

Idaho Department of Health & Welfare

Application for Certified Peer Support Specialist by Reciprocity

Division of Behavioral Health

Application for Peer Support Specialist Certification by Reciprocity

Peer Support Specialist Application Checklist

The following tool is for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- I am at least eighteen (18) years of age
- I have submitted a copy of my training certificate
- I have a completed and signed an application for Certification with a Statement of Personal Experience
- I have enclosed a Education Experience Summary
- I have enclosed my Acknowledgement of Certified Peer Support Specialist Code of Ethics.
- I have completed 10 Continuing Education/Training hours since certification and 1 hour is on the topic of Ethics.

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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.

If you were certified before July 1, 2015 in the state of Idaho, your certification will be valid until December 31, 2015. Beginning January 1, 2016 certification obtained in Idaho prior to July 1, 2015 will not be valid for an application for reciprocity. If you obtained your certification or practiced as a Peer Support Specialist in another state you may apply for reciprocity.

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!

To efficiently move through this process, follow these steps:

- 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, and the Code of Ethics.
- Complete the attached application using blue or black ink. Save your application and/or print a copy then either submit the application electronically to PeerSpecCert@dhw.idaho.gov 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.

Please provide in your application by reciprocity the following documentation that you:

- Completed and passed a Peer Support Specialist training and certification exam within the last two years of the date of your application. Provide documentation

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of the training you received and the training/certifying organization or agency so that it can be verified.

- 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.
- 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.
- Complete an Education Experience Summary
- Complete a Code of Ethics Affidavit

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 thirty (30) 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 the DBH finds that your application for reciprocity is deficient for Idaho's requirements, a letter explaining needed requirements will be sent to you and any additional steps needed.

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
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
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 60 days of receipt. All decisions made on a submitted grievance are final.

If you are applying for the first time or to renew your certification, please go to the website at:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

to obtain the Initial Application for Peer Support Specialist and/or the Renewal Application for Peer Support Specialist.

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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.

Name (please Print/Type) _____ Date: _____

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Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Please specify gender: ___M ___ F ___ Other

Please answer the following and provide any supporting documentation for your answers.

1. ___ am at least eighteen (18) years of age and able to work legally in the United States.
2. ___ I have a high school diploma, GED certificate, or a Bachelor's degree in the human services field from an accredited institution.

Graduate from: _____

Degree Earned: _____

Date Achieved: _____

3. ___ I am currently certified as a Peer Support Specialist

Date of Certification: _____

State of certification: _____

4. ___ I received my certification/training from a different Organization/Agency or Certifying body. Please provide documentation of your certificate and include contact information of the Organization/Agency or certifying body that provided your previous certificate for verification purposes.
5. ___ I have completed 100 hours of post exam work/volunteer experience if I have a Bachelor's degree in a human services field, or 200 hours post exam work/volunteer experience if I have a High School Diploma or GED certificate.
6. ___ I have completed ten (10) Continuing Education/training hours since certification. At least one (1) hour is in the topic of Ethics.

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7. _____ I am currently employed as a Peer Support Specialist.

Employer: _____

Dates Employed: From: _____ To: _____

Current work/volunteer activities as a peer support specialist :

If not currently employed or volunteer as a Certified Peer Support Specialist, what is your plan to be actively practicing your skill set?

8. _____ I currently receive on-going supervision from my Supervisor.

Number of Hours worked/week as a Certified Peer Support Specialist

Number of Supervision hours/week _____

Please document your past two (2) years of work as a Certified Peer Support Specialist.

(Please attach additional pages of work/volunteer experience as needed)

1. Name of Employer/Agency: _____

Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

2. Name of Employer/Agency : _____

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Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

3. Name of Employer/Agency: _____

Dates of Work/Volunteer

From: _____ To: _____

Reason for Leaving?

Please document any continuing education hours you have received in the last two years. Include supporting documentation such as certificates of attendance that includes the name of the sponsoring agency/organization of the education/training hours. (Please attach additional pages as needed)

- | | | |
|----|-----------------|--------------------------------|
| 1. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 2. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 3. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 4. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 5. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |
| 6. | _____ | _____ |
| | Title of course | Sponsoring agency/organization |
| | _____ | _____ |
| | Number of hours | Date |

Statement of Lived Experience

Certified Peer Support Specialist Applicant (please print name)

I am in recovery from:

A Mental Illness

A Co-occurring Disorder (Mental Illness and Substance Use Disorders)

Please answer the following questions to the best of your ability. Feel free to type or attach additional sheets of paper with your responses.

Why do you want to maintain your Peer Support Specialist certification?

What strengths do you possess that assist you in your work as a Peer Support Specialist?

What types of experiences have you had as a Peer Support Specialist for consumers of mental health services? Please describe your skills learned in personal advocacy, role modeling recovery skills, behaviors and attitudes, empowering others, wellness, assisting in the development of goals, and/or facilitating groups.

Describe your current employment or volunteer situation. If neither applies, how do you spend your time as a peer specialist?

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What challenges have you overcome through your training and work experience?

Describe how you have implemented what you learned through training and work as a peer support specialist.

Is there anything else you want to let us know when considering your application?

I acknowledge that my name and certification number, once granted, may be released if requested.

My signature below affirms that all of the information attached to, and contained in, this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature _____ Date _____

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Educational Experience Summary

If applicant has a bachelor's degree in a human services field from an accredited university, they are required to complete 100 hours of work experience within a year from completing the Idaho approved training. If applicant does not hold a bachelor's degree in a human services field, he/she must have a High School Diploma or GED and 200 hours of work experience.

Please provide verification of your level of Education including supporting documentation

I have a:

High School Diploma _____ Bachelor's degree _____ Other _____

My Signature below affirms that all of the information contained in this document is true.

Signature of Peer Support Specialist Applicant

Date

Acknowledgement of the Certified Peer Support Specialist Code of Ethics

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Peer Support Specialists Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Idaho Certified Peer Support Specialist's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Peer Support Specialists Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print full name

Date

Signature