



ACBHC Peer Support Certification Program Application for PSP II

PEER SUPPORT PROFESSIONAL II REQUIREMENTS

A Peer Support Professional II (PSP II) is someone with lived experience with recovery from a mental health condition or substance use disorder. A PSP II can also be a family member caring for a person experiencing mental health or substance abuse issues. PSP IIs work under supervision within an organization to deliver behavioral health-oriented services to individuals with similar lived experiences. The PSP II 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 4000 hours of experience with an organization that provides mental health and substance abuse services. Ask your employer to complete the **PSP II Employer Verification of Experience Form** and mail it directly to the ACBHC Peer Support Program.

Practicum Hours:

Your supervisor is required to document 100 hours of direct supervision on your **PSP II Competency Practicum Evaluation Form**. Please ask your supervisor to mail the completed form to the ACBHC Peer Support Program.

Training Requirements:

Non-Degree track PSP II applicants must take at least 115 hours of courses to include all the requirements for Peer Support Associate (50 hours listed below) and Peer Support Professional I (65 hours-15 additional courses) PLUS another 50 hours of courses from other topics listed on the Training Log. Specific Required Courses include:

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 must hold an Associate, Bachelor, or higher degree from an accredited educational facility in Social Services, Social Work, Addiction, Human Services, Psychology, Psychiatric Nursing, or other fields on a case-by-case basis. Degrees substitute for 1-year of experience. PSP II applicants must take 75 hours of courses to include all the required courses for Degreed Track Peer Support Associate and Peer Support Professional I (50 hours of courses, same as above) PLUS 25 additional courses from topics listed on the Training Log.

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

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APPLICATION PROCEDURES

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

1. Complete pages 4-13; ask your employer to complete page 14; your supervisor to complete pages 15-19; and someone else to complete page 18, the Professional Affiliate 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 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 and 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 your Employer to complete the PSP II Employer Verification of Experience form and to send it directly to the ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
7. Ask your Peer Support Supervisor to complete the PSP II Practicum Evaluation by listing the number of "Hours Directly Supervised" in the "Hours Supervised" column for every line they mark. Ask them to Total the number of "Hours" listed on the Total line and to mail the completed form to ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
8. Ask a co-worker, to complete the Professional Affiliate 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.
9. Ask your Peer Support Supervisor to complete the PSP II Supervisor Recommendation form and to mail the completed form to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109.
10. Submit all ORIGINAL documents according to the Application Checklist.
11. The initial certification fee is \$210.00 and recertification, \$195.00. Certifications must be renewed every two years. **All fees are non-refundable.**

Recertification:

Applicants must complete Ethics (3 hours) and Confidentiality (3 hours) plus 9 additional hours of courses of their choice for a Total of 15 hours of courses within two years of recertification. Keep copies of training certificates in an accessible file just in case you are audited. To complete and pay for recertification, visit ACBHC's website, <https://akcertification.org>. Read the Peer Support Code of Ethics and attest that you have read and agreed to abide by them. Pay for recertification. 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

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PEER SUPPORT PROFESSIONAL II 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 these documents to ACBHC:

- _____ PSP II Employer Verification of Experience Form
- _____ One PSP II Practicum Evaluation
- _____ One Supervisor Recommendation
- _____ One Professional Affiliate Recommendation

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.

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PEER SUPPORT PROFESSIONAL II 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: _____

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PEER SUPPORT PROFESSIONAL II 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.

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ACBHC Peer Support Certification Program

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PEER SUPPORT PROFESSIONAL II TRAINING LOG

Applicant Name: _____

Non-Degree Track: Take at least 115 hours of training to include the PSP I required trainings plus 50 hours of courses of your choice from the topics listed below. **Degreed Track:** Take at least 75 hours of training including Intro to Peer Support, Ethics, Confidentiality, and Infectious Diseases & HIV/AIDS plus 25 hours of courses from topics listed below. 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 |
|---|------|--------------|-------|
| Intro. To Peer Support (37.5+ hrs. DBH approved trainer) | | | |
| | | | |
| | | | |
| Ethics within past two years (3 hours) | | | |
| | | | |
| | | | |
| | | | |
| Confidentiality within past 2 years (3 hours) | | | |
| | | | |
| | | | |
| | | | |
| Infectious Diseases & HIV/AIDS (6 hours) | | | |
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| Recovery Principles | | | |
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| | | | |
| Communication Skills | | | |
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| Suicide Prevention | | | |
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|-------------------------------------|--|--|--|
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| Harm Reduction | | | |
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| Crisis Support | | | |
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| Cultural Competency/Humility | | | |
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| Trauma Informed Care | | | |
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| Recovery Action Planning | | | |
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| Wellness Health Management | | | |
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| Motivational Interviewing | | | |
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| | | | |
| Documentation | | | |
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| Peers in Criminal Justice | | | |
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| Recovery Capital | | | |
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| | | | |
| Recovery Advocacy | | | |

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|---|--|--|--|
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| | | | |
| Client Rights/ADA | | | |
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| Intro to Mental Health (OK for MH First Aid) | | | |
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| Intro to Substance Use Disorder (SUD) | | | |
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| | | | |

Total Hours: _____

I verify I have completed the training above: _____ **Date:** _____

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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.

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 _____

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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.

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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 own 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,

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whether existing or pre-existing relationships interfere with my ability to provide peer support services person(s) served.

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: _____

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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 provided by me and may request and/or correct and/or secure a copy of any portion thereof.

Print Name: _____

Signature: _____ Date: _____
(form is 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**

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ACBHC Peer Support Certification Program Application for PSP II

EMPLOYER VERIFICATION OF EXPERIENCE FORM

Applicant's Name: _____

The applicant is applying to the Alaska Commission for Behavioral Health Certification for certification as a Peer Support Professional II. Please fill out this form to document the applicant's peer support work in your organization and return it directly to ACBHC. **This information must be on file before the applicant's certification can be processed.** Your cooperation is very much appreciated.

Please complete the following:

Volunteered or Employed from: _____ to _____
(mo/day/yr) (mo/day/yr)

Number of hours worked per week _____

Number of weeks per year _____

Job Title: _____

If the employee's position changed, please describe here: _____

* If the job title is not that of a peer support worker, attach an official organizational job description to this Verification of Employment/Volunteer Experience. Average percentage of the duties that were peer support related (Education, Prevention, Treatment or Aftercare)
_____ %

Agency: _____

Address: _____

City/State/Zip: _____

I certify that all the above material is true, to the best of my knowledge.

Signature: _____

Print Name: _____

Title: _____ Date: _____

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

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

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COMPETENCY PRACTICUM EVALUATION FORM

Applicant's Name: _____

Practicum Site: _____

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

Supervisors: Please document at least 100 Hours Directly Supervised. Please list Hours Directly Supervised for every line marked Developing, Proficient or Exemplary.

| | Hours Directly | | Rating | |
|--|-------------------|------------|------------|-----------|
| Competency Area | Supervised | Developing | Proficient | Exemplary |
| Core Competencies | | | | |
| 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 | | | | |
| Total Practicum Hours (at least 25 hours) | Total: | | | |

Please continue to next page

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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**

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PEER SUPPORT PROFESSIONAL II SUPERVISOR'S RECOMMENDATION

Applicant Name: _____

I, _____ have known the applicant for _____ years/months.

I understand that this form serves as reference. I have attached _____ additional pages to address my knowledge of this applicant's competencies. The competencies are:

1. Engaging peers in collaborative and caring relationships
2. Provide support
3. Shares lived experience in 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

I recommend the applicant for certification as a Peer Support Professional II:

☐ Yes ☐ No If no, explain: _____

I attest that the information provided above and in the attached pages is true and complete to the best of my knowledge.

Supervisor Signature, Title

Date

Printed Name

Name of Organization

Address

City/State/Zip

E-mail

Telephone

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

ACBHC/Peer Support Program

PO Box 220109

Anchorage, AK 99522-0109

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PEER SUPPORT PROFESSIONAL II PROFESSIONAL AFFILIATE RECOMMENDATION

Applicant Name: _____ **is applying for Peer Support Professional II certification in Alaska. I have known the applicant since** _____.

| A. Peer Support Competencies | Developing | Proficient | Exemplary |
|--|--------------------------|--------------------------|--------------------------|
| 1. Engaging Peers in Collaborative and Caring Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Provide Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shares Lived Experience in Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Personalized Peer Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Supports Recovery Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Links to Resources, Services, and Supports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Provides Information About Skills Related to Health, Wellness, and Recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Helps Peers to Manage Crisis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Values Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Supports Collaboration and Teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Promotes Leadership and Advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Promotes Growth and Development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 _____
(form is not complete without signature)

Printed Name: _____ Title _____

Agency _____

Address _____ Phone _____

City/State/Zip _____ e-mail _____

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

ACBHC/Peer Support Program
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