***CERTIFIED PEER RECOVERY SPECIALIST (CPRS)***

***FINANCIAL ASSISTANCE APPLICATION***

**Please complete the application below and submit to MABPCB to determine eligibility for the Financial Assistance Grant Funds. Qualified Applicants will be awarded funding for initial or recertification for the CPRS, RPS credential & CPRS examination retest (1 time only). Upon approval, you will be notified to submit your application for processing within 30 days from the approval notification.**

**All applicants are required to submit their applications. Please include a valid email address in your application for application status updates.** If you need assistance with completion and submission of the application, please send your questions to the email listed below. All Applicants must meet **ALL** of the following requirements prior to submitting this application to qualify for financial assistance. Once your application has been received please allow 2 weeks for processing. You will be notified in writer of your application status.

1. **General Requirements**
   * 1. The Applicant must be at least eighteen (18) years of age;
     2. The Applicant must self-identify as a person in long-term recovery from the effects of a behavioral health disorder (i.e. mental health and/or substance use disorder) for a period of two years or more;
     3. The Applicant must have completed **ALL** required supervision, experiential, and training requirements associated with obtaining the CPRS at the time the assistance is requested.
     4. **(Recertification ONLY)** **You must be within 90 days of your credentials expiration to qualify for funding.**
   1. **Residency Requirements**
      1. All applicants must live or work in Maryland 51% of the time.
   2. **Application Information**
      1. All applicants must be approved for funding PRIOR to submission of your CPRS application for processing.
      2. The Financial Assistance Application must be completed in its entirety. If the applicant does not answer all of the required questions in the application, the applicant will be required to submit a new application for processing.
      3. Submit the completed application to [mabpcbfunding@gmail.com](mailto:mabpcbfunding@gmail.com)

***At this time, we have expanded the eligible uses for this funding to include two new services that will be covered:***

* *CPRS Retest Costs - Peers who do not pass their CPRS exam can now apply to use funds to cover their retest fees.*
* *Registered Peer Supervisor (RPS) Endorsements - Individuals obtaining their RPS endorsement can now apply to use funds to cover their application fees.*
  1. **Appeals Process**
     1. The purpose of appeal is to determine in MABPCB accurately, adequately, and fairly reviewed Applicant’s file while determining funding eligibility. A letter requesting an appeal must be made to MABPCB in writing within 30 days of the notification of the board’s denial to fund. The written appeal will be reviewed by the Executive Committee along with all supporting documentation including the original application. Applicants will be notified in writing as to the findings of the Executive Committee. Executive Committee determinations are final.

Please make a photocopy of this application prior to submission.

Upon approval all CPRS & RPS applications must be submitted using the new MABPCB website [www.mabpcb.com](http://www.mabpcb.com) .

Any CPRS/RPS application submitted via USPS or email will be returned.

**Application for Financial Support for CPRS Credentialing**

**Current Credentials:**  CPRS  Registered Peer Supervisor  CPRS (Expired)  N/A

**Date:** Click here to enter text. **Name:** Click here to enter text.

**Email:** Click here to enter text.**Phone:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Maryland **Zip Code:** Click here to enter text.

**Gender:**  Male  Female  OtherClick here to enter text.

**Ethnicity:** American Indian/Alaska Native Asian Black or African American  Hispanic or Latinx  Native Hawaiian or Other Pacific Islander  White

**Age Range:**  18 – 24  25 – 34  25 – 34  35 – 44  45 – 54  55 – 64  65+

**County of Residence:**  Allegany  Anne Arundel  Baltimore CITY  Baltimore COUNTY  Calvert  Caroline  Carroll  Cecil  Charles  Dorchester  Frederick  Garrett  Harford  Howard  Kent  Montgomery

Prince George’s  Queen Anne’s  St. Mary’s  Somerset  Talbot  Washington  Wicomico  Worcester

**Income Range:**

Under $20,000  $20,000 - $25,000  $25,000 - $30,000  Above $30,000

**I am applying for retesting of the CPRS examination.**  YES  NO

**I am applying for initial RPS status and certify I have met all requirements.**  YES  NO

**(CPRS Only) I self-identify as a person in long-term recovery for at least 2 years or more**.   YES  NO

**I am applying for initial CPRS status and certify I have completed all requirements.**  YES  NO

**I am applying for RPS or CPRS Renewal and certify I have completed all requirements**: YES  NO

**If yes, please provide your CPRS/RPS Number: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I , do hereby certify I have completed all requirements for this funding opportunity and will submit my application within the required 30 days upon approval.**

**Signature / Date**

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| **Please demonstrate your need for financial assistance to support your CPRS credential.** |
| Click here to enter text. |
| **Describe the setting and recovery philosophy of the organization you provide support in.** |
| Click here to enter text. |
| **How has COVID impacted your ability to become credentialed or provide CPRS services?** |
| Click here to enter text. |