

# Foreword

**The Illinois Association of Extended Care (IAEC) began in 1988 to unite extended care programs in the State of Illinois. Being a member of the national Association of Halfway House Alcoholism Programs (AHHAP), IAEC adapted the NCRS credential in 1994 and was granted permission from AHHAP to confer this credential to recovery professionals in the State of Illinois.**

**In 1999, the Illinois Association of Extended Care (IAEC), Illinois Alcoholism and Drug Dependence Association (IADDA) and the Illinois Department of Human Services (IDHS) Office of Alcoholism and Substance Abuse (OASA) began discussion about an Illinois specific NCRS. We are grateful to AHHAP for beginning the credential and allowing IAEC to develop an Illinois specific Certified Recovery Specialist (NCRS).**

**Respectfully submitted by:  
Executive Committee of the Illinois Association of Extended Care**

IAEC is pleased to announce a collaboration with the Illinois Certification Board, Inc (ICB). to administer the NCRS credential. All applications, examinations, certification and maintaining the NCRS certification will be handled by the (ICB).

## **CONTACT INFORMATION:**

### **ILLINOIS CERTIFICATION BOARD INC.**

401 E SANGAMON AVENUE

SPRINGFIELD, IL 62702

**OFFICE:** (217) 698-8110

**EMAIL:** [INFO@IAODAPCA.ORG](mailto:INFO@IAODAPCA.ORG)

**WEB** [WWW.IAODAPCA.ORG](http://WWW.IAODAPCA.ORG)

**MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO: ICB, INC.**

The Illinois Association of Extended Care, Inc. is a 501(c)(3) not-for-profit corporation registered in Illinois

## Purpose

- To provide effective residential extended care to recovering alcoholics and addicts who have completed or are still in treatment.
- Coach and support individuals in recovery from alcohol and/or drug abuse.
- Build public confidence in the extended care halfway house/recovery home process.
- Ensure quality care to the consumer of extended care.
- Open doors to new professional opportunities for recovering chemically dependent individuals.
- To provide individuals in recovery with a support system to develop/learn sober living skills.

## Rationale

The Illinois Association of Extended Care (IAEC) endorse the concept that the support and coaching provided in an extended care setting is a specialty requiring performance by competent and professional individuals. The standard for recognition of these individuals is based on the side of proven experience in long term recovery, recovery support systems and sober living skills. Experiential training and education pertaining to long-term recovery are essential at this level of care.

# Preface

This document defines the role, purpose, functions and responsibilities of the certified recovery specialist professional and establishes a fair methodology for evaluation of competency. The credential defines minimum acceptable standards for the recovery specialist knowledge and skills, thereby assuring the recovering specialist professionals and operators meet an acceptable standard of competency.

## IAEC Philosophy Statement

The evidence is conclusive that extended care facilities are a part of the continuum of care in the State of Illinois. Therefore, behavioral health providers have a responsibility to assist recovering persons who are leaving treatment or assessed as needing continuing support to be referred to such a facility.

In Illinois, the NCRS credential fosters continuing professional development and recognizes unique skills required in programs that promote individual, family and community recovery. National Certified Recovery Specialists share and upgrade skills by means of specialized education and training and peer-oriented experiential learning.

The NCRS credential provides affirmation, encouragement and peer recognition of staff (employees & volunteers) that work in Halfway Houses, Recovery Homes, Sober Rooming Houses, Neighborhood Recovery Centers and other Social Model Programs and Centers.

The overlap of roles and responsibilities in this continuum of care has resulted in greater communication and interdependence among treatment and recovery specialist professionals. The development of a national certification for a recovery professional is designed to strengthen the supervision and rehabilitative potential provided by our continuum of care.

# Introduction

Extended care facilities employ individuals who fill a unique role among health and human service professionals. Such practitioners work in a unique setting and utilize numerous approaches. They recognize the need to assure quality care to residents. Toward that end this voluntary credentialing system has been designed for extended care professionals who provide services to adult alcohol and drug-involved individuals.

The demonstrated link between extended care and recovery has resulted in the development of this credentialing process. Individuals seeking this certification must be knowledgeable of both the recovery and substance abuse treatment systems.

Extended care recovery professionals are educated in a wide range of disciplines including criminal justice, addictions, social work, health, psychology and other human service disciplines. The Extended Care Professional certification is designed to assess an individual's ability to provide support and direction to alcohol/drug involved individuals. It defines an extended care professional's role and function, thus distinguishing these individuals among other health and human service providers. The certification process is designed to accommodate and evaluate those who are both experientially trained, as well as those who are academically trained.

This process sets a baseline standard for professionals working in extended care settings when providing an array of services to alcohol/drug-involved residents. Such professionals are given recognition for meeting specific predetermined criteria. The purpose is to assure that quality services are available to adult alcohol/drug involved individuals. Certification provides a professional credential that can guide employers in selecting competent staff and sets the direction for further professional growth.

## Definition and Setting

This certification process was developed for professionals working with the alcohol and other drug abuse (AODA) extended care populations. The setting in which the required number of work and supervised hours must be met is defined as: Any setting which provides case management services, service coordination, behavior management or behavior shaping to alcohol/drug involved individuals.

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# NCRS Application Instructions

The initial application is a brief sketch of the professional's qualifications. This 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 an extended care alcohol and drug abuse professional. This process includes validation from employers, supervisors and trainers. An approved application means an applicant is eligible to sit for the NCRS exam.

1. Application forms must be neatly printed or typewritten.
2. Staple or paper 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 for \$75.00 should be made payable to ICB, INC. All fees are non-refundable.
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. (FAXED applications will not be accepted!)
5. If there are problems with your application materials, you will receive written notification.
6. IAEC reserves the right to request further information from employers and other persons listed on the application forms.

**Send completed application to:**

**ICB, INC  
401 E SANGAMON AVENUE  
SPRINGFIELD, IL 62702**

# Minimum Requirements

Below, you will find a chart detailing the minimum requirements for certification based on work experience, supervised experience and training/education:

LEVEL	Direct Services/Work Experience	Hours of Direct Supervision	Hours of Education	Written Exam/Other Fees
Recovery Specialist	1000 hours of work experience or 2000 hours of volunteer experience	75 hours	60 hours	Exam: Yes – NCRS Fee: \$120.00 Initial

**\*1500 hours shall have been in direct recovery support systems services. (i.e., Residential Extended Care Facility or Recovery Home)**

# Education

Hours of education may include content on the following:

- Ethics
- Dynamics of Addiction
- Legal and Professional Responsibility
- Crisis Intervention
- Self-help & Recovery
- Case Management, Monitoring
- Counseling

Suggested Education Sources

- Illinois Association of Extended Care (IAEC)
- Illinois Alcohol and Other Drug Abuse Professional Certification Association (IAODAPCA)
- Social Model of Recovery
- Illinois Licensure Rule 2060
- IAEC Program Standards / Body of Knowledge
- Slaying The Dragon
- Loosening The Grip
- A.A. World Services Approved Literature
- ASAM Patient Placement Criteria II

## Letters of reference

Applicants must supply three (3) letters of reference from substance abuse professional staff as defined in Section 2060.309.

## CHECKLIST

- NCRS APPLICATION FORM**
- EMPLOYMENT FORM**
- VOLUNTEER /EMPLOYMENT SETTING FORM**
- SUPERVISED PRACTICAL EXPERIENCE FORM**
- EDUCATION FORM (WITH ATTACHMENTS IF NECESSARY)**
- SIGNED ASSURANCE & RELEASE FORM**
- SIGNED CODE OF ETHICS FORM**
- THREE LETTERS OF REFERENCE**
- CHECK OR MONEY ORDER FOR \$75.00 MADE PAYABLE TO ICB, INC.**

Application # \_\_\_\_\_

# Application for NCRS

*PLEASE PRINT OR TYPE*

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

HOME ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP CODE

CONTACT PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOBRIETY DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PLACE OF EMPLOYMENT:

\_\_\_\_\_

EMPLOYER ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER PHONE:

(\_\_\_\_) \_\_\_\_\_

EMPLOYER FAX:

(\_\_\_\_) \_\_\_\_\_

I would like my mail sent to: \_\_\_\_\_HOME \_\_\_\_\_WORK

# Employment Form

**NOTE:** Please reproduce this form if needed for documentation of work experience.

**POSITION/TITLE**

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**DATE EMPLOYED:**

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

**IMMEDIATE SUPERVISOR:** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_

---

**POSITION/TITLE**

---

**DATE EMPLOYED:**

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

**IMMEDIATE SUPERVISOR:** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_

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# Volunteer – Employment Setting

**VOLUNTEER/EMPLOYMENT SETTING:**

A. Clinical Setting

\_\_\_\_\_ Detox    \_\_\_\_\_ Outpatient    \_\_\_\_\_ Inpatient

\_\_\_\_\_ Halfway House    \_\_\_\_\_ Extended Care Facility

B. Personal Role/Activity

\_\_\_\_\_ Part-time employee    \_\_\_\_\_ Full-time employee

\_\_\_\_\_ Volunteer

\_\_\_\_\_ OTHER (please specify)

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

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I hereby attest to the fact that I, the applicant, am providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to alcohol/drug involved adult or juvenile offenders. Further, 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 IAEC regarding my status.

---

Signature of Applicant

Date

Application # \_\_\_\_\_

# Supervised Practical Experience

To Supervisor: Please complete this form indicating applicant's supervised practical experience. This form is not intended to document applicant's total number of hours worked, but rather the hours of supervision you have provided the applicant.

**PLEASE RETURN THIS FORM DIRECTLY TO:**

**ICB  
401 E SANGAMON AVENUE  
SPRINGFIELD, IL 62702**

APPLICANT'S NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

EDUCATION LEVEL \_\_\_\_\_

I hereby attest to the fact that the applicant is providing services in a setting which provides either counseling, service coordination, behavior management or behavior shaping to alcohol/drug involved adult or juvenile clients and that I have provided the applicant face-to-face supervision for the number of hours noted below.

Hours of supervision I have provided the applicant (#) \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency/Facility

\_\_\_\_\_  
Phone Number

# Supervision

Realizing that supervision may take place in a variety of settings and have many faces, IAEC determined not to place limiting criteria on areas of supervision or 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 counselor performance.*

*Supervised hours are understood to be face-to-face supervision.*

GROUP A Resident Screening Resident Intake Resident Orientation Resident Assessment	20	20
GROUP B Case Management Crisis Intervention Resident Education Intervention Referral	20	40
GROUP C Reports & Record Keeping Consultation	10	20
GROUP D Supervision		
Any Groups or Combination of Groups A, B, C, or D	5	50
<b>TOTAL (Combined Minimums)</b>	<b>75 hours</b>	<b>150 hours</b>

FUNCTION	# OF HOURS	SUPERVISOR	METHOD OF SUPERVISION
<p>GROUP A:</p> <p>A-1 Screening</p> <p>The process by which a resident is determined appropriate and eligible for admission to a particular program.</p>			
<p>A-2 Resident Intake</p> <p>The process of collecting resident information at the beginning of residential extended care stay that is used in assessment of a resident for residential extended care stay</p>			
<p>A-3 Resident Orientation</p> <p>Individual or group sessions to familiarize clients with program services, expectations and goals.</p>			
<p>A-4 Resident Assessment</p> <p>The process by which a specialist evaluates the intake information collected in order to determine the appropriate services. This includes knowledge and application of the ASAM PPC2 and recovery support systems</p>			

FUNCTION	# OF HOURS	SUPERVISOR	METHOD OF SUPERVISION
<p>GROUP B:</p> <p>B-1 Recovery Planning</p> <p>Defining areas of problems and needs, establishing long and short-term goals, and developing appropriate strategies for reaching these goals.</p>			
<p>B-2 Case Management</p> <p>Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts</p>			
<p>B-3 Crisis Intervention</p> <p>Those services which respond to an alcohol and/or drug abuser's needs during acute emotional and and/or physical distress</p>			
<p>B-4 Resident Education</p> <p>Seminars or workshops which have the major goal of increasing the residents knowledge and recognition of significant symptoms and patterns of problematic behavior</p>			
<p>B-5 Referral</p> <p>Identifying the needs of the resident that cannot be met by the specialist or the agency and assisting the resident to utilize the support systems and community resources that are available</p>			
<p>B-6 Intervention</p> <p>The formalized process of attempting to interrupt the progression of alcohol and/or drug abuse/dependency as indicated by high-risk behaviors</p>			

FUNCTION	# OF HOURS	SUPERVISOR	METHOD OF SUPERVISION
GROUP C			
C-1 Record keeping			
Recording the results of the assessment and recovery plan, writing reports, continued stay reviews, discharge summaries and other resident related data. This includes written communication-letters and other professionals regarding a resident's needs and recovery planning			
C-2 Consultation			
Relating with counselors and other professionals in regard to resident recovery services to assure comprehensive, quality care for the resident			
C-3 Outreach			
Direct contact by a specialist with persons in a community setting to identify and/or assist persons with substance abuse related problems			
GROUP D: (Required for Recovery Home Operator Only)			
D-1 Clinical Supervision			
The process of assuring that each recovery specialist is provided monitoring and feed back to assure that quality recovery support services are being delivered			

The above documentation is an accurate listing of specific recovery specialist functions that I have received supervision.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I hereby certify that I have provided supervised practical training attributed to the above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# Education Form

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** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDICTION SPECIFIC ( ) OR COUNSELING SPECIFIC ( )**



**RECORD OF EDUCATION**

**DATES ATTENDED** \_\_\_\_\_ **CLOCK HRS/CREDIT HRS** \_\_\_\_\_

**COURSES/PROGRAM TITLE** \_\_\_\_\_

**SPONSORING ORGANIZATION** \_\_\_\_\_

**BRIEFLY DESCRIBE THE CONTENT OF EDUCATION** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDICTION SPECIFIC ( ) OR COUNSELING SPECIFIC ( )**



# Assurance & Release

IAEC/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 IAEC and ICB Board or its designee and staff to investigate my background as it relates to information contained in this application for certification as a National Certified Recovery Specialist (NCRS). 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 IAEC/ICB, to officers, members and staff of the aforementioned board."

"I further agree to hold IAEC/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 subsequent examinations and/or the failure of IAEC to issue certification."

"I further certify that my NCRS certification 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."

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**Signature**

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**Date**

# NCRS

(NATIONAL CERTIFIED RECOVERY SPECIALIST)

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## **-CODE OF ETHICS-**

Reflected in each principle of the Code of Ethics is the fundamental belief that the National Certified Recovery Specialist will maintain a vital concern for the effects of his/her behavior on the lives and well-being of all persons.

- 1.** A National Certified Recovery Specialist is dedicated to the belief in the dignity and worth of all human beings.
- 2.** A National Certified Recovery Specialist pledges to provide service for the welfare and betterment of all members of society.
- 3.** A National Certified Recovery Specialist promotes and assists in the recovery of all persons regardless of the ability to pay.
- 4.** A National Certified Recovery Specialist maintains an appropriate supportive relationship with all persons served, never becoming socially, sexually or romantically involved, not committing any act of violence or threats of violence and avoiding becoming financially involved with the same.
- 5.** A National Certified Recovery Specialist refrains from undertaking any activity where personal conduct, including the inappropriate use of alcohol and other mind-altering drugs, is likely to result in the inferior services or constitute the violation of the law.
- 6.** A National Certified Recovery Specialist adheres strictly to established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government and program regulations.
- 7.** A National Certified Recovery Specialist respects organizational policies and procedures, along with the rights of other staff members, co-operating with management both on the job and in associations with other agencies with which he/she may come in contact with in his/her job.
- 8.** A National Certified Recovery Specialist will regularly evaluate his/her own skills, strengths and limitations, striving always for self-improvement, personal growth and increased knowledge through further education and training.

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### PERSONAL STATEMENT

As a National Certified Recovery 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 National Certified Recovery Specialist 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.

Signature

Date

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## Letters of reference

Applicants must supply three (3) letters of reference from substance abuse professional staff as defined in Section 2060.309.

## Renewal/continuing education (CEU's)

1. Forty hours of documented alcohol/drug education and training (IAEC pre-approved or petition for approval).
2. Evaluation from an NCRS credentialed supervisor (or peer) in the community-based recovery field.
3. Payment of \$120 Re-certification fee.

## Fees (revised 6/1/2016)

Make all checks/money orders payable to: I.A.E.C.

Application Fee.. .....	\$ 75.00
Examination.....	\$150.00
Biennial Certification Fee .....	\$120.00
Inactive Status (Biennial) .....	\$ 20.00
Retired Emeritus Status (Biennial) .....	\$ 10.00
Extension Fee (maximum 6 months).....	\$ 10.00
.....	(per month)
Late Fee (maximum 6 months).....	\$ 10.00
.....	(per month)
Returned Check Fee .....	\$ 35.00
Payment Plan Service Charge .....	\$ 15.00

**All fees are non-refundable. The fee schedule is subject to change without notice.**