



ACBHC Peer Support Certification Program

Application for

Traditional Peer Support Professional I

TRADITIONAL PEER SUPPORT PROFESSIONAL I REQUIREMENTS

A Traditional Peer Support Professional (TPSP I) is an indigenous person with lived experience who is in recovery for a mental health or substance use disorder. A TPSP I can also be an indigenous family member caring for a family member experiencing mental health or substance use issues. TPSP Is work under supervision within an organization to deliver behavioral health-oriented services to individuals with similar lived experience. The TPSP I assists, supports, and promotes another peer's personal recovery. The TPSP I should be respected by the elders and in good standing with the community.

A Traditional Peer Support Professional I should:

- **Honor the knowledge, culture, and traditions of the elders**
- **Advocate for people of the community**
- **Demonstrate Integrity**
- **Serve as a Positive Role Model**
- **Be a Motivational Speaker**
- **Provide Suicide Prevention and Crisis Management**
- **Identify as a Village Resource Person**
- **Support Peers with Mental Illness and Substance Use Disorders**
- **Be knowledgeable about cultural humility**
- **Influence behavior through traditional methods and values**

Self-Attest Indigenous Lived Experience and Recovery:

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

Work Experience:

Applicants must have at least 1000 hours of peer support experience with an organization that provides behavioral health support services. Ask your employer to complete the **TPSP 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 **TPSP I Competency Practicum Evaluation Form. Please ask your supervisor to mail the completed form to the ACBHC Peer Support Program.**

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 TPSP I

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)

Cultural Aspects on Alaska Native Wellness and Recovery (8.0 hours- RADACT Video Course or w/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. Applicants must take at least 50 hours of courses as listed:

Introduction to Peer Support (37.5 + contact hours from “DBH Approved” trainer)

Cultural Aspects on Alaska Native Wellness and Recovery (8.0 hours- RADACT Video Courses or w/DBH Approved Trainer)

Ethics within last two years (3 hours)

Confidentiality within last two years (3 hours)

Infectious Diseases & HIV/AIDS (6 hours)

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ACBHC Peer Support Certification Program

Application for TPSP I

APPLICATION PROCEDURES

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

1. Complete pages 5-14; ask your employer to complete page 15, your supervisor to complete pages 16-17; and someone to complete page 18, 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 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 TPSP I 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 TPSP I Practicum Evaluation. Ask them to be sure to list the number of "Hours Directly Supervised" in the "Hours Supervised" column for every line they mark. Please ask them to mail the completed form to ACBHC Peer Support Program, P.O. Box 220109, Anchorage, AK 99522-0109.
8. Ask an Indigenous Village Elder or Leader to complete the Indigenous Village Elder or Leader 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. Submit all ORIGINAL documents according to the Application Checklist.
10. 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 courses for Ethics (3 hours) and Confidentiality (3 hours) plus 9 additional hours of courses for a Total of 15 hours within 2 years of your 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 \$180.00 + \$5.00 Process Fee. Or mail a check, money order, or cashier's check for \$180.00 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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ACBHC Peer Support Certification Program Application for TPSP I

TRADITIONAL 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 Indigenous Lived Experience and Recovery
- _____ Training Log
- _____ Background Disclosure Sheet
- _____ Ethical Standards - 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:

- _____ Employer Verification of Experience Form
- _____ One Indigenous Village Elder or Leader Recommendation Form (your supervisor can also sign this 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 ACBHC's website, <https://akcertification.org>. Once payment has been received, the application will be processed.

Mail your completed application to:
ACBHC/Peer Support Program
PO Box 220109
Anchorage, AK 99522-0109

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ACBHC Peer Support Certification Program Application for TPSP I

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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ACBHC Peer Support Certification Program

Application for TPSP I

INDIGENOUS APPLICANT'S ATTESTATION TO INDIGENOUS LIVED EXPERIENCE AND RECOVERY

I verify indigenous lived experience of and recovery from a mental health condition of substance use disorder. OR that I am an indigenous family member of and caring for a family member with such a condition.

Applicant's Signature

Date

Applicant's Name Printed: _____

Please describe the indigenous experience of your recovery process and the skills you use to maintain it.

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ACBHC Peer Support Certification Program

Application for TPSP I

TRADITIONAL 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
Intro. To Peer Support (37.5+ hrs. DBH approved trainer)			
Cultural Aspects on Alaska Native Wellness and Recovery (8.0 hours DBH approved trainer)			
Ethics within past two years (3 hours)			
Confidentiality within past 2 years (3 hours)			
Infectious Diseases & HIV/AIDS (6 hours)			
Recovery Principles			

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ACBHC Peer Support Certification Program

Application for TPSP I

Communication Skills			
Suicide Prevention			
Harm Reduction			
Crisis Support			
Cultural Humility			
Trauma Informed Care			
Recovery Action Planning			
Wellness Health Management			
Motivational Interviewing			
Documentation			

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ACBHC Peer Support Certification Program

Application for TPSP I

Peers in Criminal Justice			
Recovery Capital			
Recovery Advocacy			
Client Rights/ADA			
Intro to Mental Health (OK for MH First Aid)			
Intro to Substance Use Disorder (SUD)			

Total Hours: _____

I verify I have completed the training above: _____ **Date:** _____
(Signature)

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ACBHC Peer Support Certification Program Application for TPSP I

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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ACBHC Peer Support Certification Program

Application for TPSP I

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, 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.

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ACBHC Peer Support Certification Program

Application for TPSP I

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

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):

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ACBHC Peer Support Certification Program

Application for TPSP I

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.
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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ACBHC Peer Support Certification Program

Application for TPSP I

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 secure a copy of any portion of my information file.

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 TPSP I

EMPLOYER VERIFICATION OF EXPERIENCE FORM

Applicant's Name: _____

The applicant is applying to the Alaska Commission for Behavioral Health Certification for certification as a Traditional Peer Support Professional I. 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 professional, attach an official organizational job description showing peer support duties 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
P.O. Box 220109
Anchorage, AK 99522-0109**

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ACBHC Peer Support Certification Program

Application for TPSP I

COMPETENCY PRACTICUM EVALUATION FORM

Applicant's Name: _____

Practicum Site: _____

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

Supervisors: Please list the number of Hours Directly Supervised for every line marked Developing, Proficient or Exemplary.

	Hours Directly Supervised		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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ACBHC Peer Support Certification Program Application for TPSP I

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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ACBHC Peer Support Certification Program Application for TPSP I

TRADITIONAL PEER SUPPORT PROFESSIONAL I INDIGENOUS VILLAGE ELDER OR LEADER RECOMMENDATION

Applicant's Name: _____

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

Length of time you have known the Applicant: _____

I recommend the Applicant for certification as a Traditional Peer Support Professional I:

☐ Yes ☐ No.

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

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: _____ Tribal Affiliation _____

Agency (if applicable): _____

Address: _____

Phone: __ (____) _____ City/State/Zip Code
Message Phone: __ (____) _____

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

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

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