



NORTH DAKOTA PEER SUPPORT SPECIALIST RECERTIFICATION APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION

SFN 650 (2-2022)

Thank you for your interest in renewing your certification for peer support. We are grateful that you want to continue to share your personal, lived experiences to benefit others. Please allow a minimum of 30 business days to process your recertification application upon submission.

Applications for recertification can be accepted within ninety days of expiration of current certificate.

Certification expires at midnight on the expiration date provided on the certificate. If a certified peer support specialist I or II certification lapses, the applicant shall apply for certification under provisions of section 75-03-43-03 of Administrative Rules, which can be found here, [North Dakota Administrative Code - Title 75 Article 3 Chapter 43 \(nd.gov\)](http://www.nd.gov)

PART I: Type of Recertification

Type of Certification Apply For

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

The Behavioral Health Division monitors compliance with the continuing education requirements of Certified Peer Support Specialists. You are not required to submit proof of the continuing education requirement in your recertification application.

If your certification is selected for review, you will receive notice in the mail and you will be required to submit copies of the proof of completion for the continuing education requirement.

Certified Peer Support Specialist I:

Have you completed twenty hours of continuing education, two of the hours on the topic of peer support specialist ethics, within the two-year certification period?

Yes No

Certified Peer Support Specialist II:

Have you completed twenty hours of continuing education, two of the hours on the topic of peer support specialist ethics, **and** four hours specific to the supervision of peer support specialists during the two-year certification period?

Yes No

PART IV: Personal Statement and Code of Ethics

Please use required templates located at: [Certification | DHS - Behavioral Health Division \(nd.gov\)](http://www.nd.gov)

Certified Peer Support Specialist I Recertification Application:

- Attach a personal statement that details your experience as a certified peer support specialist I, and how you will continue to use your lived experience through peer relationships, your commitment to the recovery process, and/or commitment to an individual family members recovery process
- Attach a signed North Dakota Certified Peer Support Specialist Code of Ethics

Certified Peer Support Specialist II Recertification Application:

- Attach a personal statement that details your experience as a peer support specialist II, how you will continue to provide direction, develop competence, skills, and ethical expertise in a collaborative manner with certified peer support specialists I
- Attach a signed North Dakota Certified Peer Support Specialist Code of Ethic

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

Mail the \$50 recertification fee written to **ND Department of Human Services** via check or money order, including the name of the applicant.

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

The recertification 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 recertification 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.

Peer Support 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.

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 recertification application. The supporting documentation needed includes:

- Copy of personal statement
- Signed copy of North Dakota Certified Peer Support Specialist Code of Ethics
- \$50 check or money order to the North Dakota Behavioral Health Division