

APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. This application is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the domains of the CRSS Young Adult endorsement (CRSS-YA). This process includes validation from employers, supervisors, and instructors.

1. Application forms must be neatly printed or typewritten.
2. Clip your materials to keep them together. Do not place your application materials in binders, folders, report covers, etc.
3. Your check or money order should be made payable to ICB. All fees are non-refundable. (**No** refunds will be given.)
4. Make a photocopy of your entire completed application including all attachments for your records. Send the original copy of the application and copies of all other documents.
Emailed applications will not be accepted.
5. Applications will not be approved until all sections are completed and signed where required. If there are problems with your application materials, you will receive notification via email.
6. It is the applicant's responsibility to notify ICB in writing of any changes to name, work/home address and work/home telephone numbers.
7. Applications not completed after one year will be closed, and the applicant will need to reapply.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to:
ICB, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

CRSS -YOUNG ADULT (CRSS-YA) ENDORSEMENT APPLICATION

PLEASE PRINT (legibly) OR TYPE

Name _____ / ____ / ____
Last First Middle Date of Birth

Home Address _____

City _____ State _____ Zip Code _____

County _____ Telephone ____ / ____ - ____

Email address _____

Current Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

County _____ Telephone ____ / ____ - ____

Email address at work _____

I would like correspondence sent to: Home Address Work Address

Please check one selection from each of the following areas:

Ethnic Origin

- White/Non-Hispanic
- Black/African-American
- Asian or Pacific Islander
- Hispanic
- Other _____

Highest Education Level Completed

- High School Diploma or GED
- Vocational Certificate
- Associate of Arts/Sciences
- Bachelor of Arts/Sciences
- Master of Arts/Sciences
- Doctorate

Primary Work Setting

- Mental Health
- Substance Use Disorders
- Residential
- Intensive Outpatient
- Developmental Disabilities
- Co-Occurring
- Inpatient Treatment
- Private Practice
- Outpatient Treatment
- Case Management & Referral
- Crisis Intervention
- Elementary/High School
- Department of Corrections
- College/University
- Domestic Violence
- HIV/AIDS
- Medical/Hospital
- Other _____

Primary Population Served

- Adults
- Young Adults
- Children
- Geriatrics
- Mixed

Primary Profession

- Social Work
- Counseling
- Peer Recovery
- Psychology
- Occupational Therapy

WORK EXPERIENCE FORM

I hereby attest that the applicant is working and/or volunteering in a position where a minimum of 51% of his/her time is spent providing mental health recovery support services to individuals between the ages of 14 and 25.

The applicant minimally has primary responsibility for providing recovery support services to young adults with mental health conditions; contributing to treatment plans and documenting client progress; or provides peer recovery support services within an organization.

Signature of Supervisor Date

Signature of Applicant Date

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

You must be currently employed or volunteer in a recovery support specialist position working with young adults between the ages of 14 and 25 to be eligible for the Certified Recovery Support Specialist – Young Adult Endorsement (CRSS-YA).

Acceptable employment is one in which the applicant is working in a position where a minimum of 51% of his/her time is spent providing mental health recovery support services specific to individuals between the ages of 14 and 25.

_____ I am a Certified Recovery Support Specialist.
(Attach a copy of your current certification)

You must currently hold the Certified Recovery Support Services credential and be in good standing with the Illinois Certification Board, to be eligible for the CRSS-YA.

BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION. Job description must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment must be verified by job descriptions from employers.

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Signature of Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date Employed:

From _____ to _____ hrs. of work per week _____
mo./day/yr. mo./day/yr.

Place of Employment: _____

Signature of Immediate Supervisor Signature: _____

Title _____ Telephone Number (____) _____

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to ICB regarding my status.

Signature of Applicant

Date

EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education specific to young adult performance domains. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours towards endorsement.

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Performance Domains: Systems of Care Approach, Child Serving Systems, Adolescent and Young Adult Development, Impact of Trauma on Development

Record of Education

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Performance Domains: Systems of Care Approach, Child Serving Systems, Adolescent and Young Adult Development, Impact of Trauma on Development

LETTER OF SUPPORT

ICB believes that credentials should be based on input from a variety of sources, especially the observations of persons who have known the applicant professionally. For this reason, applicants are required to provide this form as a letter of support from a professional who is credentialed through ICB and/or is a Licensed Independent Practitioner and has worked with the applicant in a professional capacity.

APPLICANT'S NAME: _____

I have worked with this applicant and can attest that they have demonstrated the skills and abilities required for providing mental health recovery support services specifically to young adults between the ages of 14 and 25.

I certify that this letter truthfully reflects my support of the applicant, and I hereby recommend this applicant for the CRSS-Young Adult Endorsement.

NAME: _____

SIGNATURE: _____

CREDENTIAL/LICENSE: _____

DATE: _____

COMMENTS (Required): _____

ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information with regards to the documentation I have presented in this application. This information is not available to others outside the registration process without written consent of the applicant.


I give my permission for ICB and staff to investigate my background as it relates to information contained in this application for the CRSS-YA Endorsement. I understand that intentionally false or misleading statements or intentional omissions, shall result in denial or revocation of registration.

I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by ICB, to officers, members, and staff of the aforementioned board.

I further agree to hold ICB, its officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and the subsequent examination, and/or the failure of ICB to issue the registration. In the event my certification and/or license is either sanctioned, terminated or suspended, I agree to surrender my CRSS-YA Endorsement.

I further certify that my CRSS-YA Endorsement and status is public knowledge.

I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the endorsement for which I am applying.

<hr/> Signature of Applicant	<hr/> / / Date
	

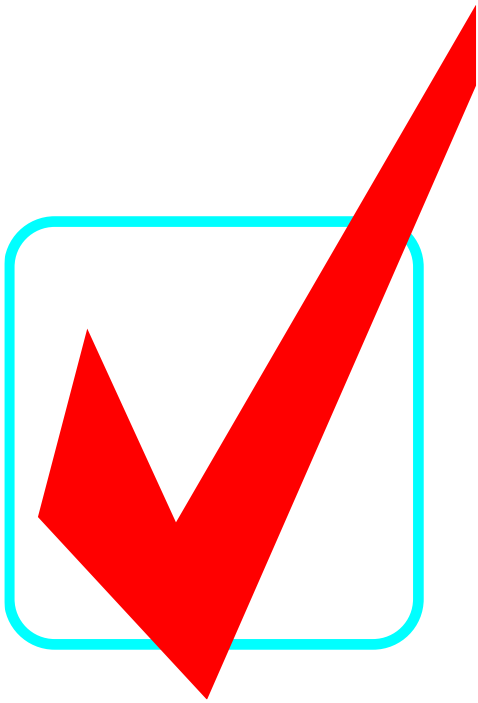
**CODE OF ETHICS REAFFIRMATION
FOR CRSS-YA ENDORSEMENT**

I have read and abide by the Code of Ethics for the Certified Recovery Support Specialist credential.

Signature of Applicant _____ Date _____

Signature of Notary _____ Date _____

Notary Stamp _____



CRSS-YA Endorsement Checklist

The following should be in your Application for the CRSS-YA Endorsement

- _____ General Information Sheet.....page 2-3
- _____ Work Experience Form....page 4-5
(Attach Signed and Dated Job Description)
- _____ Supervised Practical Experience....page 6
- _____ Education Form....page 7
(Attach documentation of completion)
- _____ Letter of Support from a credentialed professional..... page 8
(Credentialed through ICB and/or Licensed Independent Practitioner)
- _____ Assurance and Release (Signed and dated).... page 9
- _____ Code of ethics (Signed and dated)..... page 10

Mail all application materials to:

Illinois Certification Board, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

Applications will not be accepted by email.