



## 46 hour Certified Recovery Peer Advocate Training

The New York Certification Board (NYCB) defines a Certified Recovery Peer Advocate (CRPA) as a person who provides outreach, advocacy, mentoring and recovery support services to those seeking or sustaining recovery.

Our initial CRPA training has been designed to meet both the CRPA training standards and the IC&RC test standards. Our training model offers all 46 hours of required education across the four domains (10hrs of advocacy, 10hrs of mentoring and education, 10hrs of recovery and wellness supports, and 16hrs of ethics). Unlike, other approaches to training CRPAs, our integrated course weaves these domains together allowing students to see the connections between the four domains, rather than separating the four domains in to separate and seemingly disconnected elements. This approach allows us to consider ethical elements as they relate to wellness as well as how advocacy relates to education and mentoring. In essence, using this approach we are able to provide a more in-depth education that allows for interlocation of ideas and concepts.

Students are expected to complete assignments and course work using an online platform as a supplement to in class instruction. Online material includes the NYS OASAS Medically Assisted Treatment (MAT) three-hour training and the two-hour Mandated Reporter training. At the end of the course, students are given information on the application process for the CRPA certification along with the relevant paperwork to initiate the process. Further, we also discuss the Mental Health Peer Specialist certification and encourage our students to take this additional course as a means to further their education and add depth to their peer knowledge.

Registration for the initial training also provides free access to an exam preparation course that provides an overview of the course material as well as information on the testing process.

To register for this training please complete the following application form noting the course you wish to attend.

Upcoming Course(s):

Location	Dates	Class Time	Cost
Binghamton	April 20 - 29	(Monday – Wednesday) 8:00am – 4:00pm	\$450
Syracuse	July 22 - 31	(Thursday – Friday) 8:00am – 4:00pm	\$450
Syracuse	October 12 - 21	(Monday – Wednesday) 8:00am – 4:00pm	\$450

Course being applied for: \_\_\_\_\_

# Helio Health Training Institute

## CRPA Application Form

This registration form is for individuals seeking to complete CRPA training with Helio Health Training Institute.  
Please complete all parts of the form.

### Part 1: Contact information

Last Name:  First Name:

Address:

City:  State:  Zip:

Email:

Contact Phone Number:

Do you currently hold any professional certification or license? Yes: ☐ No: ☐

If yes, which:  Lic/Cert#:

### Part 2: Personal Statement

Please answer in the box provided using no more than 150 words

Why do you want to work with people with substance use and mental health disorders?


I certify that the information contained in this application is correct to the best of my knowledge. By signing below  
I accept responsibility for the payment of the above mentioned costs.

Refund/Cancellation Policy: Registrations may not be cancelled within 14 days of the event. Cancellations more than  
14 days prior to the event are eligible for a 100% refund of the registration fees paid.

Signed:

Date:

### Part 3: Payment

Payment Type (please check):

3<sup>rd</sup> Party Payer (ACCESS-VR or CNY works)

Please attach a copy of a funding letter to this application as confirmation of funding. Applications will not be processed without this letter being attached.

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Personal Check/ Money Order

Personal checks should be made payable to "Helio Health". Please note on the check the course that you are signing up for. Checks can be mailed or brought into the Helio Health administrative offices to:

Helio Training Institute  
555 East Genesee St.  
Syracuse, NY 13202

Credit Card

Credit card payments can be made by completing the information below and returning this form to the Training Institute.

Billing address (if different from the address on Page 1).

Street Address:

City:  State:  Zip:

Card Type:    MasterCard: ☐            VISA: ☐

Name on Card:

Card Number:  Security Code:

Expiration Date:  Charge Amount: \$

Your completed registration form and payment information can be emailed to [Training@helio.health](mailto:Training@helio.health), or faxed to (315) 474 1554

**Please note: Training Institute staff cannot take payment over the phone. Additionally, payment is required to reserve your place on a course.**

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### Official Use Only

Registration and payment received on:

Registrant sent confirmation email on:

Registrant added to the class list on: