



CERTIFIED PEER RECOVERY SPECIALIST (CPRS) **Peer Certification Expansion Fund 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 writing of your application status.

A. 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.**

B. Residency Requirements

1. All applicants must live or work in Maryland 51% of the time.

C. 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. **Applicants with an annual income of \$30,000 or less are prioritized for funding. Applicants with an annual income higher than \$30,000 will be reviewed on a case-by-case basis and are not guaranteed approval.**
4. Submit the completed application to mabpcbfunding@gmail.com
5. CPRS Retest Costs - Peers who do not pass their CPRS exam can apply to use funds to cover their retest fees for **ONE RETEST**.
6. Registered Peer Supervisor (RPS) Endorsements – funding is available for individuals who hold a CPRS who meet all the requirements for RPS Endorsement.

D. 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 . MABPCB DOES NOT ACCEPT PAPER FUNDING APPLICATIONS! ALL FUNDING APPLICATIONS MUST BE SUBMITTED TO THE mabpcbfunding@gmail.com email address. Any applications submitted to any other email will not be accepted.



Application for Financial Support for CPRS Credentialing

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

Date: _____ **Name:** _____

Email: _____ **Phone Number:** _____

Street Address: _____

City: _____ **State:** Maryland **Zip Code:** _____

Gender: Male Female Other _____

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 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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> \$35,001 - \$40,000 | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$45,001 – \$50,000 | <input type="checkbox"/> \$50,001 - \$55,000 | <input type="checkbox"/> \$55,001 - \$60,000 |
| <input type="checkbox"/> \$60,001 – \$65,000 | <input type="checkbox"/> \$65,001 - \$70,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> Over \$80,000 | | |

I am applying for retesting for 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

Please demonstrate your need for financial assistance to support your CPRS/RPS credential.

Please describe the organization that you work with and your role there. How will this funding help you?