



Dear CMHPSS Applicant:

Thank you for your interest in Mental Health Peer Support Specialist certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of services in Iowa by certifying professionals in the State of Iowa, and you are to be commended for your commitment to the field by seeking certification.

Throughout the application process, you will probably have many questions, so feel free to contact our office any time. We are here to help you!

***You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes meeting all education, experience and supervision requirements, having all forms complete and payment of the non-refundable \$75.00 fee.*** If you are not able to meet this timeframe, you will need to complete a new application and submit new fees.

To efficiently move through the application process, follow these steps:

- Read this letter thoroughly
- Review the MHPSS Handbook (available on the website at [www.iowabc.org](http://www.iowabc.org)) so you are familiar with requirements, processes and IBC's Code of Ethics. By signing your application, you are subscribing to IBC's Code of Ethics.
- **COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print and mail the application with original signatures, a copy of your approved training certificate of completion and fee.** Your application will not be considered complete until the \$75.00 non-refundable fee has been paid (this covers the application review, one exam and the first two-year certification period).
- Refer to the checklist at the end of this application to be sure you're submitting all required items.

Once we have reviewed your application I will notify you via email or letter that additional information is needed or that your application is complete; if your application is complete, we'll let you know that you need to call our office to set up a test date. Following grading of your exam, you'll be notified with your score and your certificate will be mailed to you.

Your certification is valid for two years. Keep in mind that it is **your responsibility** to keep track of your recertification date – no reminders will be sent. When it is time to recertify, you will need to go to the IBC website at [www.iowabc.org](http://www.iowabc.org), click on "certifications/recertifications," click on "Mental Health Peer Support Specialist," complete your application online and email or mail it back to the IBC office. **The recertification application must be emailed or postmarked on or before the expiration date shown on your certificate, or the \$100.00 late fee will be due.** A 45-day probationary period is allowed from the date of expiration, at which time the certification is expired and may be obtained again by going through the entire certification process over again.

Please note that IBC utilizes a newsletter 3 times/year via email to keep you informed of information relevant to your certification. Be sure that you are able to receive emails from us, and notify the IBC office if your email address changes.

You will want to keep your CMHPSS Handbook within reach as you will need to occasionally refer back to it for information on recertification, IBC policies and the Code of Ethics. You can also find the handbook on our website.

We understand that the certification process can seem a bit daunting, so do feel free to call our office at any time with questions.

Congratulations on taking the first step toward certification!

Sincerely,

*Debbie Gilbert*

Debbie Gilbert  
Executive Director



## Mental Health Peer Support Specialist Certification Application

Name (as you wish it to appear on your certificate) \_\_\_\_\_

Other last names used (if applicable) \_\_\_\_\_

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

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

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

If you hold any professional license/certification, complete the table below. Identify the current status of your credential, i.e. active, lapsed, revoked, suspended, etc.

State	License/Certification Type	License/Certification Number	Date of Issuance	License Status

I attest that the above information is accurate to the best of my knowledge, and understand that false or misleading statements could result in the denial or revocation of certification. I certify that I have read and do subscribe to the IBC Code of Ethics for Mental Health Peer Support Specialists. I further give my permission to IBC and its representatives to contact or question any person, institution or organization for any ethics or appeal investigation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please check one:**

I am paying my non-refundable \$75.00 fee by: Check \_\_\_ Cash \_\_\_ Online via Dwolla \_\_\_

## **EXPERIENCE/PRACTICUM**

A minimum of 100 hours of work/practicum experience within the past 3 years is required with supervision being provided by a Magellan credentialed staff person and/or a supervisor who is licensed/certified in a behavioral health field.

Agency Name \_\_\_\_\_  
Direct Supervisor's Name \_\_\_\_\_  
Supervisor's Title \_\_\_\_\_  
Supervisor's Phone \_\_\_\_\_

### **Dates of Employment/Practicum:**

Start Date \_\_\_\_\_  
Last Day Worked (indicate "current" if still employed at this location) \_\_\_\_\_  
Hours worked/week \_\_\_\_\_

## **Supervisor's Statement**

I verify that \_\_\_\_\_ has assumed the duties of a Mental Health Peer Support Specialist. I verify that I am the individual to provide supervision/oversight for this applicant, and that I have directly supervised this applicant for at least 10 hours. I further attest that the dates of employment/practicum and hours worked per week are accurate.

\_\_\_\_\_  
Supervisor Name (please print)

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

\_\_\_\_\_  
Date

## **EDUCATION**

Applicants must provide:

- A certificate of completion for the approved Georgia Model Training or an equivalent model approved by the Iowa Board of Certification. Training must be at least 40 hours in length to include a minimum of 10 hours in each domain as follows:
  - Advocacy
  - Mentoring/Education
  - Recovery Support/Wellness
  - Ethical Responsibility

## **FEES**

Total fee due with the application is \$75.00 which includes the application review, one exam fee and the first two years of certification. **The application will not be considered complete until the fee is paid.**

## **RECERTIFICATION**

Applicants recertify every two years, documenting 24 hours of continuing education obtained during the certification period – which will include at least 2 hours in ethics, and paying the \$50.00 recertification fee (good for 2 years). Education hours obtained are expected to be within the scope of practice of a Peer Support Specialist (i.e. mental health issues, substance abuse issues, etc.). Half of these hours (maximum of 12 hours) may be obtained by distance/online learning.

Recertification applications are on the IBC website; these should be completed online, saved to your computer, then emailed or mailed on or before the certificate expiration date to IBC with the appropriate recertification fee.

## **WRITTEN EXAM**

A multiple-choice exam will be required for certification applicants once the application is complete.