MHACBO

Mental Health & Addiction Certification Board of Oregon

333 SE 223rd Ave, Suite 106 · Gresham, Oregon 97030
(503) 231-8164 · mhacbo@mhacbo.org · www.mhacbo.org

CRM II Experience

SUPERVISED EXPERIENCE

500 hours of experience

25 HOURS OF DIRECT SUPERVISION

Document 500 hours of supervised employment, internship, or volunteer experience in the IC&RC; Peer Recovery Domains. This experience must include at least 25 hours of face-to-face and/or group supervision.

PEER RECOVERY DOMAINS	
01	Advocacy
02	Mentoring / Education
03	Recovery / Wellness Support
04	Ethical Responsibility

500 supervised experience hours is approximately 3 months of full-time employment, internship, or volunteer service.

Applicant and placement

APPLICANT NAME

AGENCY / ORGANIZATION

EXPERIENCE FROM (MONTH / YEAR)

EXPERIENCE TO (MONTH / YEAR)

Supervisor: complete page 2, verify the experience and direct supervision hours, and sign the supervisor statement. Applicant: review and sign the applicant verification on page 2.

Download a copy before completing. Save and reopen to confirm your entries before uploading to Certemy.

PRINT SAVE AS

SUPERVISOR NAME

Supervisor credential

Select the credential(s) the supervisor holds.

- [ ] CRM / PSS / PWS
- [ ] CDC I, II or III
- [ ] CADC I, II or III
- [ ] SUDP (Washington)
- [ ] NCAC I or II
- [ ] ASAM (M.D. certification)
- [ ] MAC (graduate counselor certification)
- [ ] C-CATODSW (social worker certification)

OTHER STATE: ADDICTIONS PEER MENTORING / COUNSELING CREDENTIAL

Verified hours

EXPERIENCE	MINIMUM	HOURS VERIFIED
Supervised peer recovery experience	500	
Face-to-face and/or group supervision	25	

Supervisor statement: The applicant has completed 500 hours of supervised experience in the IC&RC; Peer Recovery Domains and a minimum of 25 hours of face-to-face and/or group supervision.

SUPERVISOR SIGNATURE DATE

I hereby apply for certification in Oregon as a Certified Recovery Mentor II. Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give MHACBO permission to verify any statements given in any part of this application.

APPLICANT SIGNATURE DATE