



2020 New York State Recovery Conference | Albany, October 18-20, 2020  
 "Owning Our Recovery"

**WORKSHOP & PRESENTATION CONTINUING EDUCATION APPROVAL PROGRAM**  
**Training Approval Application**

Thank you for your interest in delivering quality content relevant to the continuing education interests of the peer recovery profession and certificants of the New York Certification Board @ ASAP (CRPA; CRPA-Family; CRPA-Youth; CARC).

In fulfillment of our primary responsibility to safeguard the integrity of our certifications, NYCB welcomes applications for training approval for programs delivering the role knowledge, skills, abilities required by the individual certifications. NYCB training approval confirms that your program will be accepted from candidates in support of their certification renewal applications. As soon as your program is approved, you will be invited to add our approval badge to your training and marketing materials.

To ensure timely review, please submit your training approval application no later than **Friday 18 September**. Please email this document, and all supporting materials, to [rriddick@asapnys.org](mailto:rriddick@asapnys.org).

Title of Workshop/Presentation: \_\_\_\_\_

Name and Recovery Credentials of Presenter(s): \_\_\_\_\_

Organization & Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Number of Contact Hours Requested : \_\_\_\_\_

**This training is suitable for** (check all that apply):

Peer Recovery Role Competencies by Domain							
CRPA	✓	CRPA-Family	✓	CRPA-Youth	✓	CARC	✓
Advocacy	<input type="checkbox"/>	Family Peer Support	<input type="checkbox"/>	Youth Peer Support	<input type="checkbox"/>	Recovery from Addiction	<input type="checkbox"/>
Mentoring & Education	<input type="checkbox"/>	Recovery & Addiction	<input type="checkbox"/>	Recovery & Addiction	<input type="checkbox"/>	Recovery Coaching	<input type="checkbox"/>
Recovery/Wellness Support	<input type="checkbox"/>	Cultural Awareness & Sensitivity	<input type="checkbox"/>		<input type="checkbox"/>	Recovery Education	<input type="checkbox"/>
Ethical Responsibility	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Ethical Responsibility	<input type="checkbox"/>

**Attachments that must accompany your application:**

- Workshop/presentation agenda.
- Goals and learning objectives.
- Resume/Bio of Presenter(s).
- Training Approval Fee – *Fee waived in recognition of conference support by ASAP-NYCB*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_