

NORTH CAROLINA'S
CERTIFIED PEER SUPPORT SPECIALIST
PROGRAM

**Certification
Application Form**



Behavioral Health Springboard (BHS)
School of Social Work
The University of North Carolina – Chapel Hill

**North Carolina Certified Peer Support Specialist (NCCPSS) Program
Certification Application Form**

CHECKLIST FOR NCCPSS CERTIFICATION

☐ **Part I: Screening Tool & Application Form** (*Completed and Signed*)

- Demographic Information/Eligibility Criteria/Proof of Education
- Recovery Information

☐ **Part II: Training Certificates**

- Training Certificate from one of the NCCPSS Approved Courses (*Training certificate for an NCCPSS Approved Course must be within two years of the application date to apply for the first certification*).
- Additional training – 20 hours (College courses, i.e., psychology, sociology, counseling, social work, mental health, substance use, and professional development training related to health, mental health, and substance use). If using college courses for 20 hours of additional training, an official transcript (indicating a pass) must be submitted to the PSS Registry either by mail or email to nccpssprogram@unc.edu
 - A maximum of eight (8) hours of training related to children and adolescents will be accepted.

☐ **NCCPSS Values and Code of Ethics form** (*Reviewed and Signed by Applicant*)

ADDITIONAL REQUIREMENTS

☐ **Two Reference letters**

- The referee must have known you for at least one year.
- The referee must know about your current recovery.

☐ **Application Fee (\$20.00)**

- Pay online (www.pss.unc.edu/application-payment)
- Personal check or money order made payable to PSS-BHS

DESIGNATION/SPECIALIZATION (OPTIONAL)

- ☐ Military Designation Requirements - Copy of DD 214 or Military ID (active service)
- ☐ Certified Older Adult Peer Support (COAPS) - Complete the NC Certified Older Adult Peer Specialist (COAPS)

If interested in applying for the NCCPSS Program Course/Training Scholarship, please complete an online application - mailed applications will not be accepted for scholarship.

**North Carolina Certified Peer Support Specialist (NCCPSS) Program
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Part I

Section A: Personal Information (*Applicant must complete this section*)

Name:						
Last	First	Middle	Date of Birth			
Mailing Address:						
Number	Street	Apt.#	City	State/Zip	County	
Phone:			Email:			
Have you previously served, or are you currently serving in the Military?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently incarcerated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Section B: Eligibility (*Applicant must answer yes to all questions to be considered for certification*)

1. I have experienced a mental illness or substance use concern	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I am 18 years or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have a high school diploma or equivalent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have been in recovery for at least one year	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section C: Race/Ethnicity and Gender (*Optional*)

1. What is your Race/Ethnicity? <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Two or More Races	
2. What is your gender?	

Section D: Education (*Proof of Education*)

1. What is your highest level of education? (A minimum of an HS Diploma or equivalent is required.)			
<input type="checkbox"/> G.E.D.	<input type="checkbox"/> H. S. Diploma	<input type="checkbox"/> Associate's	<input type="checkbox"/> Some College
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate	
Include any of the documents below as proof of education with the application:			
<ul style="list-style-type: none">• Copy of High School Diploma/Transcript			

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- Copy of GED Diploma/Transcript
- Official Transcript from a College or University (sent electronically or sealed in envelope and signed by the college)

Section E: Current Employment Experience (Check all that apply)

What is your employment status?	
<input type="checkbox"/> Employed as CPSS	<input type="checkbox"/> Student
<input type="checkbox"/> Employed (not as CPSS)	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Seeking CPSS Employment	<input type="checkbox"/> Retired
If employed, please complete the following:	
Place of Employment:	
County of Employment:	
Length of Employment (years):	
Hours of Work per Week:	Hourly Wage:

Section F: Designation / Specialization *(Include documentation)*

Military Designation <input type="checkbox"/> Include a copy of your DD214 or Military ID

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Part II –Recovery Experience

Section A: Recovery *(Please answer the following questions. Any false information or omissions may be grounds for application rejection).*

1. Why are you interested in becoming a Certified Peer Support Specialist? Describe how these services or supports impacted you if you received peer support.

2. Describe your journey from mental health/substance use challenges to personal recovery. Include **your recovery date and how the illness** affected your ability to work, carry out daily activities, or engage in meaningful (prosocial) relationships.

3. Regarding your personal life and experience, how do you define recovery and show that recovery is possible and important for living a whole and fulfilling life in the community?

4. What factors or resources have been essential to your continued recovery? (Select all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Sponsor(s) | <input type="checkbox"/> Work |
| <input type="checkbox"/> Counselor(s) | <input type="checkbox"/> Religion/Spirituality |
| <input type="checkbox"/> Religious/Spiritual Leader(s) | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Group Meetings (e.g. AA meeting, etc.) |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Exercise | |

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Part III – Training Certificates and Other Information

Section A: Approved NCCPSS Training Certificate - *Include a copy of the certificate from an NCCPSS Approved Course. (Training certificate for an NCCPSS Program-approved course must be completed within two years of training.)*

Have you completed a North Carolina Approved Course for Peer Support Specialist certification? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please complete the section below):</i> Approved Course:
Course Trainer:
Location:

Section B: Additional 20 hours of Training *(Include copies of Certificates)*

<p>Trainings accepted for 20-hour additional training include the following:</p> <ul style="list-style-type: none">Training such as, but not limited to, Wellness Recovery Action Planning, Person Centered Thinking, Personal Assistance in Community Existence (PACE), Crisis Prevention)College courses i.e., Psychology, Sociology, Counseling courses, Social Work courses, Mental Health courses, Substance Use courses (If using College courses for 20-hours additional training, an official transcript must be submitted to the PSS Registry).Professional development (work related) trainings related to health, mental health and substance use).A maximum of eight (8) hours of training related to children and adolescents will be accepted. <p><i>If your certification has lapsed, all trainings must occur after the last certification or recertification date.</i></p>	
Training Title	Hours

Section C: Additional Requirements:

Referee Information
1 st Reference Name:
2 nd Reference Name:

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Application Fee
<input type="checkbox"/> Paid Online
<input type="checkbox"/> Added Personal Check or Money Order to documents mailed

Section D: Personal Attestation

I affirm that the information provided on this form is true, accurate, and complete to the best of my knowledge. I am at least 18 years old and have demonstrated a minimum of one year of continuous and current recovery from mental health and/or substance use disorders.

I pledge to uphold the well-being and dignity of all individuals and their families while serving as a Certified Peer Support Specialist. I understand that any falsification or omission of information may result in the rejection of my application and denial of certification.

I acknowledge that the acceptance of this application signifies that I possess the necessary recovery experience, as well as the required training and education, to fulfill the role of a Certified Peer Support Specialist in an organization endorsed by the North Carolina Division of Mental Health/Developmental Disabilities/Substance Use Services (DMH/DD/SUS).

All personal information disclosed in this form will be kept confidential and only be used to create non-identifying summaries of those who have successfully completed the certification process.

Certification status and name will be available for verification on the North Carolina Certified Peer Support Specialist website at www.pss.unc.edu/certification/pssverify

Signature of Applicant: **Date:**

If you have any concerns or questions, you may submit them to:
NCCPSS Program
Behavioral Health Springboard
UNC School of Social Work
325 Pittsboro Street CB# 3550
Chapel Hill, NC 27599-3550
E-mail: nccpssprogram@unc.edu
Phone: 919-843-3018 | FAX: 919-962-6562
School of Social Work | University of North Carolina at Chapel Hill

**NORTH CAROLINA CERTIFIED PEER SUPPORT
SPECIALIST PROGRAM**

CODE OF ETHICS AND CONDUCT



**Behavioral Health Springboard (BHS)
School of Social Work
The University of North Carolina – Chapel Hill**

OVERVIEW

The NCCPSS Program adopted this Code of Ethics and Conduct to establish professional and personal behavioral conduct required from all CPSS certified in North Carolina. (All standards marked with an ***asterisk*** must be followed per employer policies.) A Certified Peer Support Specialist (hereafter known as CPSS) in North Carolina offers support based on their own life experiences and vows to uphold the stated values and Code of Ethics and Conduct, demonstrating ethical dedication as peers with lived experiences.

VALUES

The NCCPSS Program values are as follows:

- Individuals with lived experience certified as peer supporters play an essential role in the public mental health/substance use disorder system.
- Roles created for peers within the service system should fully utilize the peer's lived experience, viewing it as a credential and expertise that the individual brings to their work.
- Lived experience and ongoing skill development for peer supporters are essential.
- The workplace recovery environment is crucial to the success of peer supporters and the recovery of the individuals served.
- Peer supporters are highly valued members of an agency; therefore, they are fully integrated professionals within the mental health/substance use disorder delivery system.
- Equality and respect between peer supporters and traditional professionals must be reciprocal.
- Choice and self-determination are important components in everyone's recovery, including individuals receiving and providing services.
- Self-directed recovery does happen, with or without professional help.

CODE OF ETHICS AND CONDUCT

Below are the standardized ethical norms and expectations for North Carolina Certified Peer Support Specialists divided into six categories:

1: PERSONAL BOUNDARIES	
1.1	CPSS will conduct themselves in a manner that fosters their recovery because they may influence peers and others in the community.
1.2	CPSS will take personal responsibility for seeking support and report any changes in their recovery status to their employer(s) and the NCCPSS Program when changes in recovery occur. Attention to self-recovery is critical to performing duties as a CPSS.
1.3	If a CPSS's recovery is compromised, they will engage in their own personal self-care and community care until they can again provide support to other peers again.
2: PROFESSIONAL STANDARDS/BOUNDARIES	
2.1	CPSS will support people in making their own choices and honoring self-determination. The CPSS does not put their plan ahead of the peer's agenda.
2.2	CPSS will avoid any power struggles and favoritism.

2.3	CPSS will not engage in any form of discrimination protected under State and Federal Law based on, but not limited to the following, race, color, sex, sexual orientation, gender expression, age, religion, national origin, socio-economic status, political belief, physical or mental health disability or impairment.
2.4	CPSS will not take peers to their homes; there is no exception.
2.5	CPSS will use a person-centered, strength-based approach (done with the peer whenever possible) defined within their agency/employer documentation. *
2.6	CPSS will provide services and support per the policies and procedures of the agency/employer with whom they work/volunteer, including the hours, days, and locations authorized by the agency/employer. *
2.7	CPSS will only provide services outside their training area, expertise, competence, or scope of practice if they have been appropriately trained, licensed, or certified to perform that service. For example, CPSS will not make medical diagnoses.
2.8	CPSS will be honest in their interactions and always strive to deliver correct information by performing due diligence and seeking out information and facts they might need to learn to serve their peers.
2.9	CPSS will have relationships with peers that are mutual learning experiences.
2.10	CPSS will be responsible for supporting people in using their voices to advocate for the principles of human dignity, self-determination, and empowerment.
2.11	CPSS will negotiate within the relationship with peers to facilitate peer choice and shared power.
2.12	CPSS will not engage in anything that violates the spirit of peer support while working with peers.
3: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION	
3.1	CPSS will honor commitments made to peers. CPSS strives to explore and ask open-ended questions rather than continually making assumptions. CPSS explores alternatives and options with peers rather than giving advice.
3.2	CPSS will only share confidential information about a peer gained through a professional engagement with another person or entity with prior written agreement from the person served if authorized or required by law.
3.3	CPSS will be transparent and accurately inform peers that CPSS may share some information peers provide with other team members for several reasons, i.e., safety, agency/ employer policies, etc.
4: EXPLOITATION	
4.1	CPSS will not exploit, devalue, manipulate, abuse, neglect, or ignore a peer.
4.2	CPSS will not accept or give gifts. If the agency/employer allows them, they must be related to the peer's recovery process.
4.3	CPSS will not loan or borrow anything from peers, especially money.
4.4	CPSS will not perform peer services for pay as an individual unless approved as a provider with an LME/MCO or other licensed providers.
4.5	CPSS will not hire peers to work for them if they currently receive services from their agency/employer.
4.6	CPSS will avoid dual relationships; when unavoidable, PSS must establish appropriate boundaries within the relationship with the supervisor's support.

5: FRAUD RELATED MISCONDUCT	
5.1	CPSS will not misrepresent information to obtain certification or recertification or assist another peer in preparing for or obtaining certification or recertification. The term "misrepresentation" includes, but is not limited to, the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application or recertification documents, or the alteration of references.
5.2	CPSS will not use a title designation, credential or license, firm name, letterhead, publication, phrase, title, or document that indicates or implies an ability, relationship, or qualification that does not exist and which they are not authorized to use.
5.3	CPSS will not provide service under a name other than the one listed on their certificate or outside the period listed on the certificate.
6: SEXUAL MISCONDUCT	
6.1	CPSS will not establish romantic relationships with peers and will refrain from intimate or sexual activity with peers, whether such contact is consensual or forced, while that person is receiving formal services from an agency or organization.
6.2	CPSS will not engage in sexual activities or contact people they formerly supported in recovery and healing when there is a risk of exploitation or injury.
6.3	CPSS will not provide formal peer support to individuals with whom they have previously had a sexual relationship.

CERTIFICATION RESPONSIBILITIES

As a CPSS in NC, I will:

- Be current with my certification.
- Comply with the Code of Ethics and Conduct and recertification requirements set by the Division of Mental Health, Developmental Disabilities and Substance Use Services (hereafter known as DMH/DD/SUS) through the NCCPSS Program or any designated entity.
- Always utilize the Certified Peer Support Specialist (CPSS) certification appropriately and will not provide peer support services when certification lapses.
- Cooperate with any ethics investigation and actions from DMH/DD/SUS through the NCCPSS Program or any designated entity. Any CPSS action or behavior determined to constitute abuse, neglect, exploitation, or any other infractions that rise to the level of disciplinary action by the investigation will result in sanctions, up to and including the withdrawal of certification. CPSS shall cooperate with investigations into allegations of unethical behavior and abide by the decision of the NCCPSS Program or designated entity and the hiring entity (employer). Failure to comply with an obligation or prohibition outlined in the Ethical Code of Conduct will result in discipline by the DMH/DD/SUS) through the NCCPSS Program or designated entity.

- Notify the NCCPSS Program or designated entity of any legal action with potential impact on the practice of peer support, including but not limited to the filing in any court of information, complaint, indictment, conviction, firing by an employer, filing of any charge or action before a state, tribal or federal regulatory agency or judicial body concerning the practice of peer support or related professions, or a matter before another certification body. Such notification shall be made within sixty (60) days of the filing of such charge or action, and they shall provide documentation of the resolution of such action within sixty (60) days of that resolution to maintain CPSS certification.

ATTESTATION

I affirm that I have reviewed, understood, and will adhere to the Code of Ethics and Conduct. I understand that signing this form indicates that:

- I have not violated any of the codes of ethics and conduct outlined above.
- I will adhere to and accept any sanctions for violating the Code of Ethics and Conduct outlined by the NCCPSS Program or designated entity defined by the DMH/DD/SUS.
- I understand that any falsification or omission of information may result in the rejection of my application and denial of certification or recertification.

Name:	
Signature:	Date:

**NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM
CERTIFICATION APPLICATION FORM**

PERSONAL REFERENCE FORM INSTRUCTIONS

Q. Where do my personal references sign the envelope?

A. Your personal reference needs to sign his/her signature over the back of the envelope across the seal line. In the illustration below, Jane Doe is acting as a personal reference and is submitting a Personal Reference Form. She signs her name “Jane Doe” on the back of the envelope, over the line formed by the seal. **In order to be accepted, all Personal Reference Forms must be received in sealed envelopes, signed by the personal reference in this way.**



Q. My personal references signed the forms, but did not sign the envelopes. Can I submit the forms without the envelope signatures?

A. Personal Reference Forms that are not signed over the flap by the author of the form will be returned. The application will be on hold until the forms are submitted with signed envelopes.

NORTH CAROLINA
CERTIFIED PEER SUPPORT SPECIALIST
PROGRAM

Reference Form 1



Behavioral Health Springboard (BHS)
School of Social Work
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**North Carolina Certified Peer Support Specialist (NCCPSS) Program
Reference Form**

Overview

The applicant below is completing an application to be certified as a North Carolina Certified Peer Support Specialist. The applicant has chosen you to provide a reference to verify the individual's demonstrated recovery for *at least the past year*.

Instructions: Please complete the reference form. Place the completed form in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line.

Applicant Name:

1. What is your relationship with the applicant?

☐ Personal ☐ Professional/External (*Not residing in the household and not a relation*)

2. Please describe your relationship with the applicant, how long you have known them, and your knowledge of their demonstrated recovery from significant mental illness and/or substance use disorder.

3. Which resources are you aware of the applicant utilizing in their recovery journey? (Select all that apply)

- ☐ Counseling
- ☐ Group Meetings
- ☐ Meditation/Yoga
- ☐ Family/Friends Support
- ☐ Work
- ☐ Religion/Spirituality
- ☐ Medication
- ☐ Other (please specify).....

**North Carolina Certified Peer Support Specialist (NCCPSS) Program
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4. Please rate the applicant on the following abilities:

Abilities	Strong	Moderately Strong	Limited
Helps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates and advocates for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models recovery (e.g., attends meetings, uses WRAP plan, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balances work and life with personal wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please describe the applicant's ability to use their lived experiences to support others as a Certified Peer Support Specialist.

Personal Attestation

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed their personal recovery lifestyle for at least one year, and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge, that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support to promote overall well-being and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (is at least 18 years of age; is a former or current consumer of mental health and/or substance abuse services, and has been in recovery for at least one year) to be considered for certification and recertification as a North Carolina Peer Support Specialist. All personal information provided in this form will remain confidential, and data will only be used in graphs creating a non-identifying profile of those completing the certification process.

Signature of Referee: **Date:**

Name:

Address:

Phone: **Email:**

NORTH CAROLINA
CERTIFIED PEER SUPPORT SPECIALIST
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Reference Form 2



Behavioral Health Springboard (BHS)
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Instructions: Please complete the reference form. Place the completed form in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line.

Applicant Name:

1. What is your relationship with the applicant?

☐ Personal ☐ Professional/External (*Not residing in the household and not a relation*)

2. Please describe your relationship with the applicant, how long you have known them, and your knowledge of their demonstrated recovery from significant mental illness and/or substance use disorder.

3. Which resources are you aware of the applicant utilizing in their recovery journey? (Select all that apply)

- ☐ Counseling
- ☐ Group Meetings
- ☐ Meditation/Yoga
- ☐ Family/Friends Support
- ☐ Work
- ☐ Religion/Spirituality
- ☐ Medication
- ☐ Other (please specify).....

**North Carolina Certified Peer Support Specialist (NCCPSS) Program
Reference Form**

4. Please rate the applicant on the following abilities:

Abilities	Strong	Moderately Strong	Limited
Helps others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates and advocates for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Models recovery (e.g., attends meetings, uses WRAP plan, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balances work and life with personal wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please describe the applicant's ability to use their lived experiences to support others as a Certified Peer Support Specialist.

Personal Attestation

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed their personal recovery lifestyle for at least one year, and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge, that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support to promote overall well-being and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (is at least 18 years of age; is a former or current consumer of mental health and/or substance abuse services, and has been in recovery for at least one year) to be considered for certification and recertification as a North Carolina Peer Support Specialist. All personal information provided in this form will remain confidential, and data will only be used in graphs creating a non-identifying profile of those completing the certification process.

Signature of Referee: **Date:**

Name:

Address:

Phone: **Email:**

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Behavioral Health Springboard
UNC School of Social Work
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Chapel Hill, NC 27599-3550
E-mail: nccpssprogram@unc.edu
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