



NORTH DAKOTA PEER SPECIALIST CERTIFICATION APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION

SFN 634 (3-2021)

Thank you for your interest in applying to be a Certified Peer Support Specialist in North Dakota. We are grateful that you want to share your personal lived experiences to benefit others. Please allow a minimum of 30 business days to process your certification upon submission.

For questions regarding the application questions please refer to Peer Support FAQ located at <https://www.behavioralhealth.nd.gov/addiction/peer-support>

PART I: Type of Application

Type of Certification Applying For (Required, must check one)

Certified Peer Support Specialist I Certified Peer Support Specialist II

PART II: Personal Information (all fields required)

Name		Date of Birth	
Mailing Address	City	State	ZIP Code
Telephone Number	Email Address		

PART III: Eligibility Criteria

Are you 18 years of age or older? (Required)

Yes No

Do you have a High School Diploma or GED? (Required)

Yes No

Certified Peer Support Specialist I and II:

Have you completed a division-approved training program? (Required)

Yes No

If yes - Attach a copy of training certificate or verification of training with submitted application

Certified Peer Support Specialist II:

Have you completed a division-approved peer support **supervision** training? (Required)

Yes No

If yes - Attach a copy of training certificate or verification of training with submitted application

Are you employed or reside in North Dakota? (Required)

Yes - Proceed to Part IV: Demographics No

Do you work for or have a job offer at an organization that serves North Dakota residents?

Yes No

Place of Employment that serves North Dakota residents

PART IV: Demographics (This section is optional)

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming	Highest Degree Earned <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> Graduate <input type="checkbox"/> Other
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Served in the Military

Yes No

Race (check all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Samoan
<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other

PART IV: Demographics (This section is optional) (continued)

Enrolled Member of a Tribe		
<input type="checkbox"/> Yes - Select Tribe	<input type="checkbox"/> No	
<input type="checkbox"/> Spirit Lake Nation	<input type="checkbox"/> Turtle Mountain Band of Chippewa	<input type="checkbox"/> Sisseton-Wahpeton Oyate Tribe
<input type="checkbox"/> Standing Rock Nation	<input type="checkbox"/> Three Affiliated Tribes	<input type="checkbox"/> Other (specify): _____
Do you consider yourself in recovery from any of the following (check all that apply)		
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Brain Injury <input type="checkbox"/> Mental Illness
Do you consider yourself a family member who has personal lived experience supporting an individual?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, select the type of experience you've supported (check all that apply)		
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Brain Injury <input type="checkbox"/> Mental Illness

PART V: Recommendation Letters and Personal Statement

Please use required templates located at https://www.behavioralhealth.nd.gov/addiction/peer-support
Certified Peer Support Specialist I Application
<input type="checkbox"/> Attach a personal recommendation letter
<input type="checkbox"/> Attach a professional recommendation letter
<input type="checkbox"/> Attach a recommendation that outlines your commitment to the recovery process or a family member's recovery process
<input type="checkbox"/> Attach a personal statement that details how you will use lived experience to benefit others through a peer relationship
Certified Peer Support Specialist II Application
<input type="checkbox"/> Attach a personal recommendation letter
<input type="checkbox"/> Attach a professional recommendation letter
<input type="checkbox"/> Attach a personal statement that must detail how you will provide direction, develop competence, and ethical expertise in a collaborative manner with certified peer support specialists I

PART VI: Verification of Peer Support Hours for Certified Peer Support Specialist II Application

Please use required templates located at https://www.behavioralhealth.nd.gov/addiction/peer-support
<input type="checkbox"/> Attach verification of a minimum of 1500 direct service hours as a peer support professional
Only include verification of 1500 hours if applying to become a CPSS II

Please email **or** mail this application with required attachments to:

- EMAIL: peersupport@nd.gov
- MAIL: Attn: Julie Huwe
North Dakota Behavioral Health Division
600 East Boulevard Avenue, Dept 325-Judicial Wing
Bismarck, ND 58505-0250

Please mail the \$50 application fee through check or money order, including the name of the applicant.

- MAIL: Attn: Julie Huwe
North Dakota Behavioral Health Division
600 East Boulevard Avenue, Dept 325-Judicial Wing
Bismarck, ND 58505-0250

The application will be processed upon receipt of the \$50 check or money order.

I certify that I am at least 18 years of age, that I have given true, accurate, and complete information on this form to the best of my knowledge. I understand that any false information or omissions may be grounds for rejection of application. As part of this application I agree to uphold the North Dakota Peer Support Specialist Code of Ethics. I understand that misconduct may result in suspension or revocation of my certification.

Applications for certification and all accompanying materials are subject to the open records requirements of North Dakota Century Code chapter 44-04.

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.

Typed Name of Applicant	Date
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It is important that when submitting your application all supporting documentation is included. If we do not receive the attachments identified, we cannot process your application. The supporting documentation needed includes:

- Attach a copy of training certificate or verification of training with submitted application.
- Attach copies of recommendations and personal statement.
- If applicable - Attach copies of verification of 1500 direct service hours if applying for CPSS II.