



CPS APPLICATION

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 *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.*

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 reviewing 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.
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: 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.

The three authorized training vendors are:

- Copeland Center: <https://copelandcenter.com/our-services/certified-peer-specialist-training-cps>
- 802-254-5335
- The Institute for Recovery: <https://www.mentalhealthpartnerships.org/peer-specialist>
- 267-507-3888
- RI Consulting: <https://riinternational.com/consulting-and-training/>
- 866-481-5361

YOU MUST SEND A COPY OF YOUR 75-HOUR PEER TRAINING CERTIFICATE WITH YOUR APPLICATION. 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.

PERSONAL, LIVED EXPERIENCE: REQUIRED: Personal, lived experience with a mental health disorder.

STATEMENT OF LIVED EXPERIENCE: REQUIRED: Statement should be at least one page, describing your pathway to recovery/wellness, how you achieved and maintain your recovery/wellness, **and** how and why you feel that you are ready and appropriate to support others in a similar situation.

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

CERTIFICATION FEE: REQUIRED: \$150.00

(fee includes examination and must accompany certification application)

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 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:

1. attend an in-person paper and pencil examination at an approved testing location on pre-determined dates or
2. an on-demand computer-based online examination.

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 7-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

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

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ SSN (last four): _____

Have you read and understood the PCB Code of Ethical Conduct for Peer Specialists? ☐ Yes ☐ No

The Code of Ethical Conduct is located at www.pacertboard.org/ethics

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

If yes, provide full details on a separate sheet.

CONTACT INFORMATION

Home Address: _____ Apt/Unit _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____

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

Secondary Email: _____

DEMOGRAPHICS

Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?

- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to disclose

Do you identify as transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer not to disclose

How do you describe your sexual orientation or sexual identity?

- ☐ Heterosexual or straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Questioning or unsure
- ☐ Prefer to self-describe: _____
- ☐ Prefer not to disclose

Which best describes you?

- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native American or Alaska Native
- ☐ White or Caucasian
- ☐ Multiracial or Biracial (please specify): _____
- ☐ Not listed (please specify): _____
- ☐ Prefer not to disclose

What is your yearly income?

- ☐ Less than \$20,000
- ☐ \$20,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ Over \$100,000
- ☐ Unsure
- ☐ Prefer not to disclose

Do you have military experience?

- ☐ Active duty
- ☐ Reserve
- ☐ National Guard
- ☐ Veteran
- ☐ Not Applicable

Language(s) spoken fluently (check all that apply):

- ☐ American Sign Language
- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Indigenous Language
- ☐ Italian

- ☐ Korean
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish
- ☐ Tagalog (Filipino)
- ☐ Vietnamese
- ☐ Other, please specify: _____

Employment plans for the next two years:

- ☐ Obtain full time employment/Increase hours
- ☐ Obtain part-time employment/Decrease hours
- ☐ No change
- ☐ Retire
- ☐ Move to a different career/field
- ☐ Unknown

What is the highest degree or level of school you have completed?

(If you're currently in school, please check the highest degree you have completed.)

- | | |
|--|--|
| <input type="checkbox"/> Less than a high school diploma | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) |
| <input type="checkbox"/> High school degree or equivalent (e.g. GED) | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd) |
| <input type="checkbox"/> Trade, Technical or Vocational School | <input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM) |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) |
| <input type="checkbox"/> Associate degree (e.g. AA, AS) | |

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. Employer name: _____

- ☐ OVR is paying for my application. *(See page 2)*

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

REQUIRED: 75-hour peer specialist training.

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

☐ Yes

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

☐ Copeland Center

☐ The Institute for Recovery

☐ RI Consulting

CPS: ATTESTATION OF LIVED EXPERIENCE

REQUIRED: Personal, lived experience with a mental health disorder.

REQUIRED: Statement should be at least one page, describing your pathway to recovery/wellness, how you achieved and maintain your recovery/wellness, and how and why you feel that you are ready and appropriate to support others in a similar situation.

I attest that I am a person with personal, lived experience with a mental health disorder and have sustained recovery/wellness.

Applicant Signature

Date

I have included a statement describing my pathway to recovery/wellness. I have included relevant information on how I achieved and maintain recovery/wellness. I've included how and why I feel that I am ready and appropriate to support others in a similar situation. Statement is at least one page.

☐ Yes

CPS: WORK EXPERIENCE

Work experience is not a requirement to obtain the CPS. However, please complete this section if you are employed in the behavioral health field.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

CPS: ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant.

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 Board.
- I consent to authorizing 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.

I ACKNOWLEDGE EACH STATEMENT BELOW:

- 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

TO SUBMIT AN 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 application, email info@pacertboard.org.*