

Certified Peer Support Specialist Application Instructions

Dear Peer Support Specialist Applicant,

Thank you for your interest in Peer Support Specialist certification through the Department of Health and Welfare Division of Behavioral Health (DBH). The life experience of someone living with a mental illness or co-occurring diagnosis is best understood by someone who has also walked a similar journey.

Professional certification lends credibility to the individual professional and ensures quality services are received by the individual in care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

208-639-5720 Peer Support Specialist Voice Mail

Or

PeerSpecCert@dhw.idaho.gov

Steps to Apply:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, the Code of Ethics, and Behavioral Health Standards.
- Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to: PeerSpecCert@dhw.idaho.gov

If you submit your application through the above email box, please ensure your attached application is in a jpeg or pdf format. Attachments in any other format than those listed above will not be processed.

or mail your application to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702

Attn: Peer Support Specialist Certification Oversight Committee

- Refer to the check list in the application to ensure that you are submitting all the required documentation.

For applicants recently trained:

Please submit

- a complete and signed application
- documents indicating your educational experience obtained
- a copy of your training certificate from your training
- **and** a letter of notification indicating that you have passed all the requirements of the training and the training entity deems you able to apply for certification or provides feedback regarding areas to complete before certification.
- Work/Volunteer Experience Summary Form
- Signed Code of Ethics and Behavioral Health Standards

If you have all the requirements and are missing the work/volunteer experience, then submit an application without the Work/Volunteer Experience form and certification may be granted for a six- month period until the work/volunteer experience and supervision hours are completed.

Once the supervised hours are completed, submit the Work/Volunteer Experience Summary Form. Do not submit CEU's.

For applicants applying for certification by reciprocity:

Please submit documentation that

- You completed a Peer training and passed an examination within the last two years from the date of your application.
- Please provide documentation of your Peer Support Specialist work/volunteer experience documenting continued practice of your skills as a Peer Support Specialist in the application. Include how many hours you have worked as a Peer Support Specialist and how many hours of supervision you have received (usually 1 hour per week for a 40 hour week).
- Complete the Statement of Personal Experience in the application
- Provide documentation of any Continuing Education/training hours in the application you have received since your certification and before submission of this application.
- Provide Documentation of Education obtained; can be a transcript or diploma
- Complete a Code of Ethics & Behavioral Health Standards Affidavit

Please note if you are applying by reciprocity, all of your application materials need to be submitted at one time.

If your application is complete upon initial review, then it will be reviewed by the Peer Support Specialist Certification Oversight committee for final processing.

Within twenty-eight (28) days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If your application is not complete, you will receive a letter in the mail indicating that your application was denied because it was incomplete.

If you were granted full certification, it is valid for one year.

If you were granted a six-month certificate, your six-month certificate and letter will indicate when your six-month certificate will lapse. If you have a six-month certificate, it is your responsibility to submit the remaining requirements to obtain full certification for a total of a year.

It is your responsibility to keep track of your recertification date; no reminders will be sent.

It is your responsibility to be in communication with the Certification committee. To provide confidentiality to those who have applied for certification or are certified, information about the status of an application will only be provided to the applicant.

When it is time to renew your full year certification, you will need to go to: <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> and complete your renewal application.

This includes documenting your continuing education/training hours earned during the last certification period.

The renewal application must be postmarked on or before the expiration date as shown on your certificate. It is recommended that you submit the application well in advance of the expiration date. For example: certificate will expire 10/31/2016, submit your application or additional documents by 10/15/2016 at the latest to allow for processing.

If your application is not complete and received on or by the date shown on your certificate, any Peer Support services provided may not be reimbursable due to your Certification being invalid.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
Grievance process
450 W. State St. 3rd floor
Boise, ID 83702
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your grievance will be made within sixty (60) days of receipt. All decisions made on a submitted grievance are final.

Should you have questions, please feel free to contact us at: 208-639-5720
Thank you again for your interest in becoming a Certified Peer Support Specialist in Idaho.