

P E N N S Y L V A N I A
C E R T I F I C A T I O N B O A R D

CPS APPLICATION

Certified Peer Specialist

A certification for mental health or co-occurring peer specialists.

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4455 | Fax: 717-540-4458
www.pacertboard.org | info@pacertboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> Page 7 	
Experience	<ul style="list-style-type: none"> Page 8 	
Education	<ul style="list-style-type: none"> Copy of 75-hour peer specialist training certificate 	
Acknowledgement & Release	<ul style="list-style-type: none"> Page 9, notarized 	
Disciplinary Actions?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Convicted of a felony?	<ul style="list-style-type: none"> Include letter of explanation with application. 	
Company paying fee?	<ul style="list-style-type: none"> Include applicant name on payment. 	
Copy entire application for records		

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- 1. Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** 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 your application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be notified if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your contact information and email legibly.
4. Your application is considered approved when you receive an email to register for the examination.
5. Follow all instructions to register for the examination provided to you.
6. If you have not heard from the Board regarding your application or received an email to register for the examination after 10 business days, email info@pacertboard.org.
7. Once you pass the examination, you are certified.
8. A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn 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.

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.

FELONIES & DISCIPLINARY ACTIONS

Most convictions will NOT impact your ability to obtain the CPS. It is for information purposes only. Certification through the Board 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 the Board offers prior to taking the examination, or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

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 CPS exam is required. The examination is given in paper and pencil format, 50 multiple-choice questions and offered throughout the year.

DATES AND LOCATIONS

No set exam dates, times or locations are posted nor will they be provided to anyone until a CPS application is approved. Dates and locations for when the examination is given will be provided to candidates **AFTER** they have applied for the CPS and had their application approved.

APPROVAL TO TAKE THE EXAMINATION

Applicants are not permitted to “show up” at an examination location until they have received an official email notice from PCB confirming you are scheduled for an examination. You cannot take for the examination until you have submitted your completed CPS application and fee to PCB and it has been approved. **Attending the CPS training does not mean you are approved to take the examination.**

ARRIVAL TIME

If you arrive late for your examination, you will **NOT** be permitted to take the examination.

EXAMINATION RESULTS

Examination results will be mailed to CPS candidates within 2-3 weeks after the examination is completed. Results will **NOT** be provided over the phone or email.

TIME PERMITTED

One and a half (1.5) hours is permitted to complete the examination.

EXAMINATION CONTENT

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

CANDIDATE GUIDE

The Core Competencies, including the task statements, Content Categories and keywords, and a list of references included in the free Candidate Guide. Candidate Guides are available from the Board website.

STUDY MATERIAL

There is no study material for the CPS. PCB does not endorse any study groups or courses provided by trainers or training organizations.

SPECIAL SITUATIONS & 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 the Board no fewer than 60 days prior to their examination date. Contact the Board on what constitutes official documentation. The Board will plan for appropriate modifications to its procedures when documentation supports this need.

RETESTING

Candidates who fail the examination can retest. Candidates will be sent instructions and fee information.

ROLE OF CERTIFIED PEER SPECIALIST

The Certified Peer Specialist (CPS) is credential for individuals with personal, lived experience in their own recovery. Peer support services are an important component in recovery-oriented systems of care. By offering insight into the recovery process based on their own experience, peer specialists are able to provide a unique perspective to those with similar experiences. As a CPS, an individual accepts and agrees that their experience as a person in recovery will be known by their colleagues, persons served, and others with whom they may share that they have achieved this credential.

The role of the CPS reflects a collaborative and strength-based approach. Services provided by the CPS are a critical component of the continuum of care services that will substantially improve an individual's ability to sustain recovery and wellness.

The Certified Peer Specialist credential is for persons with serious mental health or co-occurring (mental health & substance use disorder) lived experience.

CERTIFIED PEER SPECIALIST REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented. Requirements for the CPS are based upon OMHSAS regulations.

EXPERIENCE OR COLLEGE/POST-SECONDARY EDUCATION

Applicants must document one of the following with their application:

- **Experience:** within the last three (3) years, have either maintained at least 12 months of successful work or volunteer experience. This experience does not need to be specific to peer support. Complete page 8 for this option. **OR**
- **College/Post-Secondary Education:** document 24 credit hours at a college/university or post-secondary education organization.
 - The credit hours must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.
 - Copies of unofficial transcripts are required and can be sent with the application. If you prefer to have your transcripts sent directly from the college/university to PCB you can have them mailed to the office or emailed. If you choose this option, **it is recommended you request transcripts approximately three weeks prior to sending in your application.**

EDUCATION

Education must be obtained from one (1) of the three (3) PCB approved peer specialist education providers.

- 75 hours of approved peer specialist training:
 - **Copeland Center:** <https://copelandcenter.com/our-services/certified-peer-specialist-training-cps>
 - **The Institute for Recovery:** <http://www.mhrecovery.org/>
 - **RI Consulting:** <https://riinternational.com/consulting/training/>

EXAMINATION

Applicant must pass the Examination for Certified Peer Specialists.

PCB has summarized the SAMSHA Core Competencies into the following Categories for the examination:

- **Content Categories**
 1. Recovery Planning and Collaboration
 - Recovery planning: goals, etc.
 - WRAP
 - Documentation
 - Wellness tools
 - Relapse prevention/signs
 - Daily maintenance plans
 2. Ethical Responsibility & Professionalism
 - Boundaries
 - Ethics
 - Confidentiality
 - Self-care
 - Mandated reporting
 3. Person-Centered and Relationship-Focused
 - Trauma-informed
 - Communication
 - Story telling/self-disclosure
 - Self-advocacy
 - Links to resources
 - Stigma
 - Active/Reflective listening
 - Definition of peer support
 - Resilience
 - Stressors
 - Hope

FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application 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. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

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.

- **Application Fee:** \$125 *(fee must accompany application and materials)*
- **Retest Fee:** \$75
- **Exam Cancellation Fee:** \$75

PCB APPLICATION FOR CPS

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

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female 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: _____

Email: _____ Cell Phone: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

College/University: _____
IF APPLICABLE

Name on Transcript: _____
IF APPLICABLE

Date Transcript Requested: _____ Delivery Method: _____

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, and click on Ethics.

I attest that I am a person with serious mental health or co-occurring (mental health & substance use disorder) lived experience.

Applicant Signature

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 \$125 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

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 APPLICATION: EXPERIENCE INFORMATION (IF APPLICABLE)

CURRENT WORK/VOLUNTEER INFORMATION

Organization Name: _____

Organization 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? Full-time Part-time

PREVIOUS WORK/VOLUNTEER INFORMATION

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____

How many hours did you work/volunteer per week? _____

Were you employed/volunteering Full-time or Part-time? Full-time Part-time

TOTAL MONTHS OF SUCCESSFUL WORK/VOLUNTEER EXPERIENCE: _____

DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.

APPLICANTS MUST DOCUMENT ONE OF THE FOLLOWING WITH THEIR APPLICATION:

- **Experience:** within the last three (3) years, have either maintained at least 12 months of successful work or volunteer. Complete page 8 for this option. This experience does not need to be specific to peer support. **OR**
- **College/Post-Secondary Education:** document 24 credit hours at a college/university or post-secondary education organization.
 - The credit hours must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.
 - Copies of unofficial transcripts are required and can be sent with the application. If you prefer to have your transcripts sent directly from the college/university to PCB you can have them mailed to the office or emailed. If you choose this option, **it is recommended you request transcripts approximately three weeks prior to sending in your application.**

CPS APPLICATION 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 credential. 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 and employment 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 the Release.

_____ I attest I am 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:**