

Missouri Credentialing Board
428 E. Capitol, 3rd Floor, Jefferson City, MO 65101

WORK/VOLUNTEER VERIFICATION FORM

An applicant is applying to the MCB for a Missouri Recovery Support Specialist Credential. Please complete this form and provide a copy to the applicant to include with their application.

Applicant's Name: _____

Supervisor's Name (Print): _____

Organization Name: _____

Address: _____

Telephone: _____

E-mail: _____

Today's Date: _____

Within the last 10 years from the date listed above, please list the **composite total** number of hours the applicant spent working with substance use disorder clients in the following domains:

The formula for computing hours is to take the total number of months worked within the last 10 years and multiply that by 167 hours per month to get the total number of hours. Then divide that total number as appropriate into the 2 domains below.

Recovery Mentoring: _____

Recovery Support Services: _____

Supervisor's Name (Printed): _____

Supervisor's Signature: _____

Date: _____

PROFESSIONAL REFERENCE FORM

The individual completing this form should be able to provide a professional reference for the applicant. This form can only be filled out by a CADC, CRADC, CRAADC, CCJP, CRPS, MAPS, RADC, RADC-P, CCDP, CCDP-D, LPC, LCSW, Licensed Psychologist, or a Director of a certified recovery support program. **This form cannot be filled out by an immediate family member.** Please complete the form and give to the applicant to include with their application.

- I. Name of Applicant: _____
II. Name of Reference (Print): _____
III. Relationship to Applicant: _____
IV. Credential or License Held If Applicable: _____
V. Reference Phone Number: _____
VI. Reference Address: _____
VII. Reference Signature _____ Date: _____

Please describe the nature of your relationship with the applicant and describe why you believe the applicant is qualified to be a Missouri Recovery Support Specialist:

Have you ever known the applicant to operate in an unethical manner while performing duties related to the field of substance use disorders and if so, please describe the behavior?
