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CERTIFIED RECIPROCAL PREVENTION SPECIALIST (CRPS),  
MISSOURI ADVANCED PREVENTION SPECIALIST (MAPS), MISSOURI PREVENTION  
SPECIALIST (MPS) CREDENTIALS, AND MEDICATION ASSISTED RECOVERY SPECIALIST  
(MARS) CERTIFICATE**

**NOTICE: Check the MCB Professional Search on the MCB web site at [www.missouricb.com](http://www.missouricb.com) for your new expiration date(s) to determine if your renewal materials have been reviewed and are complete. The web site will be updated prior to you receiving your new 5x7 Renewal Certificate(s). If there is a problem with your renewal, it will be addressed to you at the email address you list on page 5 of these renewal forms.**

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**PLEASE READ THE RENEWAL INSTRUCTIONS IN THEIR ENTIRETY  
BEFORE COMPLETING THE RENEWAL FORMS.**

**FIRST TIME RENEWING YOUR CRPS OR MAPS CREDENTIAL:**

If you are a **CRPS or MAPS** and this is the first renewal for your prevention credential, you must submit 20 contact hours of education related to one or more of the performance domains, completed after the date you were issued your credential. Three (3) of the 20 contact hours of continuing education must be “LIVE” Ethics education obtained from workshops, seminars or in-service trainings (not from online or home study courses). **Only list your trainings on forms; do not send copies of your training certificates unless your last name begins with the letters Y, Z, A or B. If your last name begins with Y, Z, A or B your renewal materials will be reviewed for quality assurance and copies of your training certificates are required.**

**YOU HAVE RENEWED YOUR CRPS OR MAPS CREDENTIAL AT LEAST ONCE BEFORE OR YOU WERE CREDENTIALLED BY THE MCB BY MEANS OF RECIPROCITY:**

If you are a **CRPS, or MAPS** and you have renewed your credential(s) at least once since you were credentialed by the MCB, you must submit 40 contact hours of education completed after April 30, 2015, that relates to one or more of the prevention performance domains. 6 contact hours must be “LIVE” Ethics (not from online or home study). Only list your trainings on forms; do not send copies of your training certificates **unless your last name begins with the letters Y, Z, A or B. If your last name begins with Y, Z, A or B your renewal materials will be reviewed for quality assurance and copies of your training certificates are required.**

**MPS CREDENTIAL RENEWAL:**

If you are a **MPS** and this will be the first time to renew your MPS credential, you must submit 5 contact hours of continuing education completed after you received your MPS credential that relates to one or more of the prevention performance domains. If you have renewed your MPS before, you must submit 5 contact hours of continuing education completed after April 30, 2016. **All 5 contact hours must be from outside training events (not in-service training), and 3 of the 5 contact hours must be “LIVE” Ethics (not from online or home study). Only list your trainings on forms; do not send copies of your training certificates unless your last name begins with the letters Y, Z, A or B. If your last name begins with Y, Z, A or B your renewal materials will be reviewed for quality assurance and copies of your training certificates are required.**

## **RENEWAL OF YOUR MEDICATION ASSISTED RECOVERY SPECIALIST CERTIFICATE (MARS):**

You hold the **Medication Assisted Recovery Specialist, (MARS)** certificate and need to renew it by April 30, 2017. You must submit six (6) contact hours of pharmacology and/or medication assisted recovery education obtained after you obtained your MARS certificate or after April 30, 2015 if you have renewed it before. There is not a renewal fee to renew your MARS certificate if you are also renewing another MCB credential. If you are only renewing a MARS Certificate, the fee is \$30.00. The 6 contact hours required to renew your MARS certificate may also be used as part of the education requirement to renew your other MCB credentials at this time.

### **THE 6 PREVENTION PERFORMANCE DOMAINS**

- |  |   |
|--|---|
| 1. Planning and Evaluation                 | 4. Public Policy and Environmental Change |
| 2. Prevention Education & Service Delivery | 5. Professional Growth and Responsibility |
| 3. Community Organization                  | 6. Communication                          |

### **CRPS and MAPS RENEWAL TIME LINE AND FEES:**

1. Renewal materials postmarked on or before April 30, 2017 - \$100.00
2. Renewal materials postmarked from May 1 to May 31, 2017 - \$175.00
3. Renewal materials postmarked after May 31, 2017 will not be accepted and your credential will be considered expired. In cases of disputes on when the renewal materials were mailed, the MCB will accept only U.S. Postal Service marks as outlined in the MCB Policies and Procedures.

### **MPS RENEWAL TIME LINE AND FEES:**

1. Renewal materials postmarked on or before April 30, 2017 - \$25.00
2. Renewal materials postmarked from May 1 to May 31, 2017 - \$45.00
3. Renewal materials postmarked after May 31, 2017 will not be accepted and your credential will be considered expired. In cases of disputes on when the renewal materials were mailed, the MCB will accept only U.S. Postal Service marks as outlined in the MCB Policies and Procedures.

- Please Do Not Staple Check To Renewal Forms. Make checks payable to **MCB**.
- The MCB also accepts Visa, MasterCard and Discover Card.
- **Do Not Fax Completed Renewal Forms to the MCB**

### **UNABLE TO RENEW AT THIS TIME - MCB STAFF ASSISTANCE**

If you have had a serious illness, or an extended period of unemployment, or other serious event in your life within the last few months, and feel you cannot renew your credential at this time, **immediately call the MCB office (573) 616-2300.** We will make every reasonable effort to work with you to help you successfully complete the renewal process so your credential will not expire.

### **INACTIVE STATUS PROCEDURE:**

Only Certified Reciprocal Prevention Specialists (CRPS) or Missouri Advanced Prevention Specialists (MAPS) who do NOT use their credential for employment purposes may request at the time of their renewal to place their credential on inactive status. At the time of their renewal when they request inactive status, the CRPS or MAPS will only pay half of the current renewal fee, complete the demographic information on the renewal form and sign the Code of Ethical Practice and Professional Conduct and Authorization and Release.

1. At each renewal date to follow that the CRPS or MAPS wishes to remain on inactive status – they pay half of the current renewal fee and submit half the education hours required for that renewal period

including “live” Ethics education; complete the renewal forms and sign the Code of Ethical Practice and Professional Conduct and Authorization and Release.

2. To return to active status at the CRPS or MAPS’s April 30, 2019 renewal date, he/she will pay the full renewal fee and submit total number of education hours as required, complete the renewal forms and sign the Code of Ethical Practice and Professional Conduct and authorization and release.
3. **Should a CRPS or MAPS wish to return to active status at any point before their April 30, 2019 renewal they will pay the full renewal fee and submit the total number of continuing education hours required for their April 30, 2017 renewal. The April 30, 2019 renewal date will remain the same.**

#### **REQUIREMENTS FOR RETIRED EMERITUS STATUS:**

1. The Board may grant the classification Retired Emeritus Status (RES) to credentialed CRPS or MAPSs who are fifty-five (55) years old, provided a minimum of ten (10) years of meritorious service and are retired from employment.
2. Credentialed CRPS or MAPS who desire the emeritus status must send a letter of request to the Board office indicating this request and the effective date of retirement. The Board staff will review all requests for the emeritus status and if the applicant meets the requirements, the staff will approve the request and send a notice to the applicant. If an applicant does not meet the criteria, they will be notified in writing by Board staff.
3. No renewal fees will be paid for the retired emeritus status.
4. The retired emeritus status individual may identify himself or herself as a Professional Emeritus, and shall continue to receive Board communication.
5. The retired emeritus status individual will be ineligible for IC&RC reciprocity and agrees to remain retired with no intention of returning to employment.
6. With the Retired Emeritus Status designation, their MCB credential will expire.
7. If a retired emeritus status individual desires to reinstate their MCB credential, the individual must write a letter of request to the board. They will need 15 hours of continuing education completed in the past six months and they will be charged \$50.00 to reinstate their credential.

#### **MCB CREDENTIAL REINSTATEMENT POLICY**

If you do not renew during this renewal period and your credential expires, you may request that your credential(s) be reinstated and submit the renewal forms with education hours, pay the renewal fee(s) (not late fees) and also pay an additional reinstatement fee **before April 30, 2018**. Your next renewal date will not change; it will remain April 30, 2019 (April 30, 2018 for MPS). Education hours for your April 30, 2019 (April 30, 2018 for MPS) renewal date must be obtained **after** your reinstatement date.

Contact MCB Staff at (573) 616-2300, or email: [help@missouricb.com](mailto:help@missouricb.com) if you have additional questions.

**Provide Your Required Demographic Information Below**

**PLEASE TYPE OR PRINT VERY LEGIBLY**

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Sir Name \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Work Telephone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Ext. \_\_\_\_\_ Cell Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Employment: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**✓ Your email address listed above will be used by MCB staff to correspond with you if there is a problem with your renewal materials when they are reviewed. Check your SPAM folder for email from MCB staff.**

Within the last renewal period have you been charged, found guilty, or entered a pleas of nolo contendere, in a criminal prosecution under the laws of any state or the United States for any offense, whether or not sentence was imposed or executed? If yes, please attach a written explanation.  YES  NO

List Other Professional Substance Abuse Credentials You Hold \_\_\_\_\_

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**RENEWAL FEE PAYMENT METHOD:** Make check payable to **MCB**

Check One:  Check  Money Order  Agency Paying \_\_\_\_\_  
 Visa  Master Card  Discover Card

Credit Card Account Number \_\_\_\_\_ 3 Digit Verification Code \_\_\_\_\_ Credit Card Expiration Date (mm/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Credit Card Authorized Signature: \_\_\_\_\_

Please mark your credential(s) and write the credential(s) number you are renewing at this time?

CRPS # \_\_\_\_\_  MAPS # \_\_\_\_\_  MPS # \_\_\_\_\_  MARS # \_\_\_\_\_

**There is not a renewal fee for the MARS certificate if also renewing another MCB credential.**

\$100.00 CRPS or MAPS  \$175.00 (CRPS or MAPS Renewal with Late Fee)  
 \$50.00 – **INACTIVE STATUS FOR CRPS AND MAPS CREDENTIALS ONLY**  
 \$25.00 MPS Renewal Fee  \$45.00 (MPS Renewal with Late Fee)

Please complete and mail pages 5, 6, 7 if needed, 8 if needed, and 9 to the MCB

**Mail to MCB, 428 E. Capitol, 2<sup>nd</sup> Floor, Jefferson City, MO 65101. Do not fax.**

**OUTSIDE EDUCATION PAGE**

Outside education is any continuing education related to one or more of the prevention performance domains such as workshops or seminars presented in a formal classroom setting, applicable college coursework, MCB self-study courses, MCB pre-approved home study or online courses and outside prevention trainings that you taught. Visit the MCB web site at [www.missouricb.com](http://www.missouricb.com) then click on the Training link to view a list of preapproved online providers of education.

**LIST YOUR OUTSIDE TRAINING HOURS BELOW**

DATE	TITLE OF OUTSIDE TRAINING	NUMBER OF CONTACT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Additional space on the next page if needed.

**GRAND TOTAL NUMBER OF HOURS OF EDUCATION SUBMITTED INCLUDING YOUR OUTSIDE HOURS, AGENCY IN-SERVICE HOURS, YOUR ETHICS HOURS AND ANY HOURS FROM TRAININGS YOU CONDUCTED.**

Calculate your continuing education hours below

**20 hours for 1<sup>st</sup> time renewal CRPS & MAPS with 3 hours of live ethics.**

or

**40 hours for all CRPS & MAPS, with 6 hours of live Ethics that have renewed at least once before.**

or

**5 hours for MPS with 3 live ethics**

and

**at least 6 hours total for MARS certificate**

\_\_\_\_\_ **TOTAL HOURS SUBMITTED**



**AGENCY IN-SERVICE EDUCATION PAGE (For CRPS and MAPS only)**

An in-service prevention training is any training provided only for the staff in your agency/company. Please provide the date, topic or brief description of training and number of contact hours. This form MUST be signed by your supervisor OR you must attach copies of the sign-in sheets for each agency **in-service** training listed below to this sheet. A combination of agency in-service prevention trainings that you attended and agency in-service prevention trainings that you taught are to be listed on this form.

**BELOW LIST AGENCY PREVENTION IN-SERVICE TRAININGS ONLY**

PLEASE TYPE OR PRINT NEATLY

DATE	TITLE OF INSERVICE TRAINING	NUMBER OF CONTACT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

\*\*\*\*\*

Your Supervisor’s signature is required on this form or you must submit copies of in-service training sign-in sheets with your name highlighted for the in-service trainings listed above and/or addiction trainings you taught.

I \_\_\_\_\_ ATTEST TO THE FACT THAT \_\_\_\_\_  
 Supervisor’s Name Name of CRPS, MAPS

ATTENDED THE ABOVE LISTED IN-SERVICE TRAINING SESSIONS OR FACILITATED TRAININGS FOR A TOTAL NUMBER OF \_\_\_\_\_ CONTACT HOURS WHILE UNDER MY SUPERVISION.

\_\_\_\_\_ Date Signature of Supervisor Agency or Facility



**SIGNATURE PAGE FOR CODE OF CONDUCT AND AUTHORIZATION AND RELEASE**

I have read and will abide by the current Prevention Code of Ethical Practice and Professional Conduct listed on the web site [www.missouricb.com](http://www.missouricb.com) under the MCB Ethics Codes link.

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

**AUTHORIZATION AND RELEASE**

I hereby certify all of the information given herein is true and complete to the best of my knowledge and belief. I also authorize any relevant investigations, or the release of personal information to the Missouri Credentialing Board, its agents, or contractors pursuant to this application/renewal procedure. I understand falsification of any portion of this application/renewal will result in my being denied credentialing, or revocation of same upon discovery.

I further agree to hold the Missouri Credentialing Board and its Board Members, officers, agents, staff, peer evaluators and examiners, free from any civil liability for damages or complaints by reason of any action that is within the scope and arise out of the performance of their duties which they, or any of them, may take in connection with this application/renewal, any examination, the grades with respect to any examination, and/or the failure of the MCB to issue me said credential or renewal.

This Authorization and Release shall also apply to personal information requested by the Board at any time following credentialing in connection with any investigation concerning allegations that could lead to disciplinary action against me.

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

**Sign, date, and MAIL this page**

## Renewal Check List

- \_\_\_\_\_ 1.) If you need your new 5x7 Renewal Certificate on or before your credential(s) expires on April 30, 2017, mail your renewal forms early.
- \_\_\_\_\_ 2.) Complete and return the Demographic Page of the renewal forms (page 5).
- \_\_\_\_\_ 3.) Complete and return the Outside Training Page(s) of the renewal forms (pages 6 & 7).
- \_\_\_\_\_ 4.) CRPS and MAPS complete and have your Supervisor sign the In-service Page and return to MCB if these agency in-service hours are needed (page 8).
- \_\_\_\_\_ 5.) Send copies of your training certificates if your last name begins with the letter “Y, Z, A or B.”
- \_\_\_\_\_ 6.) Sign and return the signature page of the Code of Ethical Practice and Professional Conduct and Authorization and Release (page 9).
- \_\_\_\_\_ 7.) Send check, money order, or credit card information for the appropriate renewal fees based on credential level and number of credentials being renewed (see page 5).
- \_\_\_\_\_ 8.) Mail renewal materials and fees to MCB so they are postmarked by April 30, 2017. If your renewal materials are postmarked after April 30, 2017, you must also pay a late fee in addition to renewal fees.
- \_\_\_\_\_ 9.) Check the MCB Professional Search on the MCB web site at [www.missourich.com](http://www.missourich.com) home page for your new expiration date(s) to determine if your renewal materials have been reviewed and are complete. The web site will be updated prior to you receiving your new 5x7 Renewal Certificate(s).

## Frequently Made Renewal Mistakes

- Failure to send copies of your outside training certificates when required to do so (see #5 above)
- Failure to sign, date and return the signature page of the Code of Ethical Practice and Professional Conduct and Authorization and Release (see page 9 of renewal forms).
- Forgetting to also renew your MARS certificate when renewing other MCB credentials
- Faxing renewal forms and certificates to the MCB (**DO NOT FAX OR SEND PHOTOCOPIES OF RENEWAL FORMS TO THE MCB**).
- Failure to mail renewal materials before the April 30, 2017 deadline.
- Failure to check your email to see if MCB Staff has emailed you regarding a problem with your renewal materials (check your spam/junk mail folder).
- Failure to keep a copy of everything you mail to the MCB for your records.