



# CPS APPLICATION

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## Certified Peer Specialist

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@pacertboard.org](mailto:info@pacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@pacertboard.org](mailto:info@pacertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. An application is considered approved when applicant receives an email from PCB to register for the examination.
5. Follow all instructions to register for the examination provided in the email.
6. If you have not heard from PCB regarding your application or received an email from PCB to register for the examination after 10 business days, email [info@pacertboard.org](mailto:info@pacertboard.org).
7. Once you pass the examination, you are certified.
8. A certificate will be mailed to you within 10 business days.

## CERTIFIED PEER SPECIALIST REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application.

### PEER TRAINING

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**REQUIRED: 75 hours of mandatory peer specialist training.**

**Three training vendors are authorized to provide the 75-hour mandatory peer specialist training. No other peer trainings are acceptable other than trainings from one of the three authorized training vendors. All education/training must be documented.**

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The three authorized training vendors are:

Copeland Center: <https://copelandcenter.com/our-services/certified-peer-specialist-training-cps>

The Institute for Recovery: <https://www.mentalhealthpartnerships.org/peer-specialist>

RI Consulting: <https://riinternational.com/consulting-and-training/>

The required mandatory training is documented with a copy of the completed training certificate.

If you no longer have a copy of your 75-hour peer specialist training certificate, you must contact the training vendor from whom you took your training for a replacement copy.

### WORK/VOLUNTEER EXPERIENCE OR POST-SECONDARY EDUCATION

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**REQUIRED: One of these two is required:**

- 1. Within the last three years, maintained at least 12 months of successful work or volunteer experience; work or volunteer experience does not need to be specific to peer support OR**
  - 2. Within the last three years, document 24 credit hours from a college/university.**
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If you choose the option of at least 12 months of successful work or volunteer experience within the last three years, complete the work/volunteer experience page (page 8) of this application.

If you choose the option of at least 24 credit hours from a college/university within the last three years, you must include a copy of your college transcript with this application.

Only one of these two options is required.

### PERSONAL, LIVED EXPERIENCE

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**REQUIRED: The CPS credential is for persons with serious mental health or co-occurring (mental health & substance use disorder) personal, lived experience.**

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## EXAMINATION

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**REQUIRED: Once application is approved, applicant must pass the PCB Examination for Certified Peer Specialist (CPS examination).**

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## CERTIFICATION FEE

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**REQUIRED: \$150.00**  
**(fee includes examination and must accompany certification application)**

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 6 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to PCB.

**Applications received without payment will not be processed.**

Office of Vocational Rehabilitation (OVR) Payments: PCB is an approved vendor of OVR. If OVR is paying for your application fee, it highly recommended payment processing is initiated at least three weeks prior to application submission. CPS applications will not be approved until payment is received. Delay in payment can significantly delay the application process.

One-half of the fee is refundable if application is denied or cancelled prior to the examination. No refund will be issued if application is denied or cancelled after examination.

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to PCB must be active accounts that are checked regularly. We will not be able to contact you or register you for the examination without an email address. Please print legibly.

Applicants must either live or work in PA at the time of application.

This certification is a non-reciprocal credential recognized and used only in PA.

### APPEAL PROCESS

The purpose of appeal is to determine if PCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to PCB within 30 days of the notification of PCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the PCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## **FELONIES & DISCIPLINARY ACTIONS**

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through PCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## **REQUESTS TO CHANGE APPLICATION**

Professionals who wish to have their application re-reviewed for another credential PCB offers prior to taking the examination or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

## **CERTIFICATION TIME PERIOD**

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## **RECERTIFICATION**

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# **EXAMINATION INFORMATION**

## **TYPE OF EXAMINATION**

The successful completion of the PCB CPS examination is required. There are two options for taking the examination: an on-demand computer-based examination or a paper/pencil examination given regionally in Pennsylvania on limited dates/locations. The examination consists of 50 multiple-choice questions. Once an application is approved, candidates will receive an email from PCB with instructions for choosing the format to take the examination.

## **TIME PERMITTED**

One and one-half hours are permitted to complete the examination.

## **EXAMINATION CONTENT**

The examination is developed from the SAMHSA Core Competencies for Peer Workers in Behavioral Health.

PCB has summarized the SAMHSA Core Competencies into the following categories for the examination:

1. Recovery planning and collaboration which includes recovery planning goals, etc., WRAP, documentation, wellness tools, relapse prevention/signs, daily maintenance plans.
2. Ethical responsibility and professionalism which includes boundaries, ethics, confidentiality, self-care, mandated reporting.

3. Person-centered and relationship-focused which includes trauma-informed, communication, storytelling/self-disclosure, self-advocacy, links to resources, stigma, active/reflective listening, definition of peer support, resilience, stressors, hope.

## **CANDIDATE GUIDE**

The domains, including the task statements per domain, sample examination questions, and a list of references are included in the Candidate Guide. Candidate Guides are available from the PCB website.

## **SPECIAL SITUATIONS AND ACCOMMODATIONS**

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to PCB no fewer than 60 days prior to their examination date. Contact PCB on what constitutes official documentation. PCB will coordinate appropriate modifications to the examination process when documentation supports the need.

## **CANCELLATION/RESCHEDULING POLICY**

Candidates are required to arrive on time for their paper/pencil examination. Candidates who arrive late will not be permitted to take the examination and will be charged a \$75.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their examination less than five days prior to their scheduled date will be charged the full examination fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

## **RETESTING**

Candidates who fail the examination can retest after a 30-day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times, they must submit a study plan to PCB and wait one-year from the date of the final failed examination before they will be permitted to retest again.

## CPS APPLICANT INFORMATION & PAYMENT

Application can be completed and saved. You may then print the appropriate pages to submit to PCB.

### TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Female  Male  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**REQUIRED PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: \_\_\_\_\_

**PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No

*If yes, provide full details on a separate sheet.*

**Have you read and understood the PCB Code of Ethical Conduct?**  Yes  No

*The Code of Ethical Conduct is located at [www.pacertboard.org](http://www.pacertboard.org), and click on Ethics.*

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  Hispanic  Latino  
 Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**Employment plans for the next two years:**  Increase hours  Decrease hours  No change  Seek advancement  
 Retire  Move to a different career  Unknown

## PAYMENT INFORMATION

**FEE OF \$150 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to PCB*

My employer/organization is mailing payment directly to PCB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

## CPS: PEER TRAINING

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**REQUIRED:** 75-hour peer specialist training.

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**I have included a copy of my training certificate for the 75-hour peer specialist training with this application.**

- Yes
- No

**The training vendor who provided me with my 75-hour peer specialist training was:**

- Copeland Center
- The Institute for Recovery
- RI Consulting

# CPS: WORK/VOLUNTEER EXPERIENCE OR POST-SECONDARY EDUCATION

**REQUIRED:** One of these two is required:

1. Maintained at least 12 months of successful work or volunteer experience within the last three years; work or volunteer experience does not need to be specific to peer support OR
2. Document 24 credit hours from a college/university within the last three years.

## CURRENT WORK/VOLUNTEER INFORMATION

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you work/volunteer per week? \_\_\_\_\_

Are you currently employed/volunteering full-time or part-time? \_\_\_\_\_

Total months of successful work/volunteer experience: \_\_\_\_\_

## PREVIOUS WORK/VOLUNTEER INFORMATION

Employer Name: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

How many hours do you work/volunteer per week? \_\_\_\_\_

Were you employed/volunteering full-time or part-time? \_\_\_\_\_

Total months of successful work/volunteer experience: \_\_\_\_\_

**OR**

## COLLEGE/POST-SECONDARY EDUCATION

I have received at least 24 credit hours of education from a college/university within the last three years.  Yes  No

I am documenting my college credits and have included a copy of my transcript in this application.  Yes  No

I am documenting my college credits and have ordered a transcript to be sent to PCB.  Yes  No

College/University: \_\_\_\_\_

Name on Transcript: \_\_\_\_\_

Date Transcript Requested: \_\_\_\_\_

Delivery Method:  Mailed to PCB  Emailed to PCB



## CPS: ATTESTATION OF LIVED EXPERIENCE

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**REQUIRED:** Candidates for the CPS credential must have personal lived experience with a serious mental health or co-occurring disorder.

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**I attest that I am a person with serious mental health or co-occurring lived experience.**

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Applicant Signature

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Date

# CPS: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I attest that I am at least 18 years of age or older.

\_\_\_\_\_ I either live or work in Pennsylvania at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied or cancelled prior to the examination and no refund will be issued if application is denied or cancelled after examination.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential PCB offers prior to the examination, or after an unsuccessful attempt at the examination I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**

# CPS: CHECKLIST

Applicant Name: \_\_\_\_\_

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	• Page 6	
Peer training page	• Page 7	
Work/Volunteer Experience OR college credit	• Page 8	
Attestation page	• Page 9	
Notarized Acknowledgement & Release page	• Page 10	
Checklist page	• Page 11	
Disciplinary Actions?	• Include letter of explanation with application	
Convicted of a felony?	• Include letter of explanation with application	
Company paying fee?	• Include applicant name on payment	
Copy entire application for records		

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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- 2. Email:** [info@pacertboard.org](mailto:info@pacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@pacertboard.org](mailto:info@pacertboard.org).*

**I acknowledge, that to the best of my ability, I have submitted a completed application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_