



## **NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM TRAINER RE-CERTIFICATION APPLICATION**

### **REQUIREMENTS FOR NCCPSS TRAINER RE-CERTIFICATION**

- ☐ **Current copy of Trainers NC CPSS Certification Certificate**
- ☐ **Proof of training at least two courses per year (ideally train every 6 months)**
- ☐ **Training Participant Evaluations from training session(s) facilitated (one from each year)**
- ☐ **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***

***In order to train a NCCPSS approved course.***

Approved for use in the NC Peer Support Specialist Certification Program NC DMH/DD/SAS  
October 2025



# NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM TRAINER RE-CERTIFICATION APPLICATION

## Trainer RE-Certification Registry Form

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

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

### 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
<input type="checkbox"/> Attach a copy of your NC CPSS Certification Certificate		

### Part III: Proof of Training

*(Training logs should be from two courses per year)*

<b>First Training Date:</b>
<b>Second Training Date:</b>
<b>Third Training Date:</b>
<b>Fourth Training Date:</b>
<input type="checkbox"/> Attach Copies of Each Training Log

### Part IV: Participant Training Evaluations

*(Participant Evaluations should be one from each year certified as trainer)*

<b>Training Date of First Participant Evaluation:</b>
<b>Training Date of Second Participant Evaluation:</b>
<input type="checkbox"/> Attach Copies of Participant Training Evaluations



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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 have demonstrated continued recovery from mental health and or substance use disorders. By signing and submitting this document, the trainer attests to the following:

- ☐ To adhere to all NCCPSS Program Policies
- ☐ To be observed by the Technical Assistance Team (TAT)
- ☐ To receive feedback from the TAT and Course Owner
- ☐ To accept any disciplinary actions or 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: \_\_\_\_\_



## **NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM TRAINER RE-CERTIFICATION APPLICATION**

### **NCCPSS Trainer Code of Conduct**

The North Carolina's Certified Peer Support Specialist (NCCPSS) program requires all trainers of the 40-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 up to a year or withdrawal of training privilege.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_