

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.

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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