



Reference Letter for Applications Based on Experience Only

Certified Psychosocial Rehabilitation and Recovery Practitioner (CPRRP) is a special title granted only to people who are dedicated to supporting psychosocial rehabilitation and recovery, demonstrating competency in fostering psychosocial rehabilitation and recovery (posted online at <https://psrrpscanada.com/core-competencies/>) as well as holding high standards of ethics identified by Psychosocial Rehabilitation Canada (PSR / PRS Canada) (posted online at <https://psrrpscanada.com/code-of-ethics/>; <https://psrrpscanada.com/organizational-code-of-ethics/>).

PSR/RPS Canada believes in the unique experience and expertise that people with rich psychosocial rehabilitation and recovery experience can bring to support recovery. To this end, a set of application procedures has been developed to enable an individual with rich personal psychosocial rehabilitation and recovery experience to apply for CPRRP status. One of the components of the application process is to have three (3) letters of references to testify to the experience and the competency of the applicant.

To help this process, _____ (applicant's name) requested your (referee's) input in providing a confidential reference to PSR/RPS Canada by completing the form below. Please provide accurate information you believe would be useful for PSR/RPS Canada to make a decision on the applicants' eligibility for applying the CPRRP status.

Please refer to the [Competencies of Practice for Canadian Recovery- Oriented Psychosocial Rehabilitation Practitioners \(Second Edition 2017\)](#) as you write this reference letter. Please in particular pay attention to the definition of terms listed on page 8 of the document. If you have any question as to the competencies identified in the document, please contact the PSR/RPS Registrar at registrar@psrrpscanada.ca. If you are not comfortable to comment on any competencies identified below, please mark "N/A". Indicating "No", "N/A" or "Partial" would not disqualify the applicant from applying the CPRRP status, but only provide opportunities for PSR / PRS Canada to work with the applicant in developing such competency. Hence, your honest answer is very much appreciated.

This reference letter must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except the Part 1 of this form. Upon completion, please submit the form and any supporting documentation (optional) directly to the PSR/RPS Registrar at registrar@psrrpscanada.ca. Note: the PSR/RPS Canada will not accept the reference letter completed and/or submitted in part or whole by the applicant.

This Reference Form needs Adobe Reader (free download from <https://get.adobe.com/reader/>) or Adobe Acrobat (purchase from <https://acrobat.adobe.com/us/en/>) to open. Opening the form in a web browser will limit your ability to fill the boxes.

Part 1: To be completed by the applicant before giving to the individual providing the letter of reference as a Certified Psychosocial Rehabilitation and Recovery Practitioner (CPRRP).

Applicant Information: Please print your name and the name of the individual completing this form, as stated on your Application for Certification. Use a separate form for each individual providing the recommendation.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the letter of reference as a Certified Psychosocial Rehabilitation and Recovery Practitioner (CPRRP).

Section A: Referee Contact Information. Please write "none" or "N/A" as necessary.

Last Name	First Name
Primary Email Address	Primary Phone Number / Phone type
Contact Address Line 1	Contact Address Line 2
City	Province
Postal Code	County
Title	Employer
Employer Webpage Address	Business Phone

Section B: Nature of Relationship with Applicant for Certification, including how long you have known this applicant and on what capacity(ies) you know about applicant's competency in being a CPRRP. Attach additional pages if necessary.

Section C: Competencies of the Applicant.

Based on your understanding of the applicant, please indicate whether the applicant demonstrates the following competencies. Please provide examples on justifying each of your choice:

Competency number	Competency	Yes	No	Partially	N/A	Justifications (please provide detailed examples to explain your choice)
Diversity and Inclusion						
A1	Demonstrates awareness of own cultural values and biases					
A2	Demonstrates awareness of individual's values, beliefs, experiences, and preference					
A3	Demonstrates knowledge of culture and diversity					
A4	Demonstrates practical skills for enhancing cultural safety					
PROFESSIONAL SKILLS						
B1	Demonstrates ethical, legal practices, and professional behaviour					
B2	Communicates effectively					
B3	Maintains personal wellness to assure the effective provision of services to others					
B4	Assures competence through life-long learning and on-going professional development					
PSYCHOSOCIAL REHABILITATION, SUPPORTING PRACTICES AND RECOVERY-ORIENTED SERVICES						
C1	Understands mental illness and its impact on individuals					
C2	Has the ability to form effective relationships with individuals/ and their supporters					
C3	Understands and coaches in applying effective techniques in Psychosocial Rehabilitation and Recovery					

Competency number	Competency	Yes	No	Partially	N/A	Justifications (please provide detailed examples to explain your choice)
C4	Understands and can implement evidence-based and evidence-informed PSR practices as essential tools for recovery					
C5	Has knowledge and understanding of major types of recovery- enhancing interventions/approaches and their contributions to recovery					
C6	Assesses individual needs, creates PSR and recovery-oriented plans, and measures outcomes					
C7	Continuously monitors, evaluates and improves services					
C8	Has system navigational knowledge and skills and connects and coordinates with community resources and services					
EQUITY AND SOCIAL PARTICIPATION						
D1	Works with individuals to maximize access to work, leisure, education, and community					
D2	Supports and enables advocacy with individuals					
D3	Assists the community to maximize social inclusion and equity					
D4	Fosters recovery, well-being, and equity within systems and across the social determinants of health					
FACILITATING CHANGE AND PROVIDING LEADERSHIP						
E1	Promotes application of recovery-oriented PSR in practice					

Section D: Attestation.

I affirm (click on the check box) that I have read all the documents mentioned in page 1 of this document and am informed about the process and criteria for certification as a Certified Psychosocial Rehabilitation and Recovery Practitioner (CPRRP).

I affirm I do not affirm.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form demonstrating the above identified competencies.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a Certified Psychosocial Rehabilitation and Recovery Practitioner (CPRRP).

I affirm I do not affirm.