

CERTIFICATION EXAMINING BOARD OF LASACT, INC.

P.O. Box 80235 * Baton Rouge, LA 70898-0235

Phone: 225.766.2992 * Fax: 225.766.8552 * e-mail: ceb@lasact.org Website: www.lasact.org

PRSS TWO-YEAR RENEWAL

Dear PRSS Two-Year Certificate Holder:

Your Peer Recovery Support Specialist (PRSS) certificate expired August 3, 2019. Attached are the necessary re-certification documents for a two-year renewal period:

- (1) Re-certification Requirements
- (2) Re-certification Application Form
- (3) Education Summary Form
- (4) Code of Ethics (Code of Ethics pages on Separate Listing)

A generic IC&RC certificate is issued at no charge to you at the time of your renewal. You will now be able to reciprocity your credential to another state that IC&RC recognizes. Also, you have the option of ordering an official international certificate for a fee of \$25.00 for each certificate requested (see attached form). This certificate will include your official certification number which is omitted from the generic certificate.

Read all attached documents thoroughly and carefully so you will know exactly what you need to do to re-certify.

Sincerely,

Janice Rebstock

Janice Rebstock
CEB Chairman

JR:dcs

Attachments:

- Recertification Requirements (Page 2)
 - Application for Recertification (Page 3)
 - Summary of Continuing Education Hours (Page 4)
 - IC&RC Official Certificate Request Form (Page 9)
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Recertification Requirements PEER RECOVERY SUPPORT SPECIALIST (PRSS) Two-Year Certification

PRSS: After the initial certification period, renewal of the PRSS is required every two years. During each two-year cycle, recertification will require 20 contact hours of LASACT/CEB approved education which needs to be in the following domains:

- Advocacy
- Mentoring/Education
- Recovery/Wellness Support
- Ethics (of the 20 hours needed for renewal, 6 hours must be in Ethics.)

In-service hours will not be allowed.

1. Hours may be accrued up to 90 days preceding the certification cycle, if not used for the previous certification. If you have all of the necessary continuing education hours but miss the deadline for submission of your application for recertification, you have a 90-day grace period within which you may submit your application with a \$50 late fee.
2. If you do not have all of the necessary continuing education hours, your certification will lapse; however, the individual has up to one year after the expiration date to obtain a pro-rated number of hours and pay a late fee of \$50 in addition to the \$100 recertification fee. You may contact us at ceb@lasact.org for assistance in calculating your hours and additional fees. After renewing, your certification date goes back to the original expiration month/day.
3. After the recertification date expires, the individual will no longer hold a PRSS and no further use of the PRSS is permitted until the individual has recertified.

An Applicant for a two-year re-certification should submit the following documents and fees.

1. Application Form that LASACT will provide and that will be posted on our web site at www.lasact.org/ under the Certification Tab.
2. Signed Code of Ethics Statement located at the bottom of the Application Form. Keep all Code of Ethics pages for your files.
3. Documentation of 20 contact hours of LASACT/CEB approved education in the different domains mentioned above which must include six hours in ethics for the two-year recertification cycle. Verification of completion of hours (certificate/letter, etc.) must be submitted with the Summary of Continuing Education Hours form.
4. Appropriate Fee determined by the following Fee Schedule:

PRSS Renewal:

(Check applicable item)

Convenience Fees Apply only to Pay Pal and Credit Card Payments

\$10 fee for charges \$200 and above.....\$5 fee for charges under \$200

*A separate payment must be made for the Late Fee if paid by Pay Pal or Credit Card

_____ \$100 renewal fee if received by the expiration date.

_____ \$50 late fee is required if application is sent after the expiration date.*

_____ \$25 fee for each Official International Certificate ordered (*OPTIONAL*)

All fees are non-refundable.

You have a 90-day grace period to get the required materials to us with the late fee; however, education hours may not be acquired during this period.

Certification Renewal Notices will also be sent out by e-mail. Please notify us of any changes to your e-mail address

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APPLICATION FOR RECERTIFICATION (2-YEAR PERIOD) PEER RECOVERY SUPPORT SPECIALIST (PRSS)

August 3, 2019
PRSS Certificate Expiration Date

Name to appear on certificate(s) _____ Please Print Clearly

Address: _____ Street/Apt. #/P.O. Box _____

City _____ State _____ ZIP _____

Phone: W _____ H _____ E-mail _____

Place of Employment: _____

Employers Address: _____

City _____ State _____ ZIP _____

Required Enclosures - check applicable statement:

- Application for Recertification (Be sure to sign the Code of Ethics located at the bottom of the APPLICATION sheet.)
- Education Summary Form including certificates verifying CEHs acquired within the PRSS renewal cycle.
- Renewal Payment as per schedule listed below.

Convenience Fee Added only to Pay Pal and Credit Card Payments

Payment Options:

\$10 Fee added to charges \$200 and above.....\$5 Fee added to charges under \$200

(Check applicable item)

**A separate pay pal or credit card payment must be made for all late fees.*

Online at www.lasact.org using PayPal AND fax renewal materials to 225.766.8552.

Payment by Credit Card (*See Below)

Check or Money Order in the amount of \$ _____. (Make check payable to LASACT/CEB. Mail payment and forms to P.O. Box 80235, Baton Rouge, LA 70898-0235.)

PRSS 2-Year Recertification Period (Check Appropriate Item):

- \$100 Renewal fee for a two-year cycle if received by the expiration date.
- \$ 50 Late fee for certification renewal submitted after the expiration date. *see above
- \$ 25 Charge for each Official International Certificate(s) Ordered (*Optional*)

Signature below denotes that applicant:

is currently active in the field of alcohol and substance abuse; is free of any ethical or malpractice violation; ACCEPTS ALL OF THE PRINCIPLES OF THE ATTACHED CODE OF ETHICS AND DISCIPLINARY PROCEDURE.

Print Name Here _____ Signature _____

Date _____

Rev 2/2017

THIS FORM AND OTHER REQUIRED INFORMATION MUST BE POSTMARKED BY THE EXPIRATION DATE. REMINDER: IF ALL CEH'S ARE NOT OBTAINED BY THE EXPIRATION DATE, PRO-RATED HOURS MUST BE SUBMITTED WITH LATE FEE.

*CREDIT CARD Name on Card: _____ Card # _____
INFORMATION: Expire Date: _____ Security Code: _____ Billing Zip _____

Certification Examining Board of LASACT
SUMMARY OF CONTINUING EDUCATION FOR PRSS RENEWAL
2-YEAR CERTIFICATION

Name: _____

 August 3, 2019
 PRSS Certificate Expiration Date

Continuing Education Requirement: 20 hours of LASACT/CEB approved education in the different domains ***including six hours in ethics*** received within the two-year recertification cycle.

Dates to be covered will be the two-year period of this certification cycle is Aug 3 2017 – Aug 3, 2019

Date	Provider		# Hours
Total Hours			

Make extra copies as needed.

Instructions:

- . Enter only one educational event per row.
- . Provide the information requested in each column for each educational event.
- . Number of hours must total a minimum of 20 for the renewal period.
- . ***Attach a copy of verification of attendance for each educational event listed.*** Certificates must show the provider, date(s), title of event, speaker/presenter, number of contact hours completed, and your name. Certificates without this information will be rejected.
- . If college or university credit was given, hours are determined at the rate of 15 clock hours per semester credit hour.
- . Hours received up to 90 days preceding this cycle can be used if they were not used in a previous renewal.

THIS FORM MUST BE COMPLETED. MAKE EXTRA COPIES IF NECESSARY. DO NOT WRITE ON THE BACK. ALSO, SIMPLY SAYING "CERTIFICATE ATTACHED" IS NOT ACCEPTABLE

LASACT

SUBMIT THIS FORM **ONLY** IF YOU WANT AN OFFICIAL CERTIFICATE

(Cost is \$25 per Certificate)

Date of Request: _____

PRSS.....IPR

OFFICIAL CERTIFICATE

Please Print Clearly

NAME TO APPEAR ON IC&RC _____ State/Zip _____

ADDRESS: _____

Phone Number: _____

Payment Methods

(All convenience Fees are Waived for Credit Card and Pay Pal Payments)

Amount of Payment Submitted \$ _____ (\$25 per certificate ordered)

Method of Payment Check _____ Money Order _____ Pay Pal _____
(Check One) Credit Card _____ Other _____

If Paid by Credit Card:

Card Number _____ Expire Date _____ Security Code _____

Name on Card if Different From Above: _____

Billing Zip Code _____

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For Office Use: LASACT member N/A Contacted IC&RC for # _____
for Certificate _____ Credential Issue Date _____
Database/Spreadsheets Updated _____ Credential Expire Date _____
Date Certificate Mailed _____ Date IC&RC to be Notified _____