executive Director shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.
1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.

2. If the case has resulted in sanctions by the Hearing Committee:
   
   a. The letter to the complainant must state that the appeal hearing is complete, the rule(s) that have been breached, and the sanction(s) to be applied.
   
   b. The letter to the respondent must state that the appeal hearing is complete, the rule(s) that have been breached, the sanction(s) to be applied, and a statement that the decision is not open to further appeal.

IX. Reinstatement following Disciplinary Action

A. When a respondent’s credential is suspended, the certified individual may not use the credential during the period of suspension.

B. Once the suspension period has expired, the President of the Board of Directors may authorize reinstatement of the credential, unless:
   
   1. An additional complaint has been received and accepted by the IBADCC for investigation,
   
   2. An additional disciplinary action has been taken against the individual,
   
   3. The respondent has failed to maintain renewal payments and CEUs during the time of the suspension, or
   
   4. The respondent has failed to comply with the terms of the sanction.

C. Typically, revocation of credentials will not be overturned. Respondents may petition the IBADCC to request permission to petition the Board of Directors to overturn a revocation. The IBADCC maintains sole discretion to grant the respondent permission to petition the Board. If granted, such petition will not be submitted for Board consideration until:
   
   1. A minimum of 36 months has passed since the effective date of the revocation, and
2. The respondent has submitted a written request and reasonable rationale as to why permission to petition the board should be granted, and,

3. The respondent has paid the IBADCC $1000 as reimbursement for the cost of the disciplinary proceedings incurred by the Board.

4. In the event the Board of Directors approves a petition for reversal of revocation, the respondent must reapply for certification, starting the process as a new applicant, and must meet all standards in place at the time of application, including passing the IC & RC exam, even if said exams have already been successfully passed.

5. In the event the revoked certification is reversed, a provisional certificate can be granted subject to the following:
   a. 2,000 hours of supervised work with AODA clients
   b. 100 hours of direct supervision by IBADCC approved supervisor.

X. Statement on Cultural Norms

A. The IBADCC recognizes that there may be some cultural differences regarding the interpretation of the Code of Ethics. In cases where cultural norms are used as a defense against a complaint, the IBADCC may seek the assistance of cultural leaders, teachers, elders, or others to assist in understanding the cultural norms in question.

B. The IBADCC will strive to be appropriately sensitive to cultural differences throughout the disciplinary process.

XI. Reports to Other Agencies

A. If during the course of the investigation it appears that criminal misconduct has occurred, the Ethics committee members may report such allegations to the appropriate law enforcement agency.
B. If the investigation results in sanctions, the Ethics Committee Member may report such to other licensing boards, certification boards, and/or employers.
ETHICAL STANDARDS REPORT

This form is to be used as a cover sheet and summary form in the submission of ethical complaints involving the conduct of individuals holding a certification from IBADCC. The form must be signed by the complaining party which attests to the veracity of the complaint, the fact that this complaint will be shared with the respondent, and understanding of the individual responsibilities and processes stated in the IBADCC Ethical Enforcement Procedure: the applicable portions or which are provided as attachments to this cover sheet.

COMPLAINANT:

Name: __________________________________________________________

Address: _________________________________________________________

City: _______________________________ State: _________ Zip: _________

Telephone: Work: _____________________ Home _______________________

RESPONDENT:

Name: __________________________________________________________

Address: _________________________________________________________

City: _______________________________ State: _______ Zip: _____________

Telephone: Work: _____________________ Home: ___________________

SUMMARY OF COMPLAINT:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

SIGNATURE: ___________________________ DATE: _________________

(Add additional pages as necessary and attach all other pertinent documents)
The IBADCC is an autonomous affiliate of the International Certification & Reciprocity Consortium

STATE OF IDAHO )

: ss

County of __________ )

On this ____ day of _________, 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared _____________________ known to me to be the person

(Name) ____________________________

whose name is subscribed to this instrument and acknowledged that she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO

Residing at:

My Commission Expires:
Code of Conduct Agreement

I hereby attest that I have read the IBADCC Code of Ethics and Code of Conduct and will maintain the ethical professional practice as outlined in the Code of Ethics and Code of Conduct.

As a person who identifies themselves in recovery, I agree to refrain from the use of alcohol and/or illicit drugs as long as I remain a practicing professional in this field.

I further agree to voluntarily relinquish my Certificates to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and/or all of this code.

____________________________________  _________________________
Signature      Date

This is a copy of the form you will need to sign in order to apply for your Peer Recovery Coach certification, which is located in Section IV.
Section IV:
All forms needed for application of certification

Application for Certification Forms

- Application Checklist
- Application for Certification
- Employment Verification Form
- Documentation of Education and Training
- Supervision Verification
- Background Check Affidavit
- Example of Department of Health and Welfare Notice of Clearance or Background Check Waiver Granted
- Letters of Reference (3 sets)
- Code of Ethics/Code of Conduct Agreement
- Recovery Attestation Statement
- Professional Letter Verifying Candidate’s Abstinence
- Documentation of Disability-Related Needs
- Request for Special Accommodations
Application Checklist

Complete all questions on the application with specific information. It is the responsibility of the applicant to submit complete documentation. All signatures must be original.

Please note: Incomplete applications will not be eligible for testing until all documentation has been received at the IBADCC office.

There are 10 (ten) items listed below that are required for the application and must be returned.
(If we have a copy of 5 on file that is < 3 years old, you do not have to send one.)

1. Application Fee of $50 to IBADCC (only check or money order)
2. Application for Peer Recovery Coach Certification
3. Employment Verification Form(s)
4. Documentation of Education & Training (Official if seal is unbroken)
5. Certification of Supervision (including Verification, breakdown of supervised domains and Supervisor evaluation form, 77 through 80)
6. Background Check Affidavit
7. Copy of State of Idaho, Health and Welfare Background Check or Background Check Waiver Granted Letter
8. Three (3) Letters of Reference that attest to your professional knowledge and skills.
   Please note: These letters MUST be returned to the IBADCC office in a signed sealed envelope with application or by each appropriate writer.
10. Recovery Attestation Statement
11. Professional Letter of Verification of Abstinence
12. Documentation of Disability –Related Needs (optional)
13. Request for Special Accommodations (optional)
Application for Certified Peer Recovery Coach (CPRC)

APPLICANT: ________________________________

Please print your legal name.

Mailing Address: ________________________________________________________________

City: _____________________________ State: ________________ Zip Code: ______________

Social Security No: ___________________ Birth date: ____/____/____ Sobriety Date: _____-____-____

Phone No. Home: ________________________ Work: _______________________________

Email Address: ____________________________

Have you been subject to any disciplinary action by any licensing or certification boards, or have you had any certificate or license revoked by any board? ___Yes ___No If you answered yes, please explain: ________________________________________________________________

List other Certifications or Licenses ________________________________________________

WORK/VOLUNTEER HISTORY: IBADCC may contact your past employers to verify this information. Please list your past employers or places where you volunteered in the alcohol/drug field. Be sure to include an Employment/Volunteer Verification Form for each employer or site listed below.

1. Employer/Agency Name: ____________________________

How long employed? ___________ Type of work: ________________________________

2. Employer/Agency Name: ____________________________

How long employed? _______________ Type of work: ________________________________

3. Employer/Agency Name: ____________________________

How long employed? _______________ Type of work: ________________________________

Total Hours of Employment/Volunteer Work: _______

Please indicate your highest level of completed education:

____ High School ____ Associate’s ____ Bachelor’s ____ Master’s ____ Doctorate

Have you ever been charged or convicted of any crime (felony or misdemeanor)?

No _____________ Yes _________________________ If Yes, please attach an explanation.

Release Date: 7/14/2017

Manual
Page 71 of 99
Employment/Volunteer Verification Form

Employer: ________________________________________________________________

Mailing Address: ___________________________________________________________

City ____________________________ State _____________ Zip _________________

Telephone: ________________________________

Applicant ________________________________________________________________

Position Held _____________________________________________________________

Responsibilities ___________________________________________________________

________________________________________________________________________

Dates of Employment/Volunteer ______________________ to ______________________

Total Hours ______ Please note: If work experience has been limited to alcohol only or
drug abuses only, please indicate this in the total hours space.

Name of Immediate Supervisor ______________________________________________

Signature of Employer ______________________________________________________

(must be original)

Title __________________________

Date __________________________

Please Note: If verification by more than one employer is required to meet the requirements,
please make additional copies of this form.
Documentation of Education and Training

Institution ____________________________________ Major:____________________________

Degree(s) Awarded:______________________________________________________________

• Documentation required:
  o Copy of certificate of attendance or letter verifying attendance from workshop’s organizers or applicant’s supervisor
  o Official college/university transcripts must be received in the original, sealed envelope by IBADCC office personnel. The sealed envelope may come from the institution or be included with the application.

• Education/Training: 46 hours total of education/training is required in the CPRC domains. Below is a breakdown of the minimum hours required for each domain:
  ✓ A minimum of 10 (ten) hours in each of the following domains: Advocacy, Education/Mentoring and Recovery Wellness/Support
  ✓ A minimum of 16 (sixteen) hours in the domain of Ethical Responsibility

(See Section II for a detailed description of the four domains.)

**BREAKDOWN OF EDUCATION HOURS**

Total # of Hours (as documented on next page) – Advocacy: ______

Total # of Hours (as documented on next page) – Education/Mentoring: ______

Total # of Hours (as documented on next page) – Recovery Wellness/Support: ______

Total # of Hours (as documented on next page) – Ethical Responsibility: ______

Total # of Education Hours: _____________________
Documentation of Education/Training: Advocacy

Applicant Name: _______________________________________________________

EDUCATION/Training: Minimum 10 hours Advocacy

Number each copied certificate, list them in order on this sheet, and attach as a cover sheet to certificates. Duplicate this sheet as needed.

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PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET IN THE ORDER THEY ARE LISTED
Documentation of Education/Training: Education/Mentoring

Applicant Name: _______________________________________________________

EDUCATION/Training: Minimum 10 hours Education/Mentoring

Number each copied certificate, list them in order on this sheet, and attach as a cover sheet to certificates. Duplicate this sheet as needed.

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PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET IN THE ORDER THEY ARE LISTED
Documentation of Education/Training: Recovery Wellness/Support

Applicant Name: _______________________________________________________

EDUCATION/Training: Minimum 10 hours Recovery Wellness/Support

Number each copied certificate, list them in order on this sheet, and attach as a cover sheet to certificates. Duplicate this sheet as needed.

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PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET IN THE ORDER THEY ARE LISTED
Applicant Name: _______________________________________________________

EDUCATION/Training: Minimum 16 hours **Ethical Responsibility**

Number each copied certificate, list them in order on this sheet, and attach as a cover sheet to certificates. Duplicate this sheet as needed.

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PLEASE ATTACH COPIES OF CERTIFICATES OR REPORTS OF INSERVICE HOURS TO THIS COVER SHEET IN THE ORDER THEY ARE LISTED
Supervision Verification

25 hours of supervised volunteer or paid practical experience for initial certification, with a minimum of 5 (five) hours in each of the specific CPRC domains of Advocacy, Mentoring/Education, Ethical Responsibility and Recovery Wellness/Support. Hours must be supervised and signed by an approved IBADCC Recovery Coach Supervisor (See approved supervisor list at ibadcc.org).

Qualifications for Clinical Supervisor: (supervisor must meet one of the criteria below)

If supervisor is for renewal documentation must be provided for a minimum of 96 hours is required of supervision (average of four hours per month) within the CPRC domains and/or the 12 core functions (see Section II) if the CPRC is considering a career as a Certified Drug and Alcohol Counselor. All hours must be signed off by:

a) A CADC or ACADC who has completed 46 hours of Peer Recovery Coach training OR
b) An individual who has completed 46 hours of Peer Recovery Coach training and has a minimum of two years paid or volunteer work experience in the four CPRC domains OR
c) an approved Health and Welfare Clinical Supervisor (QP) under IDAPA 16.07.20.02 who has completed 46 hours of Peer Recovery Coach training
Verification

CPRC Applicant: _______________________________ Date: __________________

Name of Supervisor: ________________________________

ACADC or CADC supervisor - Provide Certification Number: ____________________________

A copy of supervisors' licensure and/or proof of supervisory training must be submitted with this form. A copy of the supervisor's certification of completion of a 46 hour Recovery Coach training must be submitted with this form. Individuals qualifying as a supervisor under criterion B, must submit a resume to document the two years paid and/or volunteer work experience in the four CPRC domains.

Total experience hours in the four (4) CPRC domains under supervision for CPRC applicant: ____________________________

Supervisor's Signature (must be original) ____________________________ Date ____________________________

Title ____________________________ Agency ____________________________

I, ____________________________, certify that I have received supervision in the above four (4) CPRC domains and am proficient in all phases of implementation of them.

Applicant Signature (must be original) ____________________________ Date ____________________________

PLEASE NOTE: If Supervision has occurred in more than one agency, then photocopy this form and have each supervisor fill one out, noting next to each domain the number of hours which they supervised. Please return this form to IBADCC with your application.
Verification of Supervised Hours in the CPRC Domains

Verification of hours to be completed by the supervisor. Applicants are required to provide documentation of 25 supervised hours, with a minimum of five hours in each of the CPRC domains (Advocacy, Mentoring/Education, Ethical Responsibility and Recovery Wellness/Support). The supervisor must also complete an Evaluation form and submit to IBADCC

Applicants Name: ______________________________________________________

I. Advocacy:

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II. Education/Mentoring

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### III. Recovery Wellness/Support:

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### IV. Ethical Responsibility:

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SUPERVISOR EVALUATION FORM

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 ____________________

(must be original)

Please do not return this form to the applicant! This evaluation MUST be mailed, by the supervisor, directly to the IBADCC office or sealed in a signed envelope and included in the application package.
Background Check Affidavit

If applicants are unable to sign this Criminal History Affidavit for any reason, he/she must provide a current copy of their Waiver Granted letter and have notarized the Waiver Granted Affidavit. If applicants are unable to sign this Criminal History Affidavit for any reason, he/she must provide a current copy of their Waiver Granted letter and have notarized the Waiver Granted Affidavit. The Waiver Granted letter is not accepted for any other of IBADCC’s certifications.

STATE OF IDAHO )

: ss

County of __________

AFFIDAVIT OF ________________________________

(Name)

COMES NOW the below signed affiant and deposes and says as follows:

A. I am over 18 years of age and am competent to testify to the herein contained matters.

B. That I have not been found guilty or have been adjudicated of one of the designated crimes listed below, or their equivalent, under the laws of any other jurisdiction, regardless of whether I received a withheld judgment, a dismissal which resulted from a plea agreement where probation or restitution was required as defined by Section 19-2604, Idaho Code or sealed record:

- Abuse, neglect or exploitation of a vulnerable adult, as defined by Section 18-1505, Idaho Code
- Aggravated, first degree and second-degree arson, as defined by Sections 18-801 through 18-805, Idaho Code
- Crimes against nature, as defined by Section 18-6605, Idaho Code
- Forcible sexual penetration by use of a foreign object, as defined by Section 18-6608, Idaho Code
- Incest, as defined by Section 18-6602, Idaho Code
- Injury to a child, felony or misdemeanor, as defined by Section 18-1501, Idaho Code
- Kidnapping, as defined by Sections 18-4501 through 18-4503, Idaho Code
• Lewd conduct with a minor, as defined by Section 18-1508, Idaho Code
• Mayhem, as defined by Section 18-5001, Idaho Code
• Murder in any degree, voluntary manslaughter, assault or battery with intent to commit a serious felony, as defined by Sections 18-4001, 18-4003, 18-4006, and 18-4015, Idaho Code
• Poisoning, as defined by Sections 18-4014 and 18-5501, Idaho Code
• Possession of sexually exploitative material, as defined by Section 18-1507A, Idaho Code
• Rape, as defined by Section 18-6101, Idaho Code
• Robbery, as defined by Section 18-6501, Idaho Code
• Felony stalking, as defined by Section 18-7905, Idaho Code
• Sale or barter of a child, as defined by Section 18-1511, Idaho Code
• Sexual abuse or exploitation of a child, as defined by Sections 18-1506 and 18-1507, Idaho Code
• Video Voyeurism, as defined by Section 18-6609, Idaho Code
• Enticing of Children, as defined by Section 18-1509 and 18-1509A, Idaho Code
• Inducing individuals under eighteen years of age into prostitution or to Patronize a prostitute as defined by Sections 18-5609 and 18-5611, Idaho Code
• Any felony punishable by death or life imprisonment
• Attempt, conspiracy, or accessory after the fact as defined by Sections 18-306, 18-1701, and 18-205, Idaho Code, to commit any of the designated crimes

C. That I have not been convicted or received a withheld judgment within the past five years for the following crimes:

- Burglary as defined by Section 18-1401, Idaho Code
- Grand theft as defined by Section 18-2407(1), Idaho Code
- Felony Theft as defined by Section 18-2403, Idaho Code
- Forgery of and fraudulent use of a financial transaction card as defined by Sections 18-3123 and 18-3124, Idaho Code
- Forgery and counterfeiting as defined by Section 18-3601 through 18-3620, Idaho Code
- Insurance fraud as defined by Sections 41-293 and 41-294, Idaho Code
- Public assistance fraud as defined by Sections 56-227 and 56-227A, Idaho Code
- Any felony involving a controlled substance
- Arson in the third degree as defined by Section 18-804, Idaho Code
- Aggravated Assault as defined by Section 18-905, Idaho Code
- Aggravated Battery as defined by Section 18-907 (1), Idaho Code
- Attempt, conspiracy or accessory after the fact as defined by Sections 18-306, 18-1701 and 18-205 Idaho Code, to commit any of the disqualifying five year offenses
Further, the affiant sayeth naught.

DATED this ____________ day of ______________, 20__. 

Name____________________________________

STATE OF IDAHO )
    ss
County of __________ )

On this ____ day of __________, 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared __________________________ known to me to be the person (Name)

whose name is subscribed to this instrument and acknowledged that he/she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO
Residing at:
My Commission Expires:
Waiver Granted Affidavit

I, _____________________________, am unable to sign the Background Check Affadavit and I am submitting a Waiver Clearance letter from the Department of Health and Welfare.

Further, the affiant sayeth naught.

DATED this __________ day of __________, 20__.

Name___________________________________

STATE OF IDAHO )
: ss
County of __________ )

On this ___ day of __________, 20__, before me, the undersigned, a Notary Public in

and for said State, personally appeared __________________________ known to me to be the person

(Name)

whose name is subscribed to this instrument and acknowledged that he/she executed the same.

WITNESS my hand and seal.

NOTARY PUBLIC FOR IDAHO
Residing at:
My Commission Expires:
Example of Department of Health & Welfare Notice of Clearance

(A Background check cannot be more than three (3) years old)

NOTICE OF CLEARANCE

Applicant: Verification Number:

The Department has completed the criminal history background check and the applicant has passed effective 10/24/2011. No Disqualifying Crimes were revealed. Items revealed solely from the FBI, are listed for the applicant. The agency issuing your license or certification may request you provide them with the specifics of any FBI information.

The background check is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification and Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry and the National Medicare/Medicaid Provider Exclusion List.

If there are any questions about the process or results, contact the criminal history unit at (208) 332-7990, or toll free at 1-800-340-1246. Additional information about the criminal history background check process and applicant status is available at the web site. https://chu.dhw.idaho.gov.

Sincerely,

Gwenda Plaisance
DATE

Name
Address

Dear,

An administrative review was conducted on DATE, relating to your request for the Division of Behavioral Health to grant a waiver of your criminal history and background check denial. The administrative review was conducted pursuant to Idaho Department of Health and Welfare Rules, IDAPA 16.07.20 and 16.07.33.

Your request for a waiver and supporting documentation were reviewed by a subcommittee appointed by the Department. During the administrative review the following factors were taken into account: severity and nature of the crimes or other findings; the period of time since the incidents occurred; the number and pattern of incidents being reviewed; circumstances surrounding the incidents that would help determine the risk of repetition; the relationship of the incidents to the position sought; your activities since the incidents including, but not limited to participation in treatment and evidence of rehabilitation; whether a pardon had been granted by the Governor or the President; and whether there was any falsification or omission of information on the self-declaration form and other supplemental forms you submitted. Based on my review of the documentation and in consideration of the subcommittee’s recommendation, you have been granted a waiver. Consequently, you are available to provide direct care or services, or serve in a position that requires regular contact with clients at alcohol and substance use disorders and recovery support service agencies approved under IDAPA 16.07.20 and adult mental health programs provided through the Division of Behavioral Health under IDAPA 16.07.33.

This letter is not a guarantee for employment, provider agreement, licensure or contract. The waiver is not a criminal history background check clearance and is only applicable to services and programs governed under IDAPA 16.07.20 and 16.07.33. It does not apply to other Department programs requiring clearance of a criminal history and background check. The Division may choose to revoke your waiver at any time at its discretion for circumstances identified as a risk to client health and safety.

The Division’s decision to grant a waiver is based on the criminal history background check and supporting documentation submitted with this request; should you be required to have a criminal history background check in the future you will need to apply for a new waiver.

Sincerely,

ROSS EDMUNDS
 Administrator

(A copy of a Waiver Granted Issued letter is required any time a background check is run and an unconditional denial is issued)
Letters of Reference

- One (1) letter/form **MUST BE** submitted from a sponsor, counselor or spiritual advisor/mentor.
- Two (2) letters/forms **MUST BE** submitted by the individuals who know you professionally and can attest to your professional skills.
- All letters of reference **MUST BE** sent directly to the IBADCC office or in a sealed, signed envelope included with the application.

References:

1) _________________________  2) ________________________  3) ________________________

AFFIDAVIT

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Idaho Board of Alcohol/Drug Counselor Certification. I will accept the decision of the Board, and do accept full responsibility for any and all consequence of the process of seeking certification.

To the best of my knowledge, the information contained herein is true and correct. I authorize the members or representatives of the Idaho Board of Alcohol/Drug Counselor Certification to contact and obtain information or opinions from any references, employers or educational institutions deemed necessary in evaluation of this application for certification, and I waive my right to inspect the results of any such inquiries. I also waive my right to inspect any letters of reference.

__________________________________________  ________________________________
Date  Signature of Applicant (must be original)
Reference From a Sponsor, Counselor, Spiritual Advisor or Mentor

Applicant Name:________________________________________________________
Evaluator Name:________________________________________________________

Relationship to Applicant: Sponsor _____ Former/Current Counselor ______
                        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)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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 (must be original)                                                              Date

IBADCC reserves the right to request further information from you concerning this applicant.
PLEASE RETURN THIS FORM DIRECTLY TO: IBADCC, PO Box 1548, Meridian, ID 83680

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

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____________________

(must be original)

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PROFESSIONAL REFERENCE

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____________________
(must be original)

Please do not return this form to the applicant unless it is placed in a sealed envelope with the evaluator’s signature across the back seal.
Code of Ethics/Code of Conduct Agreement

I hereby attest that I have read the IBADCC Code of Ethics and will maintain the ethical professional practice as outlined in this Code of Ethics.

I agree to refrain from alcohol/drug abuse or misuse as long as I remain a practicing professional in this field.

I understand that a substantiated ethics violation will be posted on the IBADCC website for public disclosure.

I further agree to voluntarily relinquish my Certificate to IBADCC and to follow their guidelines for re-instatement should I have a relapse as a recovering person, or should I violate the adherence to any part and/or all of this code.

________________________________________    _______________________
Signature (must be original)            Date
Recovery Attestation Statement

By signing this document, I am publicly disclosing myself as someone who has been in continuous personal recovery for ________ years immediately preceding this application. I understand that I am required to have a minimum period of 12 months of continuous recovery to make application for the CPRC certification. Continuous personal recovery means:

1. I have not used any illegal drugs.

2. I have not used any physician prescribed medication in a non-prescribed way.

3. I have not used any over the counter medication except for its intended use.

4. I have abstained from all use of alcohol.

Print Name _______________________________ Date __________________

Signature _________________________________ Date __________________

(must be original)
Professional Letter of Alcohol and/or Drug Free Verification

Please have a professional colleague or supervisor write a letter of professional alcohol/drug free verification on your behalf. The letter should include the following:

1. Be written on agency letterhead.

2. Date letter was written.

3. The letter must indicate to the best of the author’s knowledge that the recovering candidate has been free of substance abuse for _______ years.

The Professional Alcohol & Drug Free Verification letter needs to be mailed directly to

IBADCC, PO Box 1548, Meridian, ID 83680
Documentation of Disability-Related Needs
(Page 1 of 2)

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist, ophthalmologist, etc.) to ensure that IBADCC is able to provide the required exam accommodations.

Please note: There must be a 30 day notice prior to desired exam date.

I have known________________________________________ since
Exam Candidate
_____ / _____ / ____ in my capacity as a ________________________.
Date Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the second page.

Description of Disability: _______________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signed: _______________________________________ Title:________________________

Name:________________________________________

Address: ______________________________________

City/State/Zip: __________________________________________

Telephone Number:________________________ Email:________________________

License Number: ____________________________ Date: _____________________
Request for Special Accommodations

(Page 2 of 2)

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to IBADCC for processing. The information you provide and any documentation regarding your disability and your accommodations in testing will be treated with strict confidentiality.

Please note: There must be a 30 day notice prior to desired exam date.

Candidate Information

Preferred Exam Date: _______ Preferred Exam Location: __________________

Name: ________________________________________________________________

Home Address: ______________________________________________________________________________________________________________

City/State/Zip: ______________________________________________________________________________________________________________

Daytime Telephone number: ___________________ Cell Number: ______________

Email: ________________________________________________________________

Special Accommodations:
I request special accommodations for the following IC&RC examination (Please check one):
CPRC _____ CRC____  ISAS ____  CADC ____  ACADC _____  CCS _____  CPS _____

Please provide (check all that apply):

____ Special seating or other physical accommodations
____ Reader
____ Large print exam booklet
____ Extended testing time (time and a half)
____ Distraction-free room
____ Other special accommodations (please specify)

Comments: ___________________________________________________________________

______________________________________________________________________________

Signed: ________________________________ Date: __________________________

(must be original)
Section V:

INFORMATION ON THE IC&RC EXAM PREPARATION AND CANDIDATE GUIDE

For up-to-date information on IC&RC Exam Preparation and Candidate Guide – please go to:

http://professionals.internationalcredentialing.org/examprep

Please download and read the Certified Peer Recovery Coach (CPRC) Candidate Guide.
Request for Name Change

Current Name: _______________________________________________________

Mailing Address: ____________________________________________________

____________________________________________________________________

Home Phone: ______________________

Name Change: _______________________________________________________

Documents Included (see Sec I, number 6): _______________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Would you like a new certificate printed?

Yes _______________                 No _________________

If yes, please enclose $5.00 check or money order.

___________________________________     ___________________________

SIGNATURE (must be original)                Date