



NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM TRAINER CERTIFICATION APPLICATION

REQUIREMENTS FOR NCCPSS TRAINER CERTIFICATION

- ☐ **Completed NCCPSS Trainer Registry Form**
- ☐ **Current copy of Trainers NC CPSS Certification Certificate**
- ☐ **Valid certificate of completion of NC CCPSS 50-hr Approved Course (course trainer will be training)**
- ☐ **Valid Certificate of completion of a Course Training of Trainer (TOT)**
- ☐ **Evidence of observation, facilitation, co-training with course owner/lead trainer (e.g. training sign-in sheet, etc.)**
- ☐ **Signed Trainer Code of Conduct**
- ☐ **Twenty dollars (\$20.00) cashier's check or money order made out to "PSS Program" or pay online.**

The complete application packet and check or money order mailed to

Peer Support Specialist Program

School of Social Work

The University of North Carolina at Chapel Hill

325 Pittsboro Street Campus Box #3550

Chapel Hill, NC 27599-3550

Your Certified Peer Support Specialist (CPSS) certification must be current at all times to train a NCCPSS approved course.

Approved for use in the NC Peer Support Specialist Certification Program NC DMH/DD/SAS

October 2025



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Trainer Registry Form

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Part I: Personal Information *(Please type or print all information requested clearly)*

Name:			Date of Birth:	
Last	First	Middle	Maiden	
Mailing Address:				
Number Street	City	State/Zip Code	County	
Phone:		Email:		

Part II: Eligibility Criteria *(Check all that apply)*

Are you currently a NC Certified Peer Support Specialist (CPSS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have at least two years' work experience as a CPSS in NC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part III: Training *(Check the one that applies)*

Have you completed the NCCPSS 40-hr training of course of choice?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you completed a Training of Trainer (TOT) with the course of choice?
<input type="checkbox"/> No <input type="checkbox"/> Yes
Course Name:
TOT Trainer:
<input type="checkbox"/> Attach a copy of your Certificate of Completion for TOT
Additional Training Requirement:
Have you co-trained twice (2) with Course Owner/Lead Trainer
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Attach copies of documents with dates

Part IV: Course Owner Statement: Why are you recommending this person for certification?

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I certify that I have given true, accurate, and complete information on this form to the best of my knowledge.

I certify I am at least 18 years of age and have a minimum of one year demonstrated continuous and current recovery from mental health and or substance use disorders. By signing and submitting this document, the trainer attests to the following:

- ☐ To sign and abide by all NCCPSS Program Policies
- ☐ To be observed by the Technical Assistance Team (TAT)
- ☐ To receive feedback from the TAT and Course Owner
- ☐ To accept the decisions of the NCCPSS Program

Trainer Name: _____

Signature: _____

Date: _____

As the course owner, I attest by my signature that the above registry applicant has successfully completed all the requirements for certification as a trainer of this course.

Course Owner Name: _____

Signature: _____

Date: _____



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NCCPSS Trainer Code of Conduct

The North Carolina's Certified Peer Support Specialist (NCCPSS) program requires all trainers of the 50-hour approved curricula to adhere to the following principles. Trainers:

- Will adhere to the NC Certified Peer Support Specialist Code of Ethics and Values.
- Take care of learners under their supervision to reasonably ensure their safety and welfare.
- Must provide reasonable accommodations for the 40-hour NCCPSS training candidates as per the Americans with Disabilities Act (ADA).
- Act with professionalism and integrity when promoting their services.
- Respect confidential information relating to learners gained in the course of the training event unless the wellbeing of an individual or a legal imperative requires disclosure.
- Uphold the reputation and standing of the field of peer support. They should act with honesty and integrity in all aspects of their work. They should avoid direct conflict between their private interests and their professional work.
- Respect learners, colleagues, and co-trainers. They should interact with them in a way that does not discriminate and that promotes equality.
- Must appreciate the unique and privileged relationships that exist between trainers and learners. They should conduct these relationships in a way that is professional, respectful, and appropriate.
- Provide complete and accurate information and authentic documents with respect to their professional status, qualifications, and experience.
- Must not advise or assist any person who is not a registered trainer to represent themselves as being so registered.
- Practice fair and transparent business principles, including having a process for receiving and responding to complaints, cancellation of training events, and for handling refunds.

I agree to abide by the conditions outlined in this Code of Conduct for the duration of my registration as NC CPSS Trainer. I understand that a violation of any part of this document will result in the loss of my training privilege for two years.

Signed: _____ **Date:** ____/____/____