



# ACBHC Peer Support Certification Program Application for TPSP III

## TRADITIONAL PEER SUPPORT PROFESSIONAL III REQUIREMENTS

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

### A Traditional Peer Support Professional III 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 to 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 an indigenous family member caring for someone with such a condition.

### Work Experience:

Applicants must have at least 6000 hours of peer support experience with an organization that provides behavioral health support services. Ask your employer to complete the **TPSP III Employer Verification of Experience Form** and mail it directly to the ACBHC Peer Support Program.

### Practicum Hours:

Your supervisor is required to document 150 hours of direct supervision on your **TPSP III Competency Practicum Evaluation Form**. Please ask your supervisor to mail the completed form to the ACBHC Peer Support Program.

### Training Requirements:

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 III

**Non-Degree track TPSP III applicants must take at least 155 hours of courses to include all the requirements for TPSPA (50 hours listed below) and TPSP I (65 hours-15 additional courses), and TPSP II (115 hours-50 hrs. 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)

Cultural Aspects of Alaska Native Wellness & Recovery (8 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. TPSP III applicants must take 95 hours of courses to include all the required courses for Degreed Track TPSPA, TPSP I (50 hours of courses, same as above) and TPSP II (75 hours-25 hours of additional courses; PLUS 20 additional courses from topics listed on the Training Log.**

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# ACBHC Peer Support Certification Program

## Application for TPSP III

### 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 16-18; and someone else to complete page 19, 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](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 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 III 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 III 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 TPSP III 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 TPSP III Supervisor Recommendation. Mail the completed form to ACBHC, P.O. Box 220109, Anchorage, AK 99522-0109.
10. Ask an Indigenous Village Elder or Leader to complete the TPSP III Indigenous Village Elder or Leader Recommendation (Other TPSP recommendations accepted if completed).
11. Submit all ORIGINAL documents according to the Application Checklist.
12. 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 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**

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# ACBHC Peer Support Certification Program Application for TPSP III

## TRADITIONAL PEER SUPPORT PROFESSIONAL III 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:

- \_\_\_\_\_ TPSP III Employer Verification of Experience Form
- \_\_\_\_\_ One TPSP III Practicum Evaluation
- \_\_\_\_\_ One Supervisor Recommendation
- \_\_\_\_\_ One Professional Affiliate Recommendation
- \_\_\_\_\_ One Indigenous Village Elder or Leader 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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# ACBHC Peer Support Certification Program Application for TPSP III

## TRADITIONAL PEER SUPPORT PROFESSIONAL III 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, this 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 III

### **TRADITIONAL PEER SUPPORT PROFESSIONAL III APPLICANT'S ATTESTATION OF INDIGENOUS LIVED EXPERIENCE**

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

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

\_\_\_\_\_  
Date

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

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

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# ACBHC Peer Support Certification Program

## Application for TPSP III

### TRADITIONAL PEER SUPPORT PROFESSIONAL III TRAINING LOG

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

**Non-Degree Track:** Take at least 155 hours of training to include the TPSA (50 hours) TPSP I (65 hours-15 additional courses), and TPSP II (115 hours-50 additional courses) required trainings plus 40 hours of courses to include 20 hours of Supervision/Leadership and/or Supervising Peer Workers and 20 hours of courses of your choice from the topics listed below or Other Trainings. **Degree Track:** Take at least 95 hours of training including the required Degree-Track trainings for TPSA (50 hours) TPSP I (50 hours (no additional hours), and TPSP II (75 hours-25 additional hours) PLUS 20 hours of courses for Supervision/Leadership and Supervising Peer Workers. 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>			
<b>Cultural Aspects of Alaska Native Wellness &amp; Recovery (8 hours w/DBH approved trainer)</b>			
<b>Ethics within past two years (3 hours)</b>			
<b>Confidentiality within past 2 years (3 hours)</b>			
<b>Infectious Diseases &amp; HIV/AIDS (6 hours)</b>			
<b>Recovery Principles</b>			

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# ACBHC Peer Support Certification Program

## Application for TPSP III

<b>Communication Skills</b>			
<b>Suicide Prevention</b>			
<b>Harm Reduction</b>			
<b>Crisis Support</b>			
<b>Cultural Competency/Humility</b>			
<b>Trauma Informed Care</b>			
<b>Recovery Action Planning</b>			
<b>Wellness Health Management</b>			
<b>Motivational Interviewing</b>			
<b>Documentation</b>			
<b>Peers in Criminal Justice</b>			

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# ACBHC Peer Support Certification Program

## Application for TPSP III

<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>			
<b>Supervision/Leadership</b>			
<b>Supervising Peer Workers</b>			
<b>Other Trainings</b>			

**Total Hours:** \_\_\_\_\_

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

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# ACBHC Peer Support Certification Program Application for TPSP III

## 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 \_\_\_\_\_

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# ACBHC Peer Support Certification Program

## Application for TPSP III

### 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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# ACBHC Peer Support Certification Program

## Application for TPSP III

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,

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# ACBHC Peer Support Certification Program

## Application for TPSP III

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 III

## 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 TPSP III

## 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 III. 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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# ACBHC Peer Support Certification Program Application for TPSP III

## 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 150 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
<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>Total Practicum Hours (at least 25 hours)</b>	<b>Total:</b>			

Please continue to next page

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# ACBHC Peer Support Certification Program Application for TPSP III

## COMPETENCY PRACTICUM EVALUATION FORM (Page Two)

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

Comments about competencies:

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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 III

### TRADITIONAL PEER SUPPORT PROFESSIONAL III 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 Traditional Peer Support Professional III:

☐ 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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# ACBHC Peer Support Certification Program

## Application for TPSP III

### TRADITIONAL PEER SUPPORT PROFESSIONAL III PROFESSIONAL AFFILIATE RECOMMENDATION

**Applicant Name:** \_\_\_\_\_ **is applying for Traditional Peer Support Professional III certification in Alaska. I have known the applicant since** \_\_\_\_\_.

<b>A. Peer Support Competencies</b>	<b>Developing</b>	<b>Proficient</b>	<b>Exemplary</b>
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**  
**P.O. Box 220109**  
**Anchorage, AK 99522-0109**

If information is omitted, this 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 III

## TRADITIONAL PEER SUPPORT PROFESSIONAL II 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:

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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: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

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

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

City/State/Zip Code

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

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