



NC CERTIFIED PEER SUPPORT SPECIALIST PROGRAM CERTIFICATION APPLICATION FORM

PLEASE READ BEFORE COMPLETING APPLICATION

ELIGIBILITY FOR NCCPSS CERTIFICATION:

You will need to meet *all* requirements below in order to become a North Carolina Certified Peer Support Specialist. Applications that do not meet the criteria will be mailed back to the applicant.

- **18 Years** or older.
- Have **lived experience** in significant mental health or substance use disorder.
- Have been in recovery for **at least one year**.
- Have a **high school diploma** or equivalent.

Once your application has been completed, please pay online, or mail application documents with check or money order to:

**Peer Support Specialist Registry
Behavioral Health Springboard
School of Social Work
The University of North Carolina at Chapel Hill
325 Pittsboro Street Campus Box #3550
Chapel Hill, NC 27599-3550**

Applicants that are unable to complete their certification within one (1) year of beginning the certification process will have to resubmit their application (provide all documents needed for certification) as a new applicant. Please ensure that you have the documentation for certification in your packet.

**Processing of certification takes 5-7 business days upon receiving completed application.
Incomplete applications will delay process.**



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CHECKLIST FOR NCCPSS CERTIFICATION

Part I: Application Form

- Demographic Information (Completed and Signed NCCPSS Certification Application Form)

Part II: Proof of Education

- Copy of High School Diploma or Transcript
- Copy of GED Diploma
- Official Transcript from a College or University

Part III: Training Certificates

- Training Certificate from one of the NCCPSS 40-hour approved training **[Training certificate for a NCCPSS approved 40-hour course must be within two years of completing the training.]**
- Additional training – 20 hours (College courses i.e., Psychology, Sociology, Counseling courses, Social Work courses, Mental Health courses, Substance Use courses, Professional development trainings related to health, mental health and substance use). If using College courses for 20-hours additional training, an official transcript must be submitted to the PSS Registry either by mail or email to pssregistry@unc.edu
 - A maximum of eight (8) hours of training related to children and adolescents will be accepted

Part IV: NCCPSS Values and Code of Ethics form (Reviewed and Signed by Applicant)

Part V: Two Reference letters

- Referee must know you for at least one year
- Referee must have knowledge of your recovery

Part VI: Application Fee (\$20.00)

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

VETERAN DESIGNATION (OPTIONAL)

Part VII: Veteran Service Member or Military Service Member Designation Requirements:

- Copy of DD 214 or Member ID



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Part I – Application Form

A: 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	County	
Phone:			Email:		

Eligibility Criteria *(Check all that apply)*

Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a high school diploma or equivalent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have lived experience and in recovery from a significant mental health or substance use disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in recovery for at least one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recovery Statement

1) Describe the signs and symptoms you experienced with your mental health or substance use problems.



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2) State the date your recovery journey began and describe the tools you have used in your recovery process. (Please state at a least one tool used)

***Note: Having received professional services is not a requirement.**

Race / Ethnicity

What is your Race/Ethnicity (Optional)?

- African American or Black
- American Indian/Alaska Native
- Asian
- White (non-Hispanic)
- Hispanic or Latinx
- Native Hawaiian/Other Pacific Islander
- Two or More Races
- Another option not listed (please specify).....

Gender

How do you identify (Optional)?

- Female
- Male
- Non- Binary
- Other (please list).....



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Veteran Status

Have you previously served or currently serving in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	

If employed as a CPSS, please complete the following:

Place of Employment:	
County of Employment:	
How long have you been employed?	
Hours of Work per Week:	Hourly Wage:

Part II – Proof of Education

Education:

<p>What is your highest level of education? (Minimum of HS Diploma or equivalent required.)</p> <p><input type="checkbox"/> G.E.D. <input type="checkbox"/> H. S. Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Some College</p> <p><input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate</p> <p>Include any of the documents below as proof of education with application:</p> <ul style="list-style-type: none">• Copy of High School Diploma or Transcript• Copy of GED Diploma• Official Transcript from a College or University (sent electronically or sealed in envelope and signed by the college)
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Part III – Training Certificates

A: Approved NCCPSS Training Certificate - Include a copy of the certificate from an NCCPSS approved 40-hour training. (Training certificate for a NCCPSS approved 40-hour course must be within two years of completing the training.)

Have you completed a North Carolina 40-hour approved Peer Support Specialist training? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please complete the section below):		
Course	Course Trainer	Location

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

Trainings accepted for 20-hour additional training include the following:

- 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.

If your certification has lapsed, all trainings must occur after the last certification or recertification date.

Training Title and Hours

Training	Hours



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Part IV – Review and Sign NC CPSS Code of Ethics Form (See Appendix A)

Part V – Reference Letter Instructions and Reference Letter Form (See Appendix B & C)

(Submitted in sealed envelope with referee’s signature across seal)

Referee Information
Referee 1 Name:
Referee 2 Name:

Part VI – Application fee

Application fee for processing can be paid as follows:

- Paid online (www.pss.unc.edu/application-payment)
- Added Personal check or Money Order to documents mailed

Part VII – Veteran Service Member or Military Service Member Designation (Optional)

To obtain this designation, include a copy of the following documents:

- Copy of DD 214 (retired) form OR Military ID (active)



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Personal Attestation:

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. I certify that I will only conduct myself in a way that does not abuse, neglect or exploit any individual served or family member situation in my role as a Peer Support Specialist. I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I understand that acceptance of this application indicates only that I have the necessary lived experience in recovery, training, and supervision to work in the capacity of a Peer Support Specialist in a provider agency endorsed to provide these services as defined by the North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services. Personal information provided in this form will remain confidential. Data will only be used in creating non -identifying descriptions of those completing the certification process achieving certification. 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** _____



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NCCPSS VALUES AND CODE OF ETHICS (Appendix A)

Please Review and Sign

PURPOSE

The North Carolina Certified Peer Support Specialist Code of Ethics was developed by a workgroup consisting of North Carolina Certified Peer Support Specialists, Supervisors, and other stakeholders over a three-day meeting held in Chapel Hill, North Carolina. This code outlines uniform standards and expectations for North Carolina Certified Peer Support Specialists in the workplace. These ethical standards are intended to offer clear boundaries for Peer Support Specialists in the workplace.

DISCIPLINARY ACTION

The North Carolina Certified Peer Support Certification indicates the person retaining this certificate has completed the requirements established by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. These requirements may be located on the NC CPSS website for further review. All North Carolina Certified Peer Support Specialists (CPSS) must adhere to the North Carolina Certified Peer Support Specialist (NCCPSS) Program Code of Ethics. CPSS shall cooperate with investigations into allegations of unethical behavior and abide by the decision of the NCCPSS Program. The NCCPSS Program and the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) have the authority to investigate any potential violations and enforce sanctions. Any CPSS action or behavior determined to constitute abuse, neglect, or exploitation by the investigation will result in sanctions, including the withdrawal of certification.

VALUES

- People have the right to be treated with dignity and have their individual human rights respected.
- Self-directed recovery does happen, with or without professional help.
- Sharing our recovery experiences fosters mutual relationships, reduces isolation, Inspires



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hope, and strengthens the ongoing recovery process.

- Individuals have the right to live the full and meaningful lives they envision for themselves.
- People have the right to make their own choices about their treatment even if others think their decisions are wrong
- Peer Support values the importance of community building and natural supports (family, church, NA, AA, friends, etc.).

CODE OF ETHICS

- Attention to self-recovery is critical to the performance of duties as a Peer Support Specialist(s) (PSS). When changes in recovery occur, the Peer Support Specialist will take personal responsibility to seek support.
- PSS are honest in their interactions; keeping it simple, keeping it real.
- PSS relationships are mutual learning experiences.
- PSS have a responsibility to support people to use their own voices to advocate for the principles of human dignity, self-determination, and empowerment.
- PSS honor commitments made to peers. PSS strive to always explore and ask open ended questions rather than making assumptions. PSS explore alternatives and options with peers rather than giving advice.
- PSS support people to make their own choices, honoring self-determination. The PSS does not put his/her agenda ahead of the peer's agenda.
- PSS negotiate within the relationship with peers in order to facilitate peer choice and shared power.
- PSS avoid power struggles and favoritism.
- PSS will not exploit, devalue, manipulate, abuse, neglect, or ignore a peer.
- PSS and peers will not loan or borrow anything from each other; especially not money.
- PSS will not establish romantic relationships with peers and will refrain from intimate or



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sexual activity with peers.

- PSS avoid dual relationships; when they are unavoidable, appropriate boundaries are established within the relationship with the support of the supervisor.
- PSS will not violate a peer's confidentiality except when required by law.
- PSS does not accept or give gifts, if allowed by the agency, must be clearly related to the peer's recovery process.
- PSS do not take peers to their homes; any exception to this must have written agency approval.
- PSS do not hire peers to work for them if they are currently receiving services from their agency.
- PSS's documentation in the agency record is person-centered, strength-based and done with the peer whenever possible.
- PSS take responsibility for their own professional development and are proactive about expanding their knowledge and honing their skills with continuing education and training.
- PSS have a responsibility to educate themselves about available community resources and to establish helpful contacts in the community.
- PSS do not make medical diagnoses.

I affirm that:

1. I have reviewed the ethical guidelines
2. I agree to adhere to the expected standards

Name: _____

Signature: _____ Date: _____

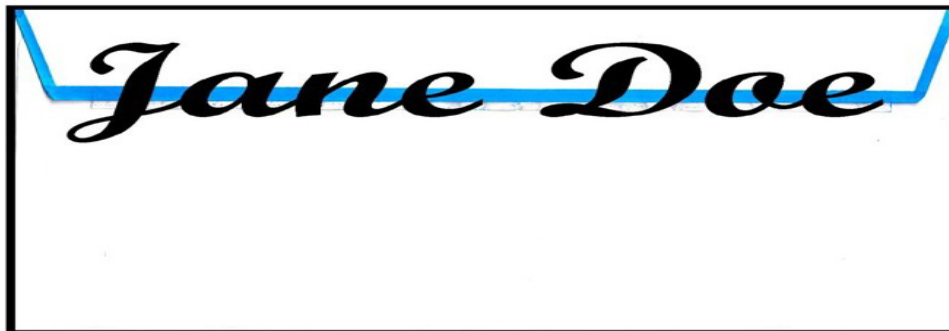
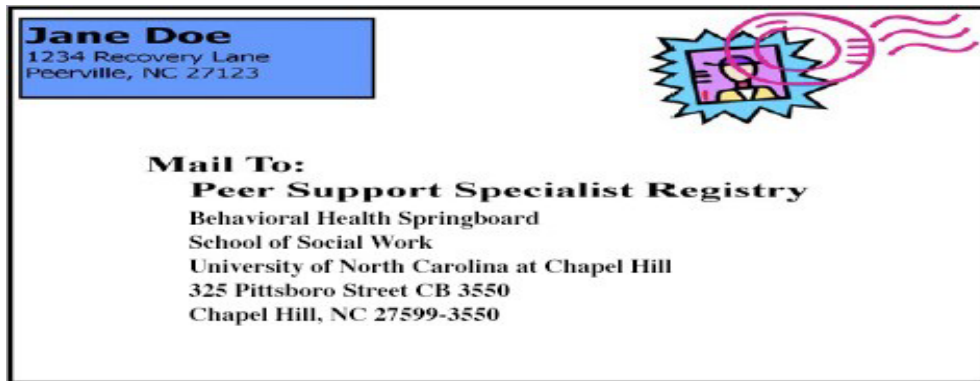


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PERSONAL REFERENCE FORM INSTRUCTIONS (Appendix B)

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 held until the forms are submitted with signed envelopes



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PERSONAL REFERENCE FORM (Appendix C)

The individual named below is completing an application to be registered as a North Carolina Certified Peer Support Specialist. You have been chosen by the applicant to provide a reference for the purpose of verifying 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.

Name of Applicant:

1. How long have you known this individual and what is the nature of your relationship?

2. Describe your knowledge and/or awareness of the individual's demonstrated recovery over the past year. i.e.: meetings/counseling attended; changes in behavior or attitude etc.



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3. Describe any strengths or assets this individual will offer as a Peer Support Specialist:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery for the individual listed on 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 his/her 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 in order 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 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: _____

DATE: _____

REFERENCE CONTACT INFORMATION:

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

**We appreciate your support of this individual for the recognition of their work as a Peer Support Specialist.
If you have any questions, Please do not hesitate to contact our offices at (919) 843-3018.**



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