



*Protecting the Citizens
of Florida*



National Certified Peer Specialist

Process and Forms

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

Define Yourself as a Professional through Certification.

About Us



Mental Health America (MHA), founded in 1909, is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. MHA's work is driven by their commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care, services, and supports for those who need it, with recovery as the goal. Much of MHA's current work is guided by the Before Stage 4 (*#B4Stage4*) philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process.

MHA's commitment to peer support goes back to its' founding in 1909 by Clifford Beers, a peer who experienced the adversities of long term hospitalizations where he witnessed and was subjected to horrible abuse. They believe in the power of peer support and are dedicated to expanding its' availability throughout healthcare. Mental Health America and the Florida Certification Board have created this advanced level credential to recognize the most highly experienced and skilled peer support workers.

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization that has been operating for over 30 years. The FCB is pleased to partner with Mental Health America (MHA) to develop and administer the nation's first national peer specialist certification program for peers who are qualified to work in whole health practices as an effective adjunct to the individual's treatment team(s).

The FCB adheres to the highest industry psychometric standards for developing, implementing and administering certification programs and examination instruments. Applicants complete a rigorous pre-qualification and examination process; specifically designed to verify the applicant has the necessary education, training and experience to perform the core competencies established for and by the regulated profession. Once certified, each professional is required to strictly observe a Code of Ethical and Professional Conduct and participate in annual continuing education events.

All FCB requirements, policies and procedures, including the FCB Code of Ethical and Professional Conduct and Disciplinary Procedures, are maintained on our website at www.flcertificationboard.org. In the instance of a discrepancy between this manual and that posted on the website, the website shall take priority. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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Mental Health America National Certified Peer Specialist (MHA NCPS) Certification Program

Introduction

The Florida Certification Board (FCB) is pleased to offer the Mental Health America National Certified Peer Specialist credential, which is the first national certification program recognizing mental health peer specialists who are qualified to work in both private and public whole health practices. The MHA NCPS credential is specifically designed to recognize peers with the lived experience, content-specific training and on-the-job experience necessary to provide peer support specialist services as an effective adjunct to the individual's physical and behavioral health care team(s) with the express purpose of assisting the individual to achieve recovery and activate self-management goals.

This document details the MHA NCPS specific certification requirements and policies. Unless otherwise specified herein, all FCB applicants and certified professionals are subject to FCB certification application, examination, award, and maintenance/renewal policies, which are posted on the FCB website. Should there be a discrepancy between published FCB policy and this document, contact the FCB for clarification.

Mental Health America National Certified Peer Specialist (MHA NCPS)

MHA NCPS Credential Overview

The Mental Health America (MHA) National Certified Peer Specialist (NCPS) designation is a professional, advanced-level peer support credential for persons who have the lived experience, training, and job experience to work alongside healthcare teams in a peer support role. The NCPS requires a minimum of a high school diploma or general equivalency degree and applicants have demonstrated competency through training and experience in the performance domains of:

- Foundations of Peer Support
- Foundations of Health Care Systems
- Mentoring, Shared Learning and Relationship Building

- Activation and Self-Management
- Advocacy
- Professional and Ethical Responsibilities

Certification Application Process Overview

Earning the MHA NCPS credential is a multi-stage process that involves actions by the applicant and the FCB. Applicants must first meet the FCB's general eligibility requirements, and then must meet the MHA NCPS -credential specific standards and requirements. When all requirements have been met, candidates are approved to register for the required certification examination. The credential is awarded after a passing score has been earned on the required examination.

There is not a grandparenting period for the MHA NCPS credential.

From the date your application is received at the FCB offices, you have a maximum of 12 months to earn the MHA NCPS credential. The FCB will provide you with options if you are approaching the "out of time" date.

Applicant Responsibilities

1. Establish an account in the FCB's online certification system. Please see the BEFORE YOU APPLY section of this document for detailed instructions on how to create your account.
2. Download and complete the entire MHA NCPS application for certification. The MHA NCPS application is posted online at <http://flcertificationboard.org>. You can and should complete this form electronically. The FCB accepts electronic signatures and attachments through email.
3. Attach supporting documentation to the complete MHA NCPS application for certification. You must submit proof of meeting formal education and content specific training requirements with your application.
4. Attach (or indicate payment method) to the MHA NCPS application packet. The FCB will not assign your application for processing until the payment is received. The FCB will hold applications/supporting documentation without payment for a maximum of 30-days.
5. WAIT for approval to register for the exam. When your application and supporting documents have been approved, the FCB will send you an Exam Registration Approval email. This email will be sent to the email address you entered when creating your online account. The FCB strongly recommends you use your primary personal email address.
6. Register for and take the MHA NCPS exam. You may register for the exam when you have received the Exam Registration Approval email from the FCB.

7. Meet MHA NCPS credential maintenance requirements. Once certified, you are required to participate in annual continuing education, follow the FCB Code of Ethical and Professional Conduct and Disciplinary Procedures, and renew your credential in a timely manner.

FCB Responsibilities

1. Verify the applicant has created a system account. The application cannot be processed until the account is created.
2. Create the MHA NCPS credential record in the FCB's database. When the credential record is created, the applicant can login to their FCB account to view progress.
3. Process the application for exam approval. FCB certification specialists will work with the applicant to ensure all requirements are appropriately documented.
4. Notify the applicant, via email, of Exam Registration Approval and provide directions to register for the MHA NCPS exam. The exam is administered at specific sites across the US. The Exam Registration Approval will include a link to the test registration site and a unique test registration code. Applicants conduct all exam registration and administration activities directly with the selected test site.
5. Receive official test results. The applicant receives immediate unofficial test results before leaving the test site. The FCB receives official test scores after a psychometric review of exam performance. It takes approximately 5 to 7 business days to receive an official MHA NCPS exam score.
6. Issue the MHA NCPS credential. Within no more than 15 business days of receipt of the official passing score, the FCB will issue the MHA NCPS credential. The credential's effective date is the date the applicant earned a passing score on the exam.

Before You Apply

The FCB maintains an online certification system that must be used by all applicants and certified professionals. The system provides the following features:

- **Individual online certification account.** FCB's certification staff document all certification activities in your individual account. Accessing the account allows you to update contact information, verify certification status, and, once certified, print certification wallet cards.
- **Public verification of certification status.** FCB maintains a public access database, allowing anyone to search the FCB's database to verify an individual's credentials. The database search provides the individual's name, credential, credential status, effective dates, and any history of ethical or professional misconduct and/or disciplinary action. NOTE: The system only shows results for certified individuals; the system will say "no record found" when searching for an applicant.

Individual Online Certification Account

The very first step in applying for certification is to create an individual account and profile in the FCB online certification system. The FCB will not accept certification application documents or fees until you have created your online account.

A training document on how to create an online certification system account is maintained on the FCB website at: <http://flcertificationboard.org/resources/training-and-tutorials/>

When you create your account/profile, you will need to provide the following information:

- Name and demographic information;
- primary contact information;
- current employer and contact information;
- information regarding your criminal history, if any;
- information regarding any history of professional misconduct; and
- your agreement to follow the FCB Code of Ethics and participate in the investigation and disciplinary processes, if necessary.

After entering all requested information, the system will provide you with a login and temporary password.

Your login is your primary email address. The FCB strongly recommends using your primary personal email address and NOT your work email address.

Please reset your temporary password to a unique password that you will remember. You are able to recover a forgotten password, as long as you have access to the email address you use for your login.

The FCB communicates with you using the information in your account profile. It is critical that we have your current and primary email address, mailing address and phone number. **THE FCB IS NOT RESPONSIBLE FOR ISSUES THAT MAY ARISE BECAUSE CONTACT INFORMATION IS NOT CURRENT.** You may update this information in your profile at any time.

Important Online Account Information

- It is **CRITICAL** that you keep track of the email and password you entered when creating your account. The system sends all password resets to the email address on your account. If your email address changes and you can no longer access it, you may be required to re-register.
- We **STRONGLY RECOMMEND** that you register with your primary personal contact information instead of your work contact information.

- You will access your account to update your contact information, apply for certification and pay fees. It is your responsibility to ensure that the FCB has your current mailing address and email address.
- DO NOT complete multiple New User Registrations. This will lock you out of the system.

For additional assistance with the online account process, contact our offices at 850-222-6314.

MHA NCPS Standards and Eligibility Requirements

The following table provides the minimum requirements to earn and maintain the MHA NCPS credential.

TOPIC	MINIMUM REQUIREMENT
FCB General Eligibility Requirement: Online Account	Applicants must create an individual online certification account. The FCB cannot process any certification application materials until this account is created. A training document on how to create an online certification system account is maintained on the FCB website at: http://flcertificationboard.org/resources/training-and-tutorials/
FCB General Eligibility Requirement: Criminal History	<ol style="list-style-type: none"> 1. The FCB does not conduct a background check on NCPS applicants. Any instance of prior criminal history and employment must be resolved between the certified peer and the employer. However, after certification is awarded, certified professionals are expected to report any first degree misdemeanor or felony arrests to the FCB for appropriate response. 2. When creating their online certification system account, all applicants must complete a section agreeing to allow the FCB to conduct a random criminal history check in response to an ethical allegation of non-compliance with the FCB Code of Ethical and Professional Conduct standards related to criminal activity.
FCB General Eligibility Requirement: Code of Ethics	<p>When creating their online certification system account, all applicants must complete a section agreeing to comply with the FCB Code of Ethical and Professional Conduct and Disciplinary Procedures.</p> <p>This document is posted at www.flcertificationboard.org/ethics/</p>
Formal Education	High School Diploma or General Equivalency Degree or higher
Content Specific Training	<p>Hold current state certification with a minimum training requirement of 40 hours OR Hold a certificate of completion of an MHA approved training program.</p> <p>Approved training programs are posted on the MHA NCPS website at www.centerforpeersupport.org</p> <p>All training must have been completed within the last 10 years. Applicants who completed required training more than 10 years ago and have been consistently working in the field may appeal for a waiver of the timeframe requirement.</p>

TOPIC	MINIMUM REQUIREMENT
Related Work Experience	<p>3,000 hours of paid or volunteer work experience providing peer support services within the last 6 years.</p> <p>All work experience (paid and volunteer) must be supervised.</p> <p>Individuals claiming volunteer work for certification purposes must average 20 hours of volunteer work per week.</p>
Recommendations	<p>1 Professional letter of recommendation for certification.</p> <p>1 Supervisory letter of recommendation for certification.</p>
Exam	MHA NCPS 125-item, multiple choice exam.
Continuing Education	<p>10 hours per year. The MHA NCPS credential renews every 2 years. As such, a total of 20 hours of CEUs are due each renewal period. The first time the credential is renewed, only 50% of the CEUs are required. After the first renewal, a total of 20 hours are due each renewal period.</p> <p>Training content must be related to at least one of the MHA NCPS performance domains. Approximately 10% of the population is audited for compliance with the CEU policy each renewal period. Maintain CEU documentation for a minimum of 4 years in case of CEU audit.</p>
Renewal	Biennial , on October 31 st of each renewal year.

Fee Schedule

The following table lists MHA NCPS certification related fees, which are non-refundable or transferable.

MHA NCPS Fee Schedule	
MHA NCPS Certification Application Fee: \$225	
MHA NCPS Exam Fee: \$200 This fee must be paid with each test attempt.	
MHA NCPS Proctoring Fee: Maximum of \$30 FCB contracts with test sites across the country. Test sites may charge no more than \$30 to proctor a 2-hour test. The applicant must pay the proctoring fee to the test site.	
MHA NCPS Biennial Renewal Fee: \$200 Fees are due on or before October 31 st of each renewal year.	
Late Renewal Fee: \$50. This fee is assessed to renewal payments received November 1 st thru 30 th of the renewal year.	

The Examination Process

Requirement

The MHA NCPS exam is a two-hour, multiple-choice exam that contains 125 multiple choice questions. Each question lists three possible answers, only one of which is the correct or best answer. The exam “time” does not include the time allotted for the pre-testing software tutorial and any post-exam surveys. All questions are equally weighted and count for 1 point each. The passing score is currently being set and will be published before the exam is launched.

General Exam Policies

Unless otherwise specified, the following examination policies apply to all applicants:

- All FCB exams are computer-based, online exams administered at approved testing centers. There are NO paper and pencil exam administrations available.
- Applicants are only allowed to register for an exam after they have received official approval and directions from the FCB.
- Each test site sets up its own calendar of the days and times that they are open and available to administer the test. When you are approved to register for the test, you may select the date and time from the calendar.
- Each exam begins with a brief tutorial. Extra time is allotted to complete the tutorial.
- Applicants receive unofficial test scores immediately; official test scores are provided to the FCB approximately 10 to 15 business days after the test date.
- The credential is awarded no more than 15 business days after the FCB receives the official passing score.
- Applicants who do not pass the exam will receive a score report indicating strengths and weaknesses by performance domain to help guide study efforts.
- Applicants may retest as many times as they choose, however, there is a 30 calendar day timeframe between test attempts.

MHA NCPS Examination Blueprint

The Exam Blueprint provides the number of test items per performance domains. The MHA NCPS exam items are allocated as follows:

DOMAIN	NUMBER OF ITEMS
Foundations of Peer Support	26
Foundations of Healthcare Systems	26
Mentoring, Shared Learning and Relationship Building	21
Activation and Self-Management	25
Advocacy	9
Professional and Ethical Responsibilities	18
TOTAL	125

Certification Award, Maintenance & Renewal

Certification Award

The MHA NCPS credential is issued within 15 business days of the FCB's receipt of the official passing test score.

The first time the MHA NCPS credential is issued, it will be for slightly more or less than a 24 month period, depending on the initial issue date. Regardless of the award date, the credential will renew on October 31st of the renewal year. After the first renewal, the credential will always be issued for a 24 month period, renewing on October 31st of the renewal year.

Certification Maintenance

Maintaining a credential in good standing is very important. To further our mission of public safety, the FCB maintains a public-access database allowing verification of an individual's certification status and ethical history. To remain in good standing, certified professionals must:

- Actively participate in annual continuing education to maintain a current knowledge and skill base. The FCB will provide certified professionals with information regarding CEUs when the credential is issued.
- Follow the FCB Code of Ethical and Professional Conduct. All applicants and certified professionals are subject to the FCB’s Code of Ethical and Professional Conduct and Disciplinary Procedures, which is posted online at <http://flcertificationboard.org/ethics/>
- Complete the renewal process in a timely manner. The FCB will provide certified professionals with information regarding renewal when the credential is issued. Additionally, the FCB will notify certified professionals of renewal requirements approximately two (2) months before the credential expiration date.

FCB Appeal Process

When an applicant is denied certification, questions the results of the application review process, questions examination results, or is subject to an action by the FCB or its agents that he or she deems unjustified, the applicant has the right to an inquiry and/or an appeal.

An **inquiry** is when an applicant requests a written summary from the FCB that explains the reason for the action in question. A letter requesting an inquiry must be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. If the applicant does not agree with the decision and/or rationale of the FCB, he or she may request an appeal.

An **appeal** may be made to the FCB’s Director of Certification, in writing, within 30 calendar days of notification of FCB decision and/or action on the applicant’s inquiry. An applicant shall be considered notified within 3 days of the date of the FCB’s notification. The written appeal will be provided to the appropriate committee of the FCB’s Behavioral Health Advisory Council for review and action. The applicant will be notified in writing within 5-business days of the committee’s decision. The committee’s decision is final and not subject to further appeal.

Publication and Revision History

Date	Version	Reason for Change
3-1-17	1.0	Original Publication
8-1-17	1.1	Clarification that criminal background checks are only run in response to an allegation of ethical misconduct related to criminal activity standards.

Sample Forms

Samples of the required forms are provided on the following pages. Each form is posted on the FCB website for download.

Required forms are:

1. MHA NCPS Application for Certification (3 pages)
2. MHA NCPS Work/Volunteer Experience Verification Form (2 pages – pg 1 is directions, pg 2 is the form)
3. MHA NCPS Supervisory of Recommendation for Certification Form (3 pages – pg 1 is directions, pgs 2-3 is the form)
4. MHA NCPS Professional Recommendation for Certification Form (3 pages – pg 1 is directions, pgs 2-3 is the form)

Mental Health America National Certified Peer Specialist APPLICATION FOR CERTIFICATION

Effective Date: 3-1-17

DIRECTIONS

Applicants must establish an online account with the FCB. A 'how to' is posted online at <http://flcertificationboard.org/resources/training-and-tutorials/> DO NOT submit this application, fees or supporting documentation until you have created your account as the FCB will not be able to conduct any business with you *until* your online profile is created. The primary means of communication is by email. You MUST have an active email account. As your credential(s) belong to you, we strongly recommend you use your primary personal email and mailing addresses for FCB contact purposes.

1. Complete and submit this application and the certification fee of \$225 to the FCB via:
US Mail: FCB ♦ 1715 South Gadsden Street ♦ Tallahassee, FL 32301
Email: admin_assist@flcertificationboard ♦ Subject: MHA NCPS Application for Certification
2. The FCB holds applications/supporting documentation without payment for 30 calendar days.
Credit card payment by phone: The FCB accepts VISA, MasterCard, Discover and American Express at 850-222-6314. The \$5 credit card processing fee is waived for MHA NCPS applicants.
Check or Money Order by US Mail: Include check/money order payments with this application.
3. You will not be able to conduct any business with the FCB

Part 1: Applicant Information. Provide requested information EXACTLY as it is associated with your FCB account.
Full Name _____
Email Address _____
Part 2: Other Certification or Licensure
Do you hold any other current license or certification? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please identify the credential(s) you hold and attach a copy of the credential. Attach additional sheets if necessary.
Credential Name: _____
Issuing Authority: _____
Issue Date: _____ Expiration Date: _____
Part 3: Formal Education/Degree
Report the highest level degree you hold that meets or exceeds the minimum requirement of a High School Diploma/GED.
Degree: <input type="checkbox"/> HSD/GED <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other _____
Major: _____
Institution: _____
Award Date: _____
*A copy of your HSD/GED or an unofficial college/university transcript must be included with your application.

Mental Health America National Certified Peer Specialist APPLICATION FOR CERTIFICATION

Effective Date: 3-1-17

Part 4: MHA NCPS Content-Specific Training Requirement

Please select one of the following and attach supporting documentation.

I hold a current state certification that required me to complete a minimum training requirement of 40 hours.*

I hold a certificate of completion of an MHA approved training program.**

**Attach a copy of your current credential and the published standards for the credential, including training requirements.*

***Attach a copy of your certificate of completion. Eligible documentation must include: your name; the title of the course/training event; the sponsor/provider; the delivery date(s); and the number of contact hours. In the absence of complete documentation, contact the provider for documentation of required information on their official letterhead: Submit these letters with their original supporting documentation (unless none exists.)*

Part 5: References

Identify the individuals who will submit your letters of recommendation for certification.

Reference 1: Letter of Recommendation

Recommender's Name: _____

Contact Email _____ Contact Phone #: _____

Type of Recommendation Professional Supervisory

Reference 2: Letter of Recommendation

Recommender's Name: _____

Contact Email _____ Contact Phone #: _____

Type of Recommendation Professional Supervisory

Part 6: Related Work Experience

List employer(s) where you gained eligible paid or volunteer work experience (attach additional pages if necessary).

Employer 1:

Employer Name: _____

Employer Street Address: _____

Employer City-State-Zip code: _____

Position Title: _____

Start Date: _____ End Date: _____ Hours per week: _____

Employer 2:

Employer Name: _____

Employer Street Address: _____

Employer City-State-Zip code: _____

Position Title: _____

Start Date: _____ End Date: _____ Hours per week: _____

Mental Health America National Certified Peer Specialist APPLICATION FOR CERTIFICATION

Effective Date: 3-1-17

Part 7: Application Attestation

By my signature below, I attest that:

1. I am applying to the Florida Certification Board (FCB) for Mental Health America's National Peer Specialist certification. I understand that Mental Health America (MHA) has partnered with the Florida Certification Board to develop and administer this credential on behalf of Mental Health America. I understand that I am subject to the scope of service (roles, responsibilities, and limitations) as directed by MHA and the FCB in regard to the National Certified Peer Specialist (NCPS) credential.
2. I have received, read and understand the credential-specific standards table for the credential I am seeking and agree to abide by all terms and conditions therein.
3. I understand that certification award is contingent upon my successfully meeting all applicable MHA NCPS certification standards and requirements.
4. I understand that false or misleading statements or omission of information may result in the denial or revocation of certification.
5. I give my permission to the FCB and its staff to investigate my background as it relates to information contained in my application for certification.
6. I consent to the release of information contained in my application, certification record(s) and/or any other pertinent information to FCB staff and members of the FCB Board of Directors and its Advisory Boards, Councils and review committees.
7. I understand the FCB will publish my name, credential information and any history of ethical misconduct/disciplinary action in response to public searches made through the FCB online credential verification system.
8. I agree to hold the FCB, its staff, members of the FCB Board of Directors and members of FCB Advisory Boards, Councils and review committees free from any civil liability for damages resulting for any actions that is within the scope of the performance of their duties which is taken in connection with the review of this application for certification, subsequent examinations, allegations of ethical misconduct, disciplinary proceedings and implementation of FCB policy which may result in denial or revocation of certification for cause.
9. I understand that FCB certification related fees are non-refundable, even if it is determined that I am not eligible for certification for any reason.
10. I hereby affirm that the information provided in this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

Signature (FCB accepts both manual and electronic signatures)

Date

Mental Health America National Certified Peer Specialist Work or Volunteer Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named in Part 1 of this form to verify and document his or her related work or volunteer experience in pursuit of the Mental Health America National Certified Peer Specialist (MHA NCPS) designation.

Please carefully read the Related Work Experience Requirement listed below. If you have questions as to whether or not specific duties or tasks are eligible to meet the MHA NCPS Related Work Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Work Experience Verification (applicant name)

Related Work Experience Requirements

3,000 hours of paid or volunteer work experience providing peer support services within the last 6 years.

All work experience (paid and volunteer) must be supervised.

Individuals claiming volunteer work for certification purposes must average 20 hours of volunteer work per week.

Experience is documented and verified by the applicant's immediate work or volunteer supervisor(s) on FCB provided forms.

Mental Health America National Certified Peer Specialist Work or Volunteer Experience Verification Form

Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. List employment/volunteer history you are claiming for certification. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.	
Applicant Name:	_____
Employer:	_____
Type of Position (select all that apply):	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Position Title:	_____
Employment Dates:	_____
Immediate Supervisor:	_____

Part 2: To be completed by the personnel officer, volunteer coordinator or designee only.

Section A: Verifier's Information	
Last Name	First Name
Title	Employer
Employer Webpage Address	Business Phone
Work Address Line 1	
Work Address Line 2	
City	State
Zip code	County
Section B: Experience Attestation	
<p>I have read and understand the on-the-job experience requirements for the Mental Health America National Certified Peer Specialist (NCPS) certification. The following information can be verified by agency employment/volunteer records.</p> <p>Applicant's Position Description Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No* *If no, please attach a written description of the applicant's duties on agency letterhead.</p> <p>Applicant's Dates of Employment/Volunteer Work: _____</p> <p>Type of Position (select all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer</p> <p>Average number of hours per week providing related services: _____</p> <p>By my signature, I attest that the above material is true to the best of my knowledge.</p>	
Signature	Date

Mental Health America National Certified Peer Specialist Supervisory Recommendation for Certification Form

Directions

Thank you for taking the time to provide a *Supervisory Recommendation for Certification* for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Mental Health America National Certified Peer Specialist (NCPS) designation.

Please carefully read the **Definition of a Supervisory Recommendation**. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a MHA National Certified Peer Specialist, please contact our offices directly at 850-222-6314.

This form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via fax, email, or mail: the FCB will not accept Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Supervisory Recommendation (applicant name)

Definition of a Supervisory Recommendation: A Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

Individuals providing a supervisory recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Supervisory Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

A Supervisory Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Mental Health America National Certified Peer Specialist Supervisory Recommendation for Certification Form

Part 1: To be completed by the applicant before to giving to the individual providing the Supervisory Recommendation for Certification as a MHA National Certified Peer Specialist (CRPS).

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the Recommendation for Certification as a MHA NCPS.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide a Supervisory Recommendation for the Mental Health America National Certified Peer Specialist credential.

Mental Health America National Certified Peer Specialist Supervisory Recommendation for Certification Form

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a MHA National Certified Peer Specialist, including specific examples where you observed the applicant successfully demonstrating skills expected of a MHA National Certified Peer Specialist.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform peer specialist support services at the level expected of a MHA NCPS.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a MHA National Certified Peer Specialist.

I affirm. I do not affirm.

Signature

Date

Mental Health America National Certified Peer Specialist Professional Recommendation for Certification Form

Directions

Thank you for taking the time to provide a *Professional Recommendation for Certification* for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Mental Health America National Certified Peer Specialist (NCPS) designation.

Please carefully read the **Definition of a Professional Recommendation**. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a MHA National Certified Peer Specialist, please contact our offices directly at 850-222-6314.

This form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via fax, email, or mail: the FCB will not accept Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Professional Recommendation (applicant name)

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as an addiction professional. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations of a Certified Recovery Residence Administrator (CRRA). While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification as a CRRA.

Individuals providing a professional recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Professional Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff.

A Professional Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Mental Health America National Certified Peer Specialist Professional Recommendation for Certification Form

Part 1: To be completed by the applicant before to giving to the individual providing the Professional Recommendation for Certification as a MHA National Certified Peer Specialist (CRPS).

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the Recommendation for Certification as a MHA NCPS.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide a Professional Recommendation for the Mental Health America National Certified Peer Specialist credential.

Mental Health America National Certified Peer Specialist Professional Recommendation for Certification Form

Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a MHA National Certified Peer Specialist, including specific examples where you observed the applicant successfully demonstrating skills expected of a MHA National Certified Peer Specialist.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform peer specialist support services at the level expected of a MHA NCPS.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a MHA National Certified Peer Specialist.

I affirm. I do not affirm.

Signature

Date



*Protecting the Citizens
of Florida*

**MHA
NCPS**

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