

NORTH CAROLINA'S
CERTIFIED PEER SUPPORT SPECIALIST
PROGRAM

**Complete Recertification
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
Recertification Application Form**

CHECKLIST FOR NCCPSS RECERTIFICATION

☐ **Part I: Application Form** (*Completed*)

- Demographic Information

☐ **Part II: Training Certificates** (*Completed within the last two years*)

- 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 (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

ADDITIONAL REQUIREMENTS

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

☐ **Two Reference letters** (*At least ONE referee must be an external reference letter.*) *See application form for external reference definition.*

- The Reference must have known you for at least one year
- The Reference must have known about your continued recovery

☐ **Application Fee (\$20.00) / Late Recertification Fee (\$20)**

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

DESIGNATION/SPECIALIZATION (OPTIONAL)

☐ **Military Designation Requirements:**

- **First Time Designation:** Copy of DD 214 or Military ID (active service)
- **Maintaining Designation:** Eight (8) Hours of continuing education on Veteran/Military topics. (*See PSS website for suggestions*).

☐ **Certified Older Adults Peer Specialist Designation Requirements:**

- **First Designation:** Copy of Certified Older Adult Peer Specialist Training Certificate (in addition to 20 hours of PSS related training)
- **Maintaining Designation:** Eight (8) Hours of continued education on adult aging topics (in addition to 12 hours of PSS related training)

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Part I

Please note that the NCCPSS Program cannot recertify CPSS with an ongoing investigation for an alleged violation of the Code of Ethics. CPSS may be recertified depending on the outcome of the investigation once completed.

Section A: Personal Information *(Please type or print all information requested clearly)*

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 or have you been investigated for ethical violations since your last certification date? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Section B: 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 C: 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:	

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Length of Employment (years):	
Hours of Work per Week:	Hourly Wage:
What is your highest level of education? (Minimum of HS Diploma or equivalent 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	

Part II – Training Certificates and Other Information

Section A: 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	Hours

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

Military Designation

- ☐ Initial Designation: Include a copy of your DD214 or Military ID
- ☐ Maintaining: Include 8 hours of Veteran/Military specified training certificates *(This is included in the 20 hours required for recertification)*

Certified Older Adults Peer (COAPS) Designation

- ☐ Initial Designation: Include a copy of your Certified Older Adults Peer Training certificate. *(This is in addition to the 20 hours needed for recertification).*
- ☐ Maintaining: Include 8 hours of aging adult related training certificates. *(This is included in the 20 hours required for recertification)*

Section C: Additional Requirements: *One reference must be an external reference: An external reference is someone who does not reside in your household or with whom you are closely related and can attest to your continued recovery.*

Reference Information
External Reference Name:
2 nd Reference Name:

Application Fee (\$20)
<input type="checkbox"/> Paid Online
<input type="checkbox"/> Added Personal Check or Money Order to documents mailed

Late Recertification Fee (\$20)
[A CPSS must renew their certification by the last day of the month that they are due for renewal. After the last day of the month, a CPSS is due for renewal, the CPSS may apply for late recertification within 30 days.]
<input type="checkbox"/> Paid Online
<input type="checkbox"/> Added Personal Check or Money Order to documents mailed

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Section E: 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 of continuous and current recovery from mental health and/or substance use disorders. I certify that I will only conduct myself in ways that do not abuse, neglect, or exploit any individual served or family member/friend 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 Use Services (DMH/DD/SUS). 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:**

NORTH CAROLINA
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PROGRAM

Code of Ethics



Behavioral Health Springboard (BHS)
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North Carolina Certified Peer Support Specialist (NCCPSS) Program
Code of Ethics Form

Code of Ethics

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 hope,

**North Carolina Certified Peer Support Specialist (NCCPSS) Program
Code of Ethics Form**

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 sexual activity with peers.

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- 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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Reference Form 1



Behavioral Health Springboard (BHS)
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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 ☐ External (*Not residing in the household and not a relation*)

2. Describe the nature of your relationship with this individual and how long you have known the applicant.

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).....

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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 readiness or capacity to provide services as a Certified Peer Support Specialist professional.

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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Reference Form 2



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Overview

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

2. Describe the nature of your relationship with this individual and how long you have known the applicant.

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).....

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Abilities	Strong	Moderately Strong	Limited
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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 readiness or capacity to provide services as a Certified Peer Support Specialist professional.

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Signature of Referee: **Date:**

Name:

Address:

Phone: **Email:**

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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: 919-843-6083 | FAX: 919-962-6562

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