



**ACBHC  
Peer Support Program  
Manual  
For  
Submitting an Application**

ACBHC Peer Support Program  
PO Box 220109, Anchorage, AK 99522-0109  
Phone: 907-339-8006 Email: [peer.support@akcertification.org](mailto:peer.support@akcertification.org)  
ACBHC Website: <https://akcertification.org>

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## Introduction

The Alaska Commission for Behavioral Health Certification (ACBHC) is an entity that certifies counselors within the state of Alaska in the field of behavioral health and addiction. Formed in 1981, ACBHC is governed by a ten-member Board of Commissioners. The Board of Commissioners endeavors to ensure quality of care, professional ethics, and professional code of conduct.

The ACBHC was awarded a contract by the Division of Behavioral Health to develop and maintain a Certificate Program for Alaska Peer Support Staff in April 2020. An eight-person Advisory Board was appointed by the ACBHC Board of Commissioners to provide recommendations about the Peer Support Specialist Program. This created a program to accept applications for peer support certification on year around basis.

### Certified Peer Support Professional

The ACBHC Peer Support Program utilizes the following definition: “A peer support provider is a person in recovery from a behavioral health issue, or the family member of a person in recovery from a behavioral health issue, who plays a vital role in supporting similar individuals in their recovery journey (e.g. person to person, family member to family member).”

**Lived experience** refers to a representation of experiences and choices of a given person, and the knowledge that they gain from these experiences and choices.

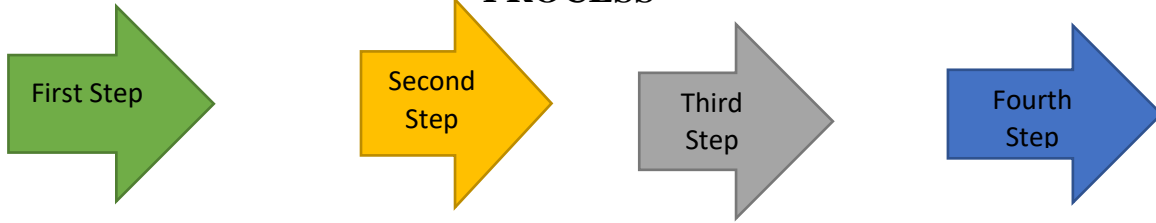
Organizations that incorporate community members with lived experience are better equipped to make their services more focused, efficient, integrated, culturally appropriate, and sustainable.

The ACBHC Peer Support Program requires one year of recovery for certification as a Peer Support Professional I, Peer Support Professional II, Peer Support Professional III or Traditional Peer Associate. This is Self-attested with a signed statement in each application.

This manual outlines the various steps of the application process. All peer support applications may be found on the ACBHC website located at: <http://akcertification.org>. This website also contains the Peer Support Manual, applications, application fees, and matrices for each level of peer support certification. Please review the following information to learn more about applying for peer support certification.

# **Peer Support Application Process**

## CERTIFIED PEER SUPPORT PROFESSIONAL APPLICATION PROCESS



<p><i>Applicants may submit applications or recertifications throughout the year</i></p> <p>Go to the ACHBC/Certified Peer Support Professional Website at <a href="https://akcertification.org">https://akcertification.org</a>.</p> <p>Select correct application</p> <p>Read/follow application directions</p> <p>For questions, call 907-339-8006</p> <p>Completed applications may be mailed to: ACBHC, PO Box 220109, Anchorage, AK 99522-0109</p> <p>Personal References, Employee Verifications of Experience and college transcripts must be mailed directly to the Peer Support Program. Submit correct payment either in the packet or online</p>	<p>Staff will review the application to determine that all required forms and payments are in the packet</p> <p>Once the payment has been processed, the review will begin.</p> <p>If any item is missing, the applicant will be notified.</p>	<p>The application is reviewed by the ACBHC Peer Certification Support staff.</p> <p>If all documents have been received and the application is in order, it will be forwarded to the designated ACBHC Commissioner for final review and approval.</p> <p>Three decisions can be made regarding the application:</p> <p>The application is complete and approved for certification, the file is incomplete, or the file is suspected to contain falsification or other ethical concerns resulting in denial and the application is returned to the applicant.</p>	<p>Once the application has been successfully approved, a <b>certificate</b> and copy of the receipt will be mailed to the applicant.</p> <p>The applicant must resubmit for recertification every two years.</p>
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## **Application Review Process**

Applicants may submit their applications for certification or recertification to the ACBHC Peer Support Program with all required documents any time throughout the year. The applications are reviewed by the ACBHC Peer Support Program staff and forwarded to the designated Commission for final approval.

The process for reviewing applications for certification or training is as follows:

- Upon receipt of an application, the ACBHC Peer Support Program staff will review the materials and check to see that all the required forms, letters and payment are included in the packet. If any item is missing, the applicant will be notified.
- A file will be established for new applicants.
- The application is reviewed by the ACBHC Peer Support Program staff. When the application is in order; it is forwarded to the designated ACBHC Commissioner for final review and approval.

Three decisions can be made regarding applications. They are:

**1. The file is complete.**

Approved applications are mailed a certificate that notifies them that they have met the requirements for certification and are certified to practice at the level indicated on the certificate. The receipt of payment of the certification is also included in the packet.

**2. The file is incomplete.**

The ACBHC Peer Support Program staff will determine that the file is incomplete. A letter will be sent to the applicant notifying them of the need to send in the missing documents to begin the approval process. When the missing documents are received, the application is approved, and the applicant is notified. Files that remain incomplete for five months are notified that the file will be closed in one month. Files incomplete for six months will be returned to the applicant by mail.

**3. The file is/suspected to contain falsification or other ethical concerns.**

Applications that are determined or suspected to be ineligible by reason of falsification, omission, criminal background, or other ethical concern are notified in writing that their application has been placed in pending status and the reason. If the applicant presents issues relevant to the Ethical Code, the application is forwarded to the ACBHC Ethics Committee.

## **Fees for Certification**

### **Fees for Application / Recertification**

1. Peer Support Associate	
2. Traditional Peer Support Associate	\$180.00 / \$165.00
3. Peer Support Professional I	
4. Traditional Peer Support Professional I	\$195.00 / \$180.00
5. Peer Support Professional II	
6. Traditional Peer Support Professional II	\$210.00 / \$195.00
7. Peer Support Professional III	
8. Traditional Peer Support III	\$230.00 / \$215.00
9. Reciprocity Peer Support Profession 1	\$195.00
10. Reciprocity Peer Support Profession II	\$210.00
11. Reciprocity Peer Support Profession III	\$230.00

All fees must be sent to Peer Support Program staff prior to review. Payments may also be submitted through the ACBHC Website or with the application. There is a \$5.00 Process Fee for payments submitted through the website.

## **PEER SUPPORT PROFESSIONALS AND TRADITIONAL PEER SUPPORT PROFESSIONALS RECIPROcity REQUIREMENTS**

**Alaska Commission for Behavioral Health Certification (ACBHC) will consider accepting current Peer Support Professional certification from another state certifying body.**

**To start the Reciprocity process, please review the Reciprocity Matrices to decide which level of certification best fits your qualifications. The following documents are required:**

1. A fully completed ACBHC Peer Support Professional Reciprocity application.
2. A copy of current certification from another state certifying body affiliated with a nationally recognized certifying organization.
3. A copy of the requirements for achieving the level of certification currently held.
4. All Degreed-Track Applicants: Please contact your university and ask them to e-mail Official Transcripts to ACBHC ([peer.support@akcertification.org](mailto:peer.support@akcertification.org)) or mail Official Transcripts to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109.
5. Proof of having completed 20 hours of continuing education (CEU hours) within the past two years, to include Ethics (3 hours), Confidentiality (3 hours), Infectious Disease & HIV/AIDS (6 hours) plus 8 hours of courses of your choice. Submit copies of completed training certificates along with your completed ACBHC Reciprocity Peer Support Training Log.
6. ACBHC Reciprocity Peer Support Training Log. Please write your name at the top of the training log. Please list all your completed training courses in the proper section of your training log. Please total the number of CEU-hours completed at the bottom of your training log. Please sign and date your completed training log at the bottom of the training log.
7. A clear, legible, copy of your current state driver's license or picture ID.
8. Current professional résumé.
9. All application forms should be complete, and originals submitted, as no copies or faxes will be accepted for these pages. Copies of your training certificates, driver's license, picture ID, and current résumé are acceptable.
10. The appropriate initial certification fee must be included as is listed on the matrix.  
**All fees are non-refundable.** This certification is renewable every two years.

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.



# ACBHC Peer Support Certification Program

## Application for Grandparenting

### PEER SUPPORT PROFESSIONALS AND TRADITIONAL PEER SUPPORT PROFESSIONALS GRANDPARENTING REQUIREMENTS

**ACBHC will accept Grandparenting applications for 1 year or 12 months from the date of release. Applicants must have prior peer support experience with an organization providing behavioral health services. Please follow these instructions to be considered for grandparenting:**

1. Review the Grandparenting Matrices to choose the peer support certification that best meets your experience and qualifications.
2. For all Degreed-Track Applications: Please contact your university and ask them to e-mail Official Transcripts to ACBHC ([peer.support@akcertification.org](mailto:peer.support@akcertification.org)) or mail Official Transcripts to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109. ACBHC accepts degrees in Human Services, Social Work, Psychology, Addictions Counseling, and other fields on a case by case basis.
3. Peer Support Professional I Applicants: Show proof of having completed the following trainings: Intro to Peer Support (37.5 + hours) from a DBH Approved trainer or an acceptable substitute course as listed on the Grandparenting Matrix (**taken at any time**); plus these trainings **within the past two years**: 3 hours each of Ethics and Confidentiality, and 6 hours of Infectious Diseases and HIV/AIDS.
4. Peer Support Professional II & III Applicants: Show proof of having completed 3 hours each of courses for Ethics and Confidentiality plus 6 hours of courses for Infectious Diseases & HIV/AIDS.
5. Write your name at the top of the Training Log. List your trainings on the training log. Sign and date the bottom of your training log. Submit copies of completed training certificates along with your completed training log.
6. Provide legible copies of your current state Driver's License or Picture ID and current résumé.
7. Ask a friend or co-worker to complete the Personal Recommendation form and to mail the completed form directly to the ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
8. Professional Recommendation (if applicable): Please ask a co-worker to complete this form and to mail the completed form to ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
9. Supervisor Recommendation (if applicable): Please ask your supervisor to complete this Supervisor form and to mail the completed form to ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
10. Complete all forms within this application and submit Originals Only. ACBHC does not accept copies or faxes for these pages.
11. Include the appropriate initial certification with your application. **All fees are non-refundable.**

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**PEER SUPPORT PROFESSIONAL I REQUIREMENTS**

**A Peer Support Professional I (PSP I) is someone with lived experience with recovery from a mental health condition or substance use disorder. A PSP I can also be a family member caring for a person experiencing mental health or substance abuse issues. PSP Is work under supervision within an organization to deliver behavioral health-oriented services to individuals with similar lived experiences. The PSP I assists, supports, and promotes another peer’s personal recovery by sharing their own experiences.**

**Self-Attest Lived Experience and Recovery:**

Applicant must self-attest to lived experience with recovery from a mental health or substance use disorder; or as a family member caring for someone in recovery.

**Work Experience:**

Applicants must have at least 1000 hours of experience with an organization that provides mental health and substance abuse services. Ask your employer to complete the **PSP I Employer Verification of Experience Form** and mail it directly to the ACBHC Peer Support Program.

**Practicum Hours:**

Your supervisor is required to document 25 hours of direct supervision on your **PSP I Competency Practicum Evaluation Form**. Please ask your supervisor to mail the completed form to the ACBHC Peer Support Program.

**Training Requirements:**

**Non-Degree track applicants must take at least 65 hours of courses to include the required trainings listed here; PLUS 15 hours of courses from other topics listed on the Training Log.**

Introduction to Peer Support (37.5+ hours from a “DBH Approved” trainer)  
Ethics within last two years (3 hours)  
Confidentiality within last two years (3 hours)  
Infectious Diseases & HIV/AIDS (6 hours)

**Degree-track applicants are required to hold an Associate, Bachelor, or higher degree from an accredited educational facility in Social Services, Social Work, Addiction, Human Services, Psychology, Psychiatric Nursing, or another related field. Degrees substitute for 1-year of experience. Applicants must take at least 50 hours of courses as listed:**

Introduction to Peer Support (37.5 + contact hours from “DBH Approved” trainer)  
Ethics within last two years (3 hours)  
Confidentiality within last two years (3 hours)  
Infectious Diseases, HIV/AIDS (6 hours)

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

## **Sample Application**

### **APPLICATION PROCEDURES**

Please complete all documents as directed. Failure to do so may delay certification approval.

1. Complete pages 4-13 and ask someone else to complete page 14, the Personal Recommendation. **Please do not print completed applications on both sides of a page.**
2. **Degree Track Applicants:** please contact your university and ask them to e-mail Official Transcripts to the ACBHC Peer Support Program at [peer.support@akcertification.org](mailto:peer.support@akcertification.org) or mail Official Transcripts to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109.
3. Write your name at the top of the Training Log; make copies of your certificates; list your courses by Date Completed, Course Title, and CEU-Hours received; total CEU-Hours at the bottom; and verify your training with a signature and date. Please submit your training log and certificates along with your completed application to the ACBHC Peer Support Program.
4. Read the Code of Ethics; then Sign the statement that you have read and will adhere to the Code of Ethics for Alaska Peer Support Professionals.
5. Enclose a current résumé and a legible, copy of your Driver's License or Picture ID.
6. Ask a friend, co-worker, or your supervisor to complete the Personal Recommendation form. Please ask them to mail the completed recommendation form directly to the ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522.
7. Submit all ORIGINAL documents according to the Application Checklist.
8. The initial certification fee is \$195.00 and recertification, \$180.00. Certifications must be renewed every two years. **All fees are non-refundable.**

#### **Recertification:**

Applicants must complete Ethics within two years (3 hours), Confidentiality within two years (3 hours) and 9 additional hours of courses for a Total of 15 hours. Keep copies of training certificates in an accessible file just in case you are audited. To pay for recertification, visit ACBHC's website, <https://akcertification.org>. The cost will be \$195.00 + \$5.00 Process Fee. Or mail a check, money order, or cashier's check for \$195.00 to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109.

#### **Mail your completed application to:**

**ACBHC/Peer Support Program  
PO Box 220109  
Anchorage, AK 99522-0109**

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**PEER SUPPORT PROFESSIONAL I**  
**APPLICATION CHECKLIST**

The applicant must fill out their own forms and submit original forms of the following:

- General Information Form
- Applicant's Attestation of Lived Experience and Recovery
- Training Log
- Background Disclosure Sheet
- Code of Ethics - Signed and Dated
- Authorization for Data Collection

Please make copies and submit the following documents:

- Completed Training Certificates
- Clear, legible, copy of current Driver's License or Picture ID
- Current Résumé

Please ask someone to complete, sign, and mail the following document to ACBHC:

- One Personal Reference Form

Payment for Certification:

- Payment of \$195.00 for initial certification (this may be paid online or by mail)

Payment must be submitted with the application (send a check, money order, or cashier's check to ACBHC) or processed on-line at <https://akcertification.org>. Once payment has been received, the application will be processed.

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**APPLICATION FOR CERTIFICATION**  
**GENERAL INFORMATION**

(Please Print)

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

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

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

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

Date/State of past peer support certification: \_\_\_\_\_

I (print name) \_\_\_\_\_ have provided accurate and truthful information on the enclosed application for certification and acknowledgement that omission of the requested information and/or providing false information will result in denial of my certification or removal of my certification.

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

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**APPLICANT'S ATTESTATION OF RECOVERY**

I verify lived experience with recovery from a mental health or substance use disorder, or I am a person with lived experience who has assisted a recovering family member.

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

\_\_\_\_\_  
Date

Applicant's Name Printed: \_\_\_\_\_

Please describe your experience with recovery and the skills you use to maintain it.

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

## Sample Application

### PEER SUPPORT PROFESSIONAL I TRAINING LOG

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

**Non-Degree Track: Take at least 65 hours of training to include the required trainings plus 15 hours of courses of your choice from the topics listed below. Degreed Track: Take at least 50 hours of training including Intro to Peer Support, Ethics, Confidentiality, and Infectious Diseases & HIV/AIDS. Please list courses by Date Completed, Course Title, and Hours. Total the Hours at the bottom of this document. Verify training at the bottom of your Training Log with your Signature and Date.**

Category	Date	Course Title	Hours
<b>Intro. To Peer Support (37.5 hrs. DBH approved trainer)</b>			
	4/10/20	Introduction to Peer Support	37.5
<b>Ethics within past two years (3 hours)</b>			
	4/20/20	Ethical and Professional Issues in Addiction Counseling	6.0
<b>Confidentiality within past 2 years (3 hours)</b>			
	4/21/20		
<b>Infectious Diseases &amp; HIV/AIDS (6 hours)</b>			
	4/22/20	HIV and Bloodborne Pathogens	6.0

<b>Recovery Principles</b>			
	4/8/20	Connecting the Continuum	1.0
	4/3/20	The Impact of Disaster on Recovery	1.5
<b>Communication Skills</b>			
<b>Suicide Prevention</b>			
<b>Harm Reduction</b>			
	8/1/20	Harm Reduction	4.0
<b>Crisis Support</b>			
<b>Cultural Humility</b>			
	6/30/20	Cultural Humility Series, Part I	1.5
	7/15/20	Cultural Humility Series, Part II	2.0
	7/17/20	Cultural Humility Series, Part III	1.5
<b>Trauma Informed Care</b>			
	8/2/20	Trauma-Informed Peer Support	5.0



<b>Recovery Action Planning</b>			
<b>Wellness Health Management</b>			
<b>Motivational Interviewing</b>			
<b>Documentation</b>			
<b>Peers in Criminal Justice</b>			
<b>Recovery Capital</b>			
<b>Recovery Advocacy</b>			

<b>Client Rights/ADA</b>			
<b>Intro to Mental Health (OK for MH First Aid)</b>			
<b>Intro to Substance Use Disorder (SUD)</b>			

**Total Hours:** 66

**I verify I have completed the training above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sample Application**  
**BACKGROUND DISCLOSURE FORM FOR APPLICATIONS**

**(For initial certification)** In my lifetime, I: \_\_\_\_\_  
**OR**

**(For recertification)** Since the issuance of my last certification on \_\_\_\_\_, I

1. Have had my professional certification or licensure revoked?  Yes  No  
State: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_
2. Have been terminated or left from either a paid or volunteer position because of an ethics complaint?  Yes  No
3. Have been arrested or detained for anything other than misdemeanor traffic (not DUI or DWI related) charges?  Yes  No
4. Have been convicted of a misdemeanor or felony?  Yes  No
5. Have been convicted by any disciplinary board, city/state/federal/military/international court of law, of sexual assault, sexual abuse, sexual exploitation, physical abuse, or physical assault to any persons?  Yes  No
6. Have been found by an administrative office or court to have committed fraud related to Medicaid, Medicare, insurance entitlement (social security, temporary assistance, public assistance or other billing fraud)?  Yes  No
7. Have any civil or criminal charges pending?  Yes  No
8. Am currently incarcerated \*\* for any misdemeanor or felony?  Yes  No
9. Have a 1-year to 10-year or permanent barrier Crime?  Yes  No

\* Answering “Yes” to any of the above questions does not automatically bar you from certification. **If you have answered “Yes” to any of the above items, please write a letter of explanation stating what happened in each case, what the outcome was in court, what you have done to correct the situation, and what you have done to ensure this will not happen again.** Explain (dates, case number(s), time, and places (s) of incarceration, special dispositions, and other related information) on separate attached sheet of paper.

\*\* “Incarcerated” is defined as being in jail, halfway house, work release program or other form of court or corrections-imposed custody probation (to include misdemeanor, parole, furlough, SIS or deferred sentence).

\*\*\* If you have a Barrier Crime, please contact the DHSS Background Check Program via website (<http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/>) or in person to request a Variance for work. Once received, please e-mail it to [peer.support@akcertification.org](mailto:peer.support@akcertification.org).

I, (print name) \_\_\_\_\_ have provided accurate and truthful information on this form and acknowledge that omission of the requested information, as well as providing false information will result in denial of my certification or removal of my certification at a later date as it becomes known.

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

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

## **Sample Application**

# **CODE OF ETHICS FOR ALASKA PEER SUPPORT PROFESSIONALS**

*(This code is a compilation of elements from both the Code of Ethics from the Alaska Peer Support Consortium and the NAADAC National Certified Peer Recovery Support Specialist Code of Ethics adopted by Peer Support Advisory Board on 9/21/20)*

A peer support provider is a person in recovery from a behavioral health issue, or the family member of a person in recovery from behavioral health issues, who plays a vital role in supporting similar individuals in their recovery journey (e.g. person to person or family member to family member).

The peer-support worker is responsible for providing an array of support services and interventions designed to inspire hope, support personal responsibility, promote understanding, offer education, and promote self-advocacy and self-determination.

The purpose of this Code of Ethics is to outline the basic values and expectations of peer support practice. The code will serve as a guide for Peer Support Professionals (PSP) in Alaska by defining professional responsibility and ethical standards for the profession.

The primary responsibility of the peer support worker is to assist individuals in achieving their own needs, wants, and goals. PSPs are guided by the principle of self-determination for all and shall serve as advocates for the people they serve. Peer Support Professionals will maintain high standards of personal conduct and conduct themselves in a manner that fosters their own recovery journey.

Peer Support Professionals perform services within the boundaries of their expertise and shall be aware of the limits of their training and capabilities. Peer Support Professionals work in collaboration with other professionals to best meet the needs of the individual(s) served. The intention of a Peer Support Professional will be to preserve an objective and professional relationship. This Certification does not endorse, suggest, or intend that a Peer Support Professional will serve independently. The Peer Support Professional will only work under supervision.

### **Values**

People have a right to be treated with respect and dignity and have their own human rights respected.

People have a right to privacy and confidentiality.

Self-directed recovery is possible for everyone.

Sharing our recovery experiences fosters mutual relationships, reduces isolation, inspires hope, and strengthens the ongoing recovery process.

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

## **Sample Application**

People have the capacity to live the full and meaningful lives they envision for themselves.

People have the right to make their own informed choices about treatment even if others think it is not in their best interest.

Peer support values the importance of community building, cultural supports, and natural supports (family, church, NA, AA, friends, etc.)

### **Relationship with Clients**

As a Peer Support Professional (PSP):

1. I will clearly explain my role and responsibilities to those I serve.
2. I will inform peers of the cost of my services as established by the agency for which I am employed.
3. I will not intimidate, threaten, harass, use undue influence, physical force, or verbal abuse; neglect, ignore or make unwarranted promises of benefits to peers I support.
4. I will affirm diversity among other Peer-support workers and peers regardless of age, gender, sexual orientation, ethnic/racial background, religious or spiritual beliefs, marital status, political beliefs, mental or physical disability. I will relate to all peers with empathy and understanding regardless of diagnosis or personal history.
5. As a peer support worker, I will respect the privacy and confidentiality of peers I support except where my peer has given specific, written, informed, and limited consent. I will also inform the peer I support that I am a Mandatory Reporter. I am obligated to breach confidentiality in cases where there is reasonable cause to believe that there is known or suspected child abuse or neglect, neglect or abuse of a vulnerable adult, or an individual is a threat to themselves or others.
6. I will advocate for the peers I support with impartiality and objectivity. I will not impose my personal values on peers. I will respect my peers' individual human rights to self-determination when making their owned informed decisions that they consider in their own best interest.
7. I will advocate for the person to achieve full integration/citizenship in society.
8. I will terminate the relationship with a person(s) served when services appear no longer of benefit and to respect the rights of the person served to terminate services at his/her request.
9. I will request a change in my role as a PSP with a person being served if the person served requests a change.

### **Conflicts of Interest**

As a Peer Support Professional (PSP):

1. I will disclose any existing or pre-existing professional, social, or business relationships with person(s) served. I will determine, in consultation with my professional supervisor, whether existing or pre-existing relationships interfere with my ability to provide peer support services person (s) served.

### **Sample Application**

2. I will not engage in romantic relationships nor engage in sexual/intimate behaviors with the peers I am supporting or members of the immediate family of person(s) served.
3. I will not accept substantial gifts or loans from peers I support; nor will I give gifts or loans to the peer I am supporting.  
NOTE: Given the diversity of peer support services and agencies or organizations, as a peer-support worker, I shall avoid any acceptance of gifts or loans or give gifts or loans to peers as deemed inappropriate or unacceptable by the agency or organization adhering to policies, procedures, or guidelines I work under.
4. I will not sponsor individuals with whom I have previously served or currently serve as a PSP.

### **Conduct**

As a Peer Support Professional:

1. I will be available for a minimum of two (2) supervision sessions per month totaling at least 2 hours of documented supervision. I will utilize supervision to address challenging personal issues, behaviors, or conditions that may negatively affect my own recovery.
2. I will accurately identify my qualifications, expertise, and certifications to all whom I serve and to the public.
3. I will make public statements or comments that are true and reflect current and accurate information.
4. I will remain free from any substances that impair my ability and capacity to perform my duties as a PSP.
5. I will maintain required documentation in client records as required by my agency making certain that records are documented honestly and stored securely.
6. I will protect the privacy and confidentiality of persons served in adherence with Federal Confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (Social Media, Texting, Video Conferencing etc.).
7. I will use client contact information only in accordance with agency policy.
8. I will not create my own private practice.
9. I understand that a significant violation of this Code of Ethics may result in the suspension or revocation of my certification.

I hereby attest that I have read, understand, and will adhere to the Code of Ethics for Alaska Peer Support Professionals, as described above.

Printed Name: \_\_\_\_\_

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

**Sample Application**  
**AUTHORIZATION FOR DATA COLLECTION**

I hereby authorize the Alaska Commission for Behavioral Health Certification to collect and maintain my name, application forms and other relevant personal information in the Counselor Registry. I further understand that I have access to my own personal information and may request, correct, and/or secure a copy of any portion of my information file.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(form not complete without signature)

**AUTHORIZATION FOR RELEASE TO STATE  
AND / OR NATIONAL REGISTERS**

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

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

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

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

Business Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certified Peer Support Professional Level/Dates: \_\_\_\_\_

Highest Academic Degree: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Mail completed application to:**

**ACBHC/Peer Support Program  
P.O. Box 220109,  
Anchorage, AK 99522-0109**

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**COMPETENCY PRACTICUM EVALUATION FORM**

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

Practicum Site: \_\_\_\_\_

Dates of fieldwork: from \_\_\_\_\_ to \_\_\_\_\_  
 (month/day/year) (month/day/year)

Competency Area	Hours		Rating	
	Supervised	Developing	Proficient	Exemplary
<b>Core Competencies</b>				
1. Engaging peers in collaborative and caring relationships				
2. Provide support				
3. Shares lived experience of recovery				
4. Personalized peer support				
5. Supports recovery planning				
6. Links to resources, services, and supports				
7. Provides information about skills related to health, wellness, and recovery				
8. Helps peers to manage crisis				
9. Values communication				
10. Supports collaboration and teamwork				
11. Promotes leadership and advocacy				
12. Promotes growth and development				
<b>Overall Rating</b>				
<b>Total Practicum Hours (at least 25 hours)</b>	<b>Total</b>			

Please continue to next page

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.



Sample Application

**COMPETENCY PRACTICUM EVALUATION FORM (Page Two)**

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

Comments about competencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor Name (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**The person who completes this form must mail it directly to:**

**ACBHC/Peer Support Program  
PO Box 220109  
Anchorage, AK 99522-0109**

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

**Sample Application**  
**PERSONAL RECOMMENDATION**

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

Applicant is applying to become a Peer Support Professional I in Alaska.

Length of time you have known the Applicant: \_\_\_\_\_

I recommend the Applicant for certification as a Peer Support Professional I     Yes     No.

Please provide any comments regarding your reference for this applicant here:

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I understand that this form serves as a reference. I have attached \_\_\_\_\_ additional pages to address my knowledge of this applicant's competence and character. I hereby certify that the information provided is true and complete to the best of my knowledge.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

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

City/State/Zip Code

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Message Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

The person who completes this form must mail it directly to:

**ACBHC/Peer Support Program**  
**PO Box 220109**  
**Anchorage, AK 99522-0109**

If information is omitted, the application will be considered incomplete and will not be processed. Only ORIGINALS of this document will be accepted. ALL errors must be initialed.

## Core Competencies

(The Peer Support Advisory Board adopted the SAMSA Core Competencies on 6/11/2020)

The SAMHSA Core Competencies were developed in 2015 by a group of stakeholders in the mental health and substance use disorder recovery communities who were working on developing a peer support community. The Peer Support Advisory Board adopted the Core Competencies on June 11, 2020. The twelve competencies are:

1. *Engaging peers in collaborative and caring relationships*: Relates to the quality of interactions with peers and the skills that are needed, e.g. listening skills.
2. *Provide support*: The ability to convey hope and to provide concrete assistance to folks.
3. *Shares lived experience of recovery*: This is fundamental and a central piece that peers offer.
4. *Personalizes peer support*: This includes cultural competencies among other items.
5. *Supports recovery planning*: Helping people set goals.
6. *Links to resources services and supports*: Includes some of the basics related to access needed supports in the community.
7. *Provides information about skills related to health, wellness, and recovery*: Includes learning about WRAP and other types of wholeness and wellness knowledge and skills.
8. *Helps peers to manage crisis*.
9. *Values communications*: Includes listening skills, communicating with colleagues and documentation, and issues confidentiality and privacy.
10. *Supports collaboration and teamwork*: To be able to work within an interdisciplinary team.
11. *Promotes leadership and advocacy*: How to advocate for people being served and populations in general.
12. *Promotes growth and development*: How to practice self-care, knowing when there is a need for supervision or mentorship, and being able to utilize supervision.

## Training

Applicants may use several options for training. Many of these options are on-line at the following websites or visit *our website* to review more training options.

### Required Training

#### Peer Support Training

##### *Peer Support Training - 40 hours*

The training is a self-directed and live training. Participants must complete a 6-hour on-line class. They will attend 34 hours of live training. State approved.

Alaska Behavioral Health

<https://alaskabehavioralhealth.org>

##### *Peer Support Training - 40 hours*

The Transformational Peer Supports curriculum is an experiential training experience where participants learn the skills and knowledge needed to be an effective peer support specialist. State approved.

Renew Counseling and Consulting

[Renewcounselinngc@gmail.com](mailto:Renewcounselinngc@gmail.com)

##### *Peer Support Training - 40 hours*

Natural Peer Support Training  
Learn Peer Support as a discipline with unique Skills, and best practices in alignment with SAMHSA's Peer Support Core Competencies. State approved.

Ionia

[naturalpeersupport.org](http://naturalpeersupport.org)

##### *Peer Support Training - 40 Hours*

Alaska Therapeutic Court Alumni Peer Support Specialist Training is a 40-hour training provided over the course of 5 days by experienced peers and is designed with instruction, education and shared lived experience to provide you with the best tools and to sharpen your skills. The goal of this training is to enable you to be eligible for state certification and employable as a peer support specialist in the fields of substance use and behavioral health treatment. State approved.

Partners for Progress

[www.partnersforprogressak.org](http://www.partnersforprogressak.org)

## **Ethics**

### *Ethics and Boundaries - 4 hours*

This training is designed with residential direct service provider in mind and addresses professional ethical behavior.

Alaska Training Cooperative

<https://aktclms.org>

### *NAADAC's On-Demand Ethical and Professional Issues in Addiction Counseling - 6 hours*

Three-part webinar series.

Alaska Training Cooperative

<https://aktclms.org>

### *Ethics Course - 6 Hours*

This course will assist students in understanding The ethical obligations of a professional in relation To the NAADAC Code of Ethic

RADACT

[www.radact.com](http://www.radact.com)

### *Ethics-Behavioral Health Practitioners - 9 Hours*

This bundle is designed to serve as a guide to help practitioners understand the law and make ethical decisions.

RELIAS

[www.relias.com](http://www.relias.com)

### *Professional Ethics for Substance Use Disorder Counselors - 1.5 Hours*

The course is intended for anyone wanting to learn more ethical standards of SUD field.

RELIAS

[www.relias.com](http://www.relias.com)

## **Infectious Diseases HIV/AIDS**

### *Infectious Diseases HIV/AIDS -1.5-6 Hours*

A three-part webinar series that has been made available as an anytime training.

Alaska Training Cooperative

<https://aktclms.org>

### *Infectious Diseases HIV/AIDS - 8 Hours*

This course focuses on hepatitis, sexually transmitted diseases, TB, HIV, and other infectious diseases that might impact clients receiving services.

RADACT

[www.radact.com](http://www.radact.com)

### *HIV and Bloodborne Pathogens - 1.5hours*

webinar will define key terms used when discussing bloodborne pathogens most implicated with substance use disorders, and discuss infection and containment.

NAADAC

<https://www.naadac.org>

## **Confidentiality**

### *Confidentiality - 3 hours*

This course will provide information on the Federal requirements of 42 CFR part 2 and HIPAA regarding client confidentiality and protection of client information in behavioral health counseling.

RADACT

[www.radact.com](http://www.radact.com)

### *Confidentiality - 6 Hours*

This course will provide an overview of the federal confidentiality regulations HIPAA and the implications for behavioral health programs.

RADACT

[www.radact.com](http://www.radact.com)

## **Other Training Options**

### **Recovery Principles**

#### *Recovery, Health, and Wellness - 8 Hours*

Trainees will review and add to foundation and practice information regarding health, wellness and balance

RADACT

[www.radact.com](http://www.radact.com)

### **Communication Skills**

#### *Essential Communication Skills - 6 Hours*

Active Listening and Reflective Responding

Academy of Peer Services

<https://www.academyofpeerservices.org>

### **Documentation**

#### *Documentation - 4 Hours*

Concepts cover all levels of treatment

RADACT

[www.radact.com](http://www.radact.com)

### **Peers in Criminal Justice**

#### *Peer Support in Criminal Justice Settings - 4 hours*

Learn about the prevalence of people with mental illness in the criminal justice system, the laws and ways to give peer support to people in the justice system.

Academy of Peer Services

<https://www.academyofpeerservices.org>

### **Suicide Prevention**

#### *Suicide-Specific Interventions and Best Practices - 1.5 Hours*

This course covers suicide-specific interventions with adults.

Relias

[www.relias.com](http://www.relias.com)

## **Harm Reduction**

*Harm Reduction - 4 Hours*  
Harm reduction principles

Academy of Peer Services  
<https://www.academyofpeerservices.org>

## **Crisis Support**

*Crisis Intervention - 8 Hours*  
This course will provide the foundation and practice information on general crisis events.

RADACT

*Crisis Management - 1.5*  
You will learn how to create a crisis prevention Plan, along with how to use it with clients

Relias  
[www.relias.com](http://www.relias.com)

## **Cultural Competency**

*Traditional Health Based Practices-8 Hours*  
Participants are provided with foundational Information on traditional lifestyles and health Practices of people living in Alaska prior to Western contract.

Alaska Training Cooperative  
<https://aktclms.org>

## **Trauma Informed Care**

Trauma-informed Care for the Frontlines -2 Hours  
The training explores how a Trauma-Informed Care approach can support the work of Frontline Worker across Alaska.

Alaska Training Cooperative  
<https://aktclms.org>

## **Recovery Action Planning**

*Action Planning for Prevention and And Recovery - 4 Hours*  
Overview of self-help plans

Academy of Peer Services  
[www.academyofpeerservices.org](http://www.academyofpeerservices.org)

## **Wellness Health Management**

Recovery Health Wellness - 8 Hours  
this course provides practical tools to manage high stress work differently to minimize risk of harm to one's self.

RADACT  
[www.radact.com](http://www.radact.com)

## **Motivational Interviewing (MI)**

*Motivational Interviewing - 1.75 Hours*  
This course is designed to learn about MI for first time or to reinforce your knowledge of MI.

RELIAS  
[www.relias.com](http://www.relias.com)

**Recovery Advocacy**

*Importance of Advocacy/Advocacy Org. - 2 Hours*  
You will examine the importance of advocacy and  
Explore techniques to develop access resources.

Academy of Peer Services  
[www.academyofpeerservices.org](http://www.academyofpeerservices.org)

**Introduction to MH (MH First Aid)**

Mental Health First Aid - 8 hours  
An 8-hour course that teach you how to identify,  
understand and respond to signs of mental illness  
and substance use disorders.

RELIAS  
[www.relias.com](http://www.relias.com)

**Introduction to SUD**

*Introduction to Addictive Behavior- 8 Hours*  
Overview of the problems and consequences  
of Substance abuse.

RADACT  
[www.radact.com](http://www.radact.com)

**Peer Recovery Specialist Training**

*Peer Recovery Specialist Training -72 hours*  
72 Hour Course for Peer Recovery Specialist  
Training at zero cost in the Common-  
wealth of Virginia. Training may be tailored  
for organization's needs.

McShin Recovery Resource Foundation  
<https://mcshin.org>



## **Document Training**

Each application contains a Training Log that allows you to list the Category, Date, Course Title and Hours of your training. List the training, total the hours at the bottom of the page and sign to verify training. The applicant must also provide a copy of the certificate of training for each training listed with their application.

Applicants must take the Introduction to Peer Support Course (37 hrs.), Ethics (3 hrs.), Confidentiality (3 hrs.), and Infectious Diseases and HIV/AIDS for certification. The Ethics and Confidentiality must be taken every two years.

To determine the required training for your certification, please review the matrix for Peer Support to locate the correct certification and training requirements.

## **Ethics Complaints**

## **Ethics Complaints**

### **Process for Receipts, Review and Determinations of Ethics Complaints**

The process for receipt, review and determination of ethics complaints filed against a ACBHC/Peer Support Program Certified Peer Support Associate, Certified Peer Support Professional I, Certified Peer Support Professional II or Certified Peer Support Professional III up to and including sanction (Letter of Censure, Suspension or Revocation of Certification) is as follows:

A written and signed complaint addressed to the Peer Support Program will be forwarded to the Commission. It must cite facts, observations, and relevant information regarding the offense. All acts or events requiring a report to a law enforcement agency must be reported by the complainant independently. Upon receipt of this letter, the process for review and determination of the ethics complaint will be initiated. The process for review and determination is as follows:

- 1) A written complaint, if submitted as a hand-written or typed letter, will be date stamped and recorded in the Ethics Complaint Log. All complainants who have not documented their complaint on the Ethics Complaint Form will be sent a copy of the form and be asked to resubmit within ten (10) days of receipt of the Ethics Complaint Form.
- 2) Upon receipt of the Ethics Complaint Form, the copy of the complaint, with all identifying information suppressed, will be forwarded to the Ethics Review Chair and members. Notification of receipt of the complaint will be sent to both the Complainant and the person against whom the complaint has been lodged within ten (10) days.
- 3) The Ethics Review Committee will determine within ten (10) days whether the ethics complaint warrants further investigation or can be dismissed. Notification of the decision to either investigate or dismiss the claim will be sent to the Complainant and the person against whom the complaint has been lodged within ten (10) days.
- 4) If the decision to investigate the ethics complaint has been made, a copy of the complaint will be forwarded to the person against whom the complaint has been lodged, and they will be advised of their right to seek legal counsel, at their expense, during the investigation, hearing and determination process.
- 5) If the complaint and supporting material appears to be serious enough in nature to support immediate suspension of certification, the Commission may elect through consensus to temporarily suspend certification pending further investigation and determination of the ethics complaint. The certificate holder will be notified by certified mail with ten (10) days of this determination.
- 6) All ethics complaint investigations will be conducted within ninety (90) days of determination that an investigation is required; however, an extension of up to ninety (90) additional days may be granted in the event that further investigation must be conducted before final determination can be made.

- 7) A hearing with the person against whom the complaint has been lodged will be scheduled and subsequently conducted by the Ethics Review Committee with the full Commission in attendance once all investigation procedures have been fully completed. The complainant and the counsel obtained by the certification holder in question is invited to attend this hearing as well to provide personal testimony.
- 8) At the conclusion of the personal testimony, the full Commission during closed session will review and determine through a consensus vote the appropriate action to be taken.
- 9) The Commission will notify the person against whom the complaint has been lodged of their determination by certified mail withing five (5) days of the final determination being made. If sanction is recommended, the certification holder will be advised of the appeal process.
- 10) Following completion of the hearing process, the Commission may also refer the complaint back to the Ethics Review Committee for further investigation and review.
- 11) All documents associated with the certificate holder's application file will be retained as the property of the Commission.
- 12) The Commission retains the right to reverse a decision with a majority vote of the full Commission.

## **Appeal Process for Ethics Complaints Determinations**

To initiate an appeal of the decision (ineligibility, censure, sanction, or revocation) made by the Commission, a written notification must be sent to the Chairperson of the Commission by certified mail or personal delivery to the Commission office within thirty (30) days of the final decision being made. Acknowledgement of receipt of the appeal will be made within ten (10) days of receipt of the formal request for appeal consideration through either written confirmation or by formal signature on the certified mail receipt.

- 1) The appeal may be a formal request for an administrative review based upon new information and supportive documents or may be a formal request for a hearing before the full Commission to verbally appeal the determination.
- 2) Hearings before the full Commission will be scheduled within ninety (90) days and will be conducted at the next quarterly Commission meeting after receipt of the formal request for appeal.
- 3) Following completion of the Appeal Hearing, the full Commission in a closed session will review proceedings and determine whether the appeal should be granted or denied, and this will be determined through a majority vote of the full Commission.
- 4) Determinations made by the Commission will be submitted in writing by certified mail within ten (10) days of the final determination being made.
- 5) All documents associated with the certificate holder's file will be retained as the property of the Commission.
6. The Commission will stand by the final decision of the appeal and will not make allowances for a re-determination of the appeal following this final review process.

## **Filing an Ethics Complaint**

Anyone may file an ethic complaint about an applicant, a certification holder, or a Commissioner. The complaint must be made using the Commission Ethics Complaint Form. Complaints received in any other format will be required to be rewritten on the Commission Form.

This person issuing the complaint may indicate that they do not want their name revealed to the person named in the complaint and explain why. The Ethics Committee will decide whether to support the request. If the Ethics Committee will decide whether to support the request. If the Ethics Committee determines not to support the request to not reveal the name, the person issuing the complaint will be notified in writing and given the opportunity to withdraw the complaint.

## Complaint Form

I, \_\_\_\_\_ want the Alaska Commission for the Behavioral Health Certification (ACBHC) to investigate the following:

Name of the Certified Peer Support Professional: \_\_\_\_\_

Date (s) of Event or incident: \_\_\_\_\_

Describe Incident:

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Other witness to this incident: \_\_\_\_\_

What I want the ACBHC to do:

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The following information is needed only to allow ACBHC to follow-up on this complaint:

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

City/State//ZIP: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

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

My name (circle one) may or may not be used as the source of the complaint.

Thank-you for your assistance in helping to maintain a high ethical standard of practice for chemical dependency professionals in Alaska. Please contact ACBHC Peer Support Program about any questions or concerns about the complaint and investigation process.

## Definition of Behaviors Subject to Sanction

The Commission may investigate and impose a sanction on an applicant, certification holder or Commissioner for falsification of application, criminal conduct, or other ethical concerns.

- Falsification is defined as knowingly creating, changing, omitting, misrepresentation, altering or failing to present information that is not true to fact. Falsification of an application, whether it is a new or re-certifying applicant, is forwarded to the Ethics Committee for review and determination. Applications denied based on falsification are eligible for appeal.
- The standards for criminal background or conduct are defined in this Manual under the item titled, *Criminal Background and Eligibility for Certification*. Applications denied
- certification based on failing to meet the criminal background requirements or conduct are eligible for appeal.

### Sanctions:

The Commission has five forms of sanction as disciplinary action:

1. Remedial Requirements such as training in a specific area.
2. Letter of Censure, which may include suggestions for corrective action.
3. Probationary Suspension of Certification, with 90, 180 or 360 days indicated for completion of corrective action. Suspension of certification precludes active practice as a chemical dependency professional.
4. Revocation of current certification or current certification process.

## **Adoption of ACBHC Peer Support Certification Manual**

The ACBHC Peer Support Certification Manual was adopted on: \_\_\_\_\_ by  
the Alaska Commission on Behavioral Health Certification Board of Commissioners.

Chair, Dr. Courtney Donovan: \_\_\_\_\_ Date: \_\_\_\_\_

Secretary, Clint Simic \_\_\_\_\_ Date: \_\_\_\_\_



## ACBHC Peer Support Certification Manual Revision Log

	Date	Comments
<b>0</b>		<b>Initial Issue</b>
<b>1</b>		<b>Revised</b>
<b>2</b>		<b>Revised</b>
<b>3</b>		<b>Revised</b>
<b>4</b>		<b>Revised</b>