



## APPLICATION INSTRUCTIONS REGISTERED PEER RECOVERY SPECIALIST

This application is for individuals who holds a current certification from one of the entities approved by DBHDS in [12VAC35-250-30](#).

### APPLICATION INSTRUCTIONS

Follow these steps to apply for a Registered Peer Recovery Specialist (RPRS) registration:

1. **Read** the [Laws](#) regarding governing Counseling and the [Regulations](#) Governing the Registration of Peer Recovery Specialist and utilize the detailed information in the [RPRS Registration Process Handbook](#) for detailed information about the required documents and process to obtain a registration.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
  - Select the license type of: "Registered Peer Recovery Specialist" and the Obtained by Method of "Application".
  - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
  - Ensure you have uploaded all the necessary documents as indicated by this checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
  - Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
  - Application fees are non-refundable.
  - The application fee for RPRS is \$30.00.
  - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
  - Applications that are complete, fully documented, and meet the minimum requirements for [Regulations](#) Governing the Registration of Peer Recovery Specialist will be reviewed within **30 days** of receipt of a **complete** application.
  - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
  - Your [online checklist](#) will be your primary source of application status.
  - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

## **RULES AND GUIDELINES**

- In order to be considered for RPRS registration, you must hold a current certification from one of the entities approved by DBHDS in [12VAC35-250-30](#).
- Medicaid policy requires you to hold an active Board of Counseling RPRS registration and a current certification from one of the entities approved by DBHDS in [12VAC35-250-30](#) in order to be reimbursed for your services.
- Please notify the Board in writing within 30 days of a name change or address change by completing the [Name/Address Change](#) form.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.2](#) addresses of registrants are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with the same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No registration will be issued to any individual who has failed to disclose one of these numbers.**

## RPRS APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	<b>1. VERIFICATION OF CERTIFICATION AND TRAINING</b>	
<input type="checkbox"/>	<p>You must provide evidence of holding one of the following certifications and trainings:</p> <ol style="list-style-type: none"> <li>1. Hold a current <a href="#">Certified Peer Recovery Specialist (CPRS)</a> certificate issued by the <a href="#">Virginia Certification Board (VCB)</a>; <b>or</b>,</li> <li>2. Hold current <a href="#">Nationally Certified Peer Recovery Support Specialist (NCPRSS)</a> certificate issued by <a href="#">The Association for Addiction Professionals (NAADC)</a> <u>and</u> completed the <a href="#">DBHDS 72- hour Peer Recovery Specialist Training Certificate</a>; <b>or</b>,</li> <li>3. Hold a current and valid Peer Recovery Specialist certification from a state whose certification process has been accepted by DBHDS, <u>and</u> completed the <a href="#">DBHDS 72- hour Peer Recovery Specialist Training Certificate</a>; <b>or</b>,</li> <li>4. Hold a current Peer Recovery Specialist certificate issued by the Veterans Administration and completed the <a href="#">DBHDS 72 hour Peer Recovery Specialist Training Certificate</a>.</li> </ol>	<b>ONLINE PORTAL UPLOAD</b>
Required	<b>2. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	<p>You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.</p>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	<b>3. LICENSE/CERTIFICATION OR REGISTRATON VERIFICATION</b>	
<input type="checkbox"/>	<p>If you have ever held, or currently hold, a health or mental health license, certification, or registration in Virginia or any other jurisdiction, whether current, inactive, or expired, you must submit an online license verification.</p> <ul style="list-style-type: none"> <li>• The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> <li>◦ You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>• The verification must include the following information: <ul style="list-style-type: none"> <li>◦ Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>• Submitting a copy of your license certificate is <b>not</b> considered license verification. If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	<b>4. PROOF OF NAME CHANGE</b>	
<input type="checkbox"/>	<p>You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.</p>	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	<b>5. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS</b>	
<input type="checkbox"/>	<p>If you answer "YES" to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to <a href="#">Guidance Document 115-2</a>, for a list of required documentation and further information. Examples of supporting documentation that may be required include:</p> <ul style="list-style-type: none"> <li>• Certified copies of court orders, orders for disciplinary action or denials.</li> <li>• Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>• Evidence of past treatment, such as a discharge summary.</li> <li>• Letter from the applicant's current healthcare provider(s).</li> <li>• Letter from the applicant explaining the factual circumstances of the criminal offense,</li> </ul>	<b>ONLINE PORTAL UPLOAD</b>

	<p>disciplinary action, denial, or condition or impairment.</p> <ul style="list-style-type: none"><li>• Letters from employers concerning work performance.</li></ul> <p>All applications are reviewed on a case-by-case basis.</p>	
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**END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).**