



National Certified Peer Specialist (NCPS) Application Form: Professional Recommendation

DIRECTIONS:

The **National Certified Peer Specialist (NCPS)** is a professional, advanced-level peer support credential for people providing peer specialist services in behavioral, physical, and related healthcare settings. NCPS applicants are required to identify three people to provide the Board with a professional recommendation for certification on their behalf.

Professional recommendations are provided by people who have direct, first-hand knowledge of the applicant's delivery of peer support/peer specialist services. The recommendation should discuss the applicant's work performance as it relates to the role of a peer supporter/peer specialist. Recommendations are not accepted from anyone who is in a subordinate, parallel, or personal relationship with the applicant.

Applicants meet the professional recommendation requirement by providing three (3) eligible people with the NCPS Professional Recommendation Form and asking them to complete the form and return it directly to the Board. Professional recommendations submitted by the applicant is not eligible for certification application purposes.

1. Please use a separate form for each person who will provide a professional recommendation for application purposes.
2. All information must be typed. Handwritten forms will be returned.
3. Applicants complete Part 1 of the form and then provide it to the person providing the recommendation.
4. The person providing the recommendation completes all sections of Part 2 and submits the completed form to the Board for processing.
5. Complete forms are submitted to the Board by hard copy or electronic mail to the following addresses:

USPS or other mail delivery service:

National Certification Board for Behavioral Health
Professionals (NCBBHP)
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email or Fax:

Email: Applicant-provided Certification Specialist email,
or Admin_assist@flcertificationboard.org

Fax: 850-222-6247

Subject line: Professional Recommendation – (*insert applicant name*)

WORK EXPERIENCE DOCUMENTATION CHECKLIST:

- Applicant downloads the NCPS Professional Recommendation Form, completes Part 1, and saves the form using a file name that includes the applicant's name and the phrase "NCPS recommendation".
- Applicant provides a copy of the saved form to each person who will provide a professional recommendation for NCPS application purposes.
- The person providing the recommendation receives the form from the applicant and completes all of Part 2.
- The person providing the recommendation saves and submits the complete form to the Board for processing.



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Part 1: To be completed by the NCPS applicant BEFORE providing to the professional references.

Applicant Information. For tracking purposes, please enter your name as it is listed in the Board's online certification system. Provide a separate form to each person who will submit a professional recommendation on your behalf.

Applicant Name:	
Recommender Name:	

Part 2: To be completed by the person providing the professional recommendation BEFORE providing to the Board.

Recommender Information

Name: _____

Email: _____

Phone Number: _____

Relationship to Applicant: _____

Please describe the nature of your relationship to the applicant, including why you are eligible to provide a professional recommendation for certification as a National Certified Peer Specialist.

Please describe why you believe the applicant would be a successful National Certified Peer Specialist. Please include specific examples where you observed the applicant providing peer specialist/peer support services.

By my signature, I attest that the information provided in this form is true and I recommend the applicant for National Certified Peer Specialist (NCPS) certification.

Signature (The Board accepts manual and e-signatures)

Date