



National Certified Peer Specialist (NCPS) Application Form: Work Experience Verification

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 document their achievement of 3,000 hours of peer support/specialist work experience in the six (6) years prior to NCPS application.

Applicants document their eligible work experience by providing current and/or former employers with the NCPS forms and asking them to complete the forms and return them directly to the Board. Work experience submitted by the applicant is not eligible for certification application purposes.

1. Please use a separate form for each employer who will document prior experience 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 their employer.
4. The employer completes Part 2, attaches a copy of the applicant's official position description for the claimed work experience, and submits the completed form and supporting documentation 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: Work Experience Verification – (*insert applicant name*)

WORK EXPERIENCE DOCUMENTATION CHECKLIST:

- Applicant downloads the NCPS Work Experience Verification Form, completes Part 1, and saves the form using a file name that includes the applicant's name and the phrase "work verification".
- Applicant provides a copy of the saved form to each employer who will document work experience for NCPS application purposes.
- Employer receives the form from the applicant and completes Part 2.
- Employer saves the complete form and a copy of the position description that supports the claimed work experience.
- Employer submits the complete form and position description to the Board for processing.



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

Applicant Information. For tracking purposes, please enter your name as it is listed in the Board's online certification system. Report employment dates with month and year only. Specific dates are provided by the employer. Provide a separate form to each employer who will document eligible work experience for NCPS application purposes.

Applicant Name:	
Reporting Employer Name:	
Type of Position:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Position Title:	
Employment Dates:	
Immediate Supervisor Name:	

Part 2: To be completed by the EMPLOYER Human Resources Office or Designee BEFORE providing to the Board.

Verifier's Information. Work experience verification must be provided by an official in the employer's human resources office or designee.

Verifier's Name: _____

Verifier's Work Email: _____

Position Title: _____

Employer Name: _____

Employer City and State: _____

Verifier's Attestation of Eligible Work Experience. A copy of the applicant's position description for the time period reported below must be attached and submitted to the Board.

I understand the work experience requirements for NCPS application is 3,000 hour of peer specialist/peer support experience in the six (6) years prior to NCPS application. Yes No

Provide the requested information for the NCPS applicant named in Part 1:

Position Title: _____

Position Description Attached Yes No

Start Date (MM/DD/YYYY) _____

End Date (MM/DD/YY) _____

Type of Position Full time Part time, at the average rate of _____ hours per week.

I attest that I personally viewed documentation supporting the information provided herein, the documentation is maintained by the employer, and documentation can be made available to the Board in case of audit. Yes No

By my signature, I attest that the information provided in this form and the attached position description are true to the best of my knowledge.

Signature (The Board accepts manual and e-signatures)

Date