

APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications that is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of a Certified Veteran Support Specialist. This process includes validation from employers, supervisors, and trainers. An approved application means an applicant is eligible to sit for the CVSS examination.

1. Application forms must be neatly printed or typewritten.
2. Staple or paperclip your materials to keep them together. Do not place your application materials in binders, folders, report covers, etc.
3. Application Fee for those currently holding a CRSS and/or CADC is \$60.00
Application Fee for those not previously certified by the ICB is \$85.00
Checks and money orders should be made payable to ICB. All fees are non-refundable.
4. Make a photocopy of the 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 reviewed until all sections are completed and signed where required. Applicants will receive written notification of any problems with the application.
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 in process will be held by ICB for **one year and then destroyed** if not completed, requiring reapplication
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
401 East Sangamon Avenue
Springfield, IL 62702

APPLICATION FOR CVSS

PLEASE PRINT OR TYPE

| | | | |
|---|----------------------|----------------|-------------------|
| Name _____ | | | |
| Last | First | Middle | Date of Birth / / |
| Home Address _____ | | | |
| Apartment number (if applicable) _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| County _____ | Home Telephone _____ | Home Fax _____ | |
| Email Address(Home) _____ | | | |
| Email Address(Work) _____ | | | |
| Employer Name _____ | | | |
| Employer Address _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| County _____ | Work Telephone _____ | Work Fax _____ | |
| I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Male <input type="checkbox"/> Female (Check only one box) | | | |

Please check one selection from each of the following areas:

Ethnic Origin

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Other

Highest Education Level Completed

- No High School Diploma or GED
- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science
- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

Primary Work Setting

- VA
- Substance Use
- Mental Health
- Co-Occurring
- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Developmental Disabilities
- Residential
- Intensive Outpatient
- CILA
- Other _____

Primary Population Served

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed
- Children
- Geriatrics
- Mixed

Please indicate if you hold any of the following certifications/board registrations:

- CADC
- CRADC
- CSADC
- CAADC
- CRSS
- CARS
- CPS
- CSPS
- CODP I
- CODP II

Briefly Describe Your Military Service

Which Service _____
 Date of Service _____
 Military Specialty _____

- Active Duty Yes No
 Guard Yes No
 Reserves Yes No
- Other _____

PLEASE NOTE: ICB, INC., RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM ALL EMPLOYERS AND OTHER PERSONS LISTED ON THE APPLICATION FORM. ICB, INC., AND ITS REVIEW COMMITTEES RESERVE THE OPTION TO REQUEST AN ORAL INTERVIEW WITH THE APPLICANT. THIS INFORMATION WILL BE USED STRICTLY TO EVALUATE THE PROFESSIONAL COMPETENCE OF THE CVSS AND WILL BE KEPT CONFIDENTIAL BY ICB, INC. FURTHER INFORMATION MAY BE REQUESTED IN ORDER TO VERIFY TRAINING, EMPLOYMENT, ETC. THIS INFORMATION IS NOT AVAILABLE TO OTHER PERSONS WITHOUT THE WRITTEN CONSENT OF THE APPLICANT.

EXPERIENCE VERIFICATION FORM

I hereby attest that the applicant is working/volunteering in a position where a minimum of 51% of his/her time is spent providing military cultural substance use disorder and/or mental health recovery support services.

The applicant minimally has primary responsibility for providing Veteran recovery support services to an individual and/or group, preparing recovery plans, documenting progress and is supervised by an individual who is knowledgeable in the Veteran Support Specialist Performance Domains.

Signature of Supervisor

Date

Signature of Applicant

Date

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

You must be currently employed by, or volunteer in, a Veteran recovery support specialist position to be eligible for CVSS credentialing;

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 Veteran recovery support services.

The applicant minimally has primary responsibility for providing Veteran support services to an individual and/or group, preparing service plans, documenting Veteran's progress and is supervised by an individual who is knowledgeable in the Veteran Support Specialist Performance Domains.

BE SURE TO ATTACH A JOB/VOLUNTEER DESCRIPTION FOR YOUR CURRENT POSITION. Job/Volunteer descriptions must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment/volunteer hours must be verified by job/volunteer descriptions. Please reproduce this form as needed.

Position/title _____

Date of Employment or Volunteer Hours:

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

Place of employment or where volunteer hours were served:

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Position/title _____

Date of Employment or Volunteer Hours:

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

Place of employment or where volunteer hours were served:

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

Application # _____

Position/title _____

Date of Employment or Volunteer Hours:

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

Place of employment or where volunteer hours were served:

Immediate Supervisor: _____

Title _____ Telephone Number (____) _____

OTHER CERTIFICATIONS/LICENSES: List any other certifications or licenses you hold, and the state in which the credential is issued; if credential is national, please note.

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 the ICB regarding my status.

Signature of Applicant

Date

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating applicant’s supervised practical training. This form is not intended to document applicant’s total number of hours worked/volunteered, but rather the hours of supervision you have provided the applicant directly or indirectly. **PLEASE RETURN THIS FORM DIRECTLY TO ICB, 401 East Sangamon Avenue, Springfield, IL 62702.**

Name of Applicant _____
 (LAST) (FIRST) (MI)

I hereby attest to the fact that I have provided the applicant supervision for the number of hours noted below.

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the **Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration’s Technical Assistance Publication Number 21**. TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing performance.

Performance Domains

| | <u>Number of Hours Received in Each</u> |
|-----------------------------------|--|
| Advocacy | _____ (minimum 10) |
| Health and Wellness Support..... | _____ (minimum 10) |
| Mentoring | _____ (minimum 10) |
| Professional Responsibility | _____ (minimum 10) |
| Reintegration | _____ (minimum 10) |
| Systems Navigation | _____ (minimum 10) |
| Other..... | _____ |

Hours of supervision I have provided the applicant (#) _____ (minimum 100)

Signature of Supervisor

Date

Name of Supervisor (Printed)

Title of Supervisor

Agency/Facility

EDUCATION FORM

Please document and attach proof of 6 hours of Professional Ethics and Responsibility, 60 hours of CVSS Specific training (minimum of 10 hours in each Domain: Advocacy, Health and Wellness, Mentoring, Professional Responsibility, Reintegration, and Systems Navigation) and 34 hours of Topic Areas training.

A minimum of 2 hours must be earned in each Topic Area listed below:

- Adult Education/Teaching Skills
- Community Integration
- Effective Advocacy
- Identification and Treatment of Mental Health Disorders
- Identification and Treatment of Substance Use Disorders
- Interpersonal Communication
- Legal Issues/Confidentiality/HIPPA
- Military Cultural Competence
- Professional Ethics
- Stigma Discrimination Issues
- Suicide Prevention
- System Navigation and Services Access
- Wellness Management/Recovery and Resiliency

Record of Education:

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Circle: Ethics / CVSS Specific / Topic Areas

List Domain or Topic Area: _____

Record of Education:

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Circle: Ethics / CVSS Specific / Topic Areas

List Domain or Topic Area: _____

Please reproduce this form as needed to record all RELEVANT education. 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 certification.

Record of Education:

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Circle: Ethics / CVSS Specific / Topic Areas

List Domain or Topic Area: _____

Record of Education:

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Circle: Ethics / CVSS Specific / Topic Areas

List Domain or Topic Area: _____

Record of Education:

Dates Attended _____ Clock Hrs/Credit Hrs _____

Courses/Program Title _____

Sponsoring Organization _____

Briefly Describe the Content of Education _____

Circle: Ethics / CVSS Specific / Topic Areas

List Domain or Topic Area: _____

STATEMENT OF UNDERSTANDING

The Certified Veteran Support Specialist credential is designed to certify an individual's competency in the field of Veteran recovery support primarily for Servicemembers, Veterans and their Families (SMVF). Under this credential, a Veteran is defined as any person who is or was a servicemember of the Armed Forces of the United States both Active and Reserve components, regardless of combat experience or discharge status.

The role of the CVSS is to use his/her life experiences as an example of recovery and resiliency. In addition, the CVSS responsibilities include advocating for the needs of Veterans as well as teaching them how to advocate for themselves, assisting the Veteran to navigate service and support systems and to help the Veteran identify and achieve personal recovery goals.

I understand the definition of 'Veteran' as described above and my affixing my signature I accept and agree to these terms. I understand that upon successful completion of the application and examination I will be issued a certificate as a Certified Veteran Support Specialist (CVSS) under the terms stated above.

Signature

Date

ASSURANCE AND RELEASE

The Illinois Certification Board (ICB) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified Veteran Support Specialist. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

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

“I further agree to hold the ICB, it’s 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 subsequent examinations, and/or the failure of ICB to issue certification.”

“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified Veteran Support Specialist.

“I further certify that my Certified Veteran Support Specialist classification 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 certification for which I am applying.”

Signature of Applicant

Date

CODE OF ETHICS FOR CERTIFIED VETERAN SUPPORT SPECIALIST

CODE OF ETHICS FOR CVSS PROFESSIONALS

A code of ethics is a set of guidelines which are designed to set out acceptable behaviors for members of a particular group, association, or profession. The CVSS code of ethics serves to:

1. Protect consumers of recovery support services
2. Set a professional standard
3. Increase confidence in the profession
4. Identify core values which underlie the work performed
5. Create accountability among CVSS professionals
6. Establish occupational identity and maturity

| ETHIC | IMPORTANCE |
|--|--|
| CVSS professionals will, when appropriate, openly share their stories of hope and recovery and will likewise be able to identify and describe the supports that promote their recovery and resilience. | Science has shown that having hope is integral to an individual’s ability to recover. Hearing stories of recovery helps people develop hope, particularly when those stories are relevant to others’ lives and helps them to identify supports for their own recovery. |
| CVSS professionals will practice safe and healthy disclosure about their own experience through general sharing focused on providing hope and direction toward recovery. | The experience of recovery and what is helpful is different for each person. Sharing one’s recovery story can promote hope, but must not be prescriptive. |
| CVSS professionals will maintain high standards of personal conduct and will also conduct self-care in a manner that fosters their own recovery. | As a role model, a CVSS professional’s integrity and health choices influence the practices of persons served. |
| CVSS professionals will fairly and accurately represent themselves and their capabilities to individuals they serve and to the community. | The goal is to get a person to the right source of support for their current need. Damage occurs when a professional misrepresents what services they are qualified to provide. |
| CVSS professionals will keep current with emerging knowledge relevant to recovery and openly share their knowledge. | Persons served deserve to make choices based on the best information possible. Information and understanding regarding mental health recovery is ever evolving and expanding. |
| CVSS professionals will not misuse substances under any circumstances. | As a role model, a CVSS professional’s integrity and health choices influence the practices of persons served. |

| | |
|---|--|
| CVSS professionals will provide services to meet the identified needs of the individuals they serve as indicated within their service plan. They will avoid providing services that are unnecessary or not capable of producing the desired effect. | Persons served deserve individualized services with demonstrated effectiveness. |
| CVSS professionals shall only provide service and support within work hours and locations approved by the agency. | Persons must be afforded protection from abuse, misconduct and conflicts of interest which are more likely to occur outside the scope of professionally sanctioned hours and settings. |
| The primary responsibility of CVSS professionals is to help individuals they serve achieve their goals, based upon their needs and wants. | While personal responsibility and individual choice are cornerstones of recovery, these are balanced by the need for support and safety not only of the individual, but of others and the greater society. |
| CVSS professionals will advocate for the full involvement of individuals they serve in communities of their choice with services in safe and least restrictive environments possible. | Recovery is the process by which persons with mental illnesses live, work, learn and participate fully in their communities. All individuals have the right to live in a safe and least restrictive environment. |
| CVSS professionals must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition. | Individuals have the right to be treated with equality and esteem. |
| CVSS professionals will never intimidate, threaten, harass, financially exploit, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve. | Even when providing support services, the CVSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals. |
| CVSS professionals will avoid relationships or commitments that conflict with the interests of individuals they serve, impair professional judgment, imply a conflict of interest, or create risk of harm to individuals they serve. When dual relationships are unavoidable, it is the responsibility of the professional to seek supervisory consultation to conduct him/herself in a way that does not jeopardize the integrity of the helping relationship. | Even when providing support services, the CVSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals. |
| CVSS professionals will not accept gifts of | Even when providing Veteran support services, |

| | |
|---|--|
| <p>significant value from individuals they serve. They do not loan, give, or receive money or payment for any services to, or from, individuals they serve.</p> | <p>the CVSS professional is at least implicitly in a position of power as a staff person and must be careful how that influence or perceived authority might place pressure upon individuals to give. A gift of significant value from a consumer is essentially payment for a service that is already being paid for by other means. Receiving a gift from an individual may also unintentionally impact the treatment of that individual and other persons served in an unfair manner.</p> |
| <p>CVSS professionals will, at all times, respect the rights, dignity, privacy and confidentiality of those they support. CVSS professionals will respect confidential information shared by colleagues in the course of their professional relationships and interactions.</p> | <p>Individuals have rights, including the right to privacy, and CVSS professionals should not only honor, but advocate for the necessity and enforcement of such rights.</p> |
| <p>CVSS professionals have a duty to inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to an individual they are serving or other identifiable person. CVSS professionals working in the human services field are mandated reporters of abuse, neglect and exploitation.</p> | <p>The professional has a duty not only to protect persons served, but also other individuals and society at large.</p> |
| <p>CVSS professionals will avoid negative criticism of colleagues in communicating with individuals they serve and other professionals.</p> | <p>CVSS professionals must use their influence for constructive purposes and not engage in activities that detract from the recovery support of persons with mental health challenges. Persons served benefit from a thoughtful, team based approach where their welfare is the primary concern.</p> |

Adapted from the Peer Specialist Code of Ethics and Professional Standards by Colorado’s Northeast Behavioral Health Partnership (2011)

PERSONAL STATEMENT

As a Certified Veteran Support Specialist, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethics.

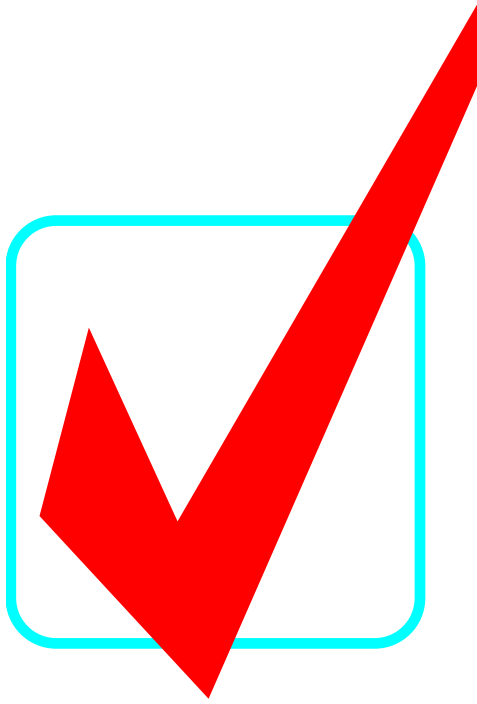
NAME

DATE

NOTARY SIGNATURE

DATE

NOTARY STAMP



CVSS Application Checklist

The following should be included in your CVSS Application:

- _____ General Information and Demographics
- _____ Employment/Volunteer forms including all documentation. These forms include a job/volunteer description on agency letterhead signed and dated by applicant and supervisor.
- _____ Supervisor form completed by your supervisor.
- _____ Education forms including all documentation.
- _____ Statement of Understanding signed and dated by applicant
- _____ Assurance and Release signed and dated by applicant.
- _____ Code of Ethics signed dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702