



## New York Certified Peer Specialist NYCPS Application

Please clearly write or type all application forms

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please indicate below if you have a High School Diploma OR a GED/HS Equivalency:

I graduated from High School Date: \_\_\_\_\_ Institution: \_\_\_\_\_

I obtained my GED/HS Equivalency Date: \_\_\_\_\_ Institution: \_\_\_\_\_

**Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until you submit all of the following items:**

- Complete the entire NYCPS Application; fill-out, sign, and submit pages 1-7 of this packet
- Submit an official transcript or verification of high school diploma or equivalent
- N/A Enclose the application filing fee (*ALL INITIAL FEES ARE CURRENTLY BEING FUNDED BY OMH*)
- Request three letters of reference be completed by individuals that can speak about your peer specialist abilities and **have the forms mailed directly to the NYPSCB** using the form provided on page 7 (*make copies as needed*)
- Read and agree to abide by the NYPSCB Code of Ethical Conduct & Disciplinary Procedures
- Submit a copy/photo of your current government-issued photo-id
- Attach to page 4 a copy of all certificates of attendance or transcripts for training/educational events being applied toward certification requirements
- Make a copy of the entire packet for your records prior to submitting to the NYPSCB.**

Mail original and signed application packet to:

New York Peer Specialist Certification Board  
11 North Pearl Street, Suite 801  
Albany, New York 12207

# NYCPS – NEW YORK CERTIFIED PEER SPECIALIST

The New York Peer Specialist Certification Board defines a *NYCPS - New York Certified Peer Specialist* as a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and support persons in recovery from a mental health condition, diagnosis or major life disruption.

In order to become certified as a NYCPS, a candidate must demonstrate they have completed appropriate education and training, relevant to the work of a peer specialist and endorse the NYPCB Code of Ethical Conduct and Disciplinary Procedures.

For the purpose of certification, a New York Certified Peer Specialist is defined as a person who has demonstrated competence in performing a range of peer support activities as defined in the **New York Certified Peer Specialist - Scope of Activities (2015)**. The scope of activities outlines the range of peer recovery services that a New York Certified Peer Specialist can provide to assist others in living their lives based on the principles of recovery and resiliency.

- 1. Utilizing unique recovery experiences, the New York Certified Peer Specialist shall:**
  - A. Teach and model the value of every individual's recovery experience;
  - B. Model effective coping techniques and self-help strategies;
  - C. Encourage peers to develop a healthy independence; and
  - D. Establish and maintain a peer relationship rather than a hierarchical relationship.
  
- 2. Utilizing direct peer-to-peer interaction and a goal-setting process, the New York Certified Peer Specialist shall:**
  - A. Understand and utilize specific interactions to assist peers in meeting their individualized recovery goals;
  - B. Demonstrate and impart how to facilitate recovery dialogues through the use active listening and other best practice methods;
  - C. Demonstrate and impart relevant skills needed for self-management of symptoms, relapse;
  - D. Demonstrate and impart how to overcome personal fears, anxieties, urges, and triggers;
  - E. Assist individuals in recovery in articulating their personal goals and objectives for recovery
  - F. Assist individuals in recovery in creating their personal recovery plans (e.g., WRAP®, crisis plan, etc.); and
  - G. Appropriately document activities provided to peers in either their individual records or program records.
  
- 3. The New York Certified Peer Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, substance use disorders, co-occurring disorders, and peer recovery services by:**
  - A. Reading books, current journals, and other relevant material;
  - B. Developing and sharing recovery-oriented material with other Certified Peer Specialists;
  - C. Attending authorized or recognized seminars, workshops, and educational trainings.
  
- 4. The New York Certified Peer Specialist shall serve as a recovery agent by:**
  - A. Providing and promoting recovery-based services (e.g., WRAP®, IPS, etc.);
  - B. Assisting individuals in recovery in obtaining services that suit each peer's individual recovery needs;
  - C. Assisting individuals in recovery in developing empowerment skills through self-advocacy;
  - D. Assisting individuals in recovery in developing problem-solving skills so they can respond to challenges to their recovery;
  - E. When appropriate sharing his or her unique perspective on recovery from mental illness and co-occurring disorders with non-peer staff; and
  - F. Assisting non-peer staff in a collaborative process in identifying programs and environments that are conducive to recovery.

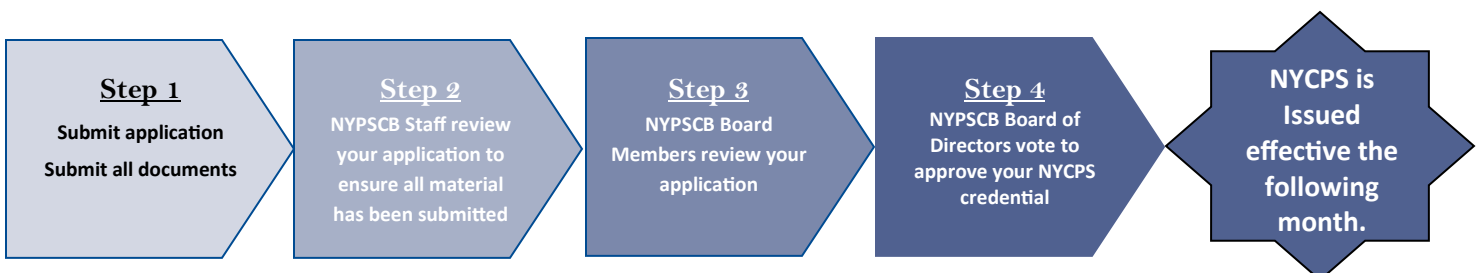
## NYCPS Fees *(All NYPCSB Fees are Non-Refundable)*

**A GRANT FROM THE OFFICE OF MENTAL HEALTH—NEW YORK IS CURRENTLY PAYING ALL INITIAL CERTIFICATION FEES FOR THE NYCPS PROGRAM FOR ELIGIBLE CANDIDATES.**

Application Filing Fee - NYCPS	\$150.00
Application Filing Fee - NYCPS-Provisional	\$125.00
Upgrade Fee - NYCPS Provisional to Standard	\$75.00
NYCPS Annual Renewal Fee	\$60.00
NYCPS Two Year Renewal Fee	100.00
NYCPS Three Year Renewal Fee	125.00

Once you have submitted your application materials... you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing (via email) within approximately four weeks about the status of your application. If additional information is required, you will be notified in writing at that time. If you have questions about your certification packet after submitting it to us for review, or if you have not received an electronic notification after 4 weeks, please email [info@nypeerspecialist.org](mailto:info@nypeerspecialist.org) for assistance. We will attempt to respond to your inquiry as soon as possible.

**If you have questions about the certification process, please email [info@nypeerspecialst.org](mailto:info@nypeerspecialst.org) for assistance.**



## Requirements for the New York Certified Peer Specialist

Minimum Standards	NYCPS Certification <i>Initial certification is issued for two-years</i>
<b>Education</b>	A minimum of a high school diploma or equivalent
<b>Core - Training and Education</b>	Complete all 12 core courses from the Academy of Peer Services <b>www.AcademyofPeerServices.org</b> Successfully complete post-test for all 12 modules (see below)
<b>Electives - Training and Education</b>	Complete a minimum of 5 additional APS courses (minimum of 15 hours) <i>(Any 5 additional electives <b>except</b> the Rehabilitation Act and Americans with Disabilities Act)</i>
<b>Supervised Experience (Peer Specialist specific)</b>	2000 hours of peer specialist experience under the supervision of a qualified supervisor
<b>Professional References <i>Sent directly to the NYPCSB</i></b>	Submit three references from individuals able to speak to your ability as a peer specialist
<b>Annual Renewal Standards <i>Must be completed per year to maintain credential</i></b>	10 hours of peer specialist specific training

Core Training Modules - 13 Courses	Training Hours
<b>Action Planning for Prevention and Recovery</b>	<b>4</b>
<b>Creating Person-Centered Service Plans</b>	<b>4</b>
<b>Documentation for Peer Services</b>	<b>4</b>
<b>Essential Communication Skills</b>	<b>6</b>
<b>Human and Patient Rights in New York</b>	<b>1</b>
<b>Introduction to Person-Centered Principles</b>	<b>4</b>
<b>Olmstead: The Continued Mandate to De-Institutionalization</b> <i>(and required prerequisite– the Rehabilitation Act and Americans with Disabilities Act)</i>	<b>1 (2)</b>
<b>Peer-Delivered Service Models</b>	<b>4</b>
<b>The Goal is Recovery</b>	<b>4</b>
<b>The Historical Roots of the Peer Movement</b>	<b>4</b>
<b>The Importance of Advocacy &amp; Advocacy Organizations</b>	<b>2</b>
<b>Trauma-Informed Peer Support</b>	<b>5</b>
<b>Elective Training Modules - 5 courses</b>	<b>45 hours</b>
<b>APS Elective Training - 5 modules</b>	<b>15</b>
<b>Total Minimum Training Requirement - 18 modules</b>	<b>60 hours</b>

I have read the above Standards and understand that I must meet ALL CURRENT STANDARDS in order to become certified as a NYCPS.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NYCPS Application

Do not write above line

**Please answer the following questions:**

<p>1) Are you actively in recovery from a mental health condition, diagnosis or major life disruption*?</p> <p><i>*Major life disruption is defined as an event or series of events that leads to interruption in one's health, home, purpose or community.</i></p>	<p>YES      NO</p>
<p>2) Do you self-identify and disclose your mental health recovery journey publically to peers and others?</p>	<p>YES      NO</p>
<p>3) Have you provided peer support services by:</p> <p><i>Please check all that apply</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Providing and promoting recovery-based services</li> <li><input type="checkbox"/> Assisting individuals in recovery and healing in obtaining services that suit each peer's individual recovery and healing needs</li> <li><input type="checkbox"/> Assisting individuals in recovery and healing in developing empowerment skills through self-advocacy</li> <li><input type="checkbox"/> Assisting individuals in recovery in developing problem-solving skills so they can respond to challenges in their recovery</li> <li><input type="checkbox"/> When appropriate sharing your unique perspective on recovery from mental illness and co-occurring disorders with non-peer staff</li> <li><input type="checkbox"/> Assisting staff in a collaborative process in identifying programs and environments that are conducive to recovery</li> </ul>	
<p>4) Have you been employed as a peer specialist?</p>	<p>YES      NO</p>
<p>5) Have you volunteered as a peer specialist?</p>	<p>YES      NO</p>
<p>6) Do you currently maintain a working knowledge of current best practices and developments in the field of mental health, substance use, co-occurring and or peer recovery services?</p>	<p>YES      NO</p>

*My signature affirms that all of the information contained in this application is true and correct to the best of my knowledge. I understand that knowingly providing false information may be grounds to deny or revoke my certification.*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

## Signed Assurances and NYPSCB Code of Ethical Conduct

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of NYPSCB to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the **NYPSCB Code of Ethical Conduct** (2015) and the **NYPSCB Code of Ethical Conduct – Disciplinary Procedures** (2015) available on the NYPSCB’s website at [www.nypeerspecialist.org](http://www.nypeerspecialist.org)
- D. I will hold NYPSCB, its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the NYPSCB.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, renewal fees, etc. and that all NYPSCB fees are non-refundable without exception.

## Authorization to Obtain Information

I hereby authorize the NYPSCB to request and receive all records and/or information in any way relating to my application for a NYPSCB certification. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once NYPSCB is notified of my intent not to renew. I further understand that the status of any NYPSCB certification is public record and may be shared by NYPSCB and is available on the NYPSCB website, including effective date, expiration date and certification type. I further understand that if my NYPSCB certification is sanctioned in any way including revocation or suspension that this information is public.

Applicant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_



TO BE COMPLETED BY THE NYCPS APPLICANT

NYCPS Applicant's Name: \_\_\_\_\_

Date Recommendation Requested: \_\_\_\_\_

Dear Reference Author,

You have been asked to complete a letter of reference in support of the applicant named above for the New York Certified Peer Specialist certification (NYCPS). The purpose of the letter is for you to share with us your experience with and knowledge of the applicant as it relates to their ability and performance as a peer specialist.

**Your letter must include:**

- 1) A description of the nature of your relationship with the applicant
- 2) Explain how long you have known the candidate
- 3) Specific detail and description of the strengths, skills and abilities of the applicant that will make them an effective peer specialist
- 4) Explain how you have observed applicant use their own recovery to support others
- 5) Any other information you would like the NYPSCB to consider in reviewing their application

Letters can be written by supervisors, peers and colleagues able to speak to the above criteria.

**Letters will not be accepted from:**

- 1) Past or present clinical, medical, case management, or treatment providers
- 2) Family members

If you have any questions, please contact the NYPSCB office at [info@nypeerspecialist.org](mailto:info@nypeerspecialist.org) for assistance with letter criteria or submission process.

Once you complete your reference letter, please mail or email signed letter with this form ***directly to NYPSCB.***

New York Peer Specialist Certification Board  
 11 North Pearl Street, Suite 801  
 Albany, New York 12207

Letters of reference are an integral part of the certification process. Thank you!

TO BE COMPLETED BY REFERENCE AUTHOR:

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

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## New York Certified Peer Specialist Peer Specialist Experience Verification Form (Work or Volunteer)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Was this unpaid/internship experience? " YES " NO

Supervisor's Name: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_

Status: Work or Volunteer:

<b>To be COMPLETED by applicant and VERIFIED by supervisor named below</b>		Supervisor's Initials
Start date of experience		
Still in position as of today's date: _____	YES      NO	
Total number of hours providing peer specialist services since start date (No more than 2000 hours per year)		
Total number of supervision hours received since start date (Typically 1-5 hours per week)		
My supervisor is certified as a NYCPS	YES      NO	
My supervisor is familiar with the NYCPS certification standards and NYPCSB Code of Ethical Conduct	YES      NO	

### To be completed and signed by applicant's SUPERVISOR ONLY

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

While in this position, the applicant:

Provided and promoted recovery-based services to peers?	YES	NO
Assisted peers to obtain recovery services individualized to their needs?	YES	NO
Assisted peers to develop empowerment skills through self-advocacy?	YES	NO
Assisted peers to develop problem-solving skills to enhance their recovery?	YES	NO
Shared their own recovery journey with peers, staff and non-peer staff?	YES	NO
Assisted staff in identifying programs/environments conducive to recovery?	YES	NO

I provided supervision to this applicant on site at the agency: YES NO      Number of hours provided: \_\_\_\_\_

How long have you supervised the applicant: \_\_\_\_\_ years \_\_\_\_\_ months

I am familiar with the NYCPS certification standards, renewal process and NYPCSB Code of Ethical Conduct: YES NO

**Verification Signature:** My position in the organization is \_\_\_\_\_. I verify that I provide the applicant named above supervision and they are working or volunteering as a Peer Specialist in my organization.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Phone Number



NY  
CPS

# New York Certified Peer Specialist Application



## Questions

If you have questions or need assistance with your application please contact [info@nypeerspecialist.org](mailto:info@nypeerspecialist.org)



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