

Peer Support and Wellness Specialist
Application for Quiz to Obtain Certification

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

Today's Date _____ Date and location of preferred Quiz _____

Please initial the following:

_____ I have 40 hour of Peer Support training and my certificate of attendance/completion is attached to this document.

_____ I understand that it is recommended that I participate in quarterly co-supervision to support statewide growth and learning.

_____ I understand that it is recommended to maintain 6 (six) Continuing Education Units (CEUs) per year and that this credit is approved by the Office of Consumer Affairs. Education not relating to Peer Support will not be recorded. If I receive education (i.e. webinars) without certificates, I will write a paragraph and email or mail or fax this to the Office of Consumer Affairs. While this currently is not a requirement, it may be in the future.

CEUs that the OCA is looking for include the following:

- Mental health and/or substance abuse recovery
- Peer Support
- Education that relates to our expertise of wellness versus illness and diagnosis
- Systems transformation
- Trauma
- Community integration
- Cultural and linguistic competency
- Person/ family centered practice
- Housing, supported employment, and vocational rehabilitation
- Smoke free living
- Advocacy, etc.

_____ I will sign the code of ethics upon passing the quiz. I also understand and am willing to abide by this code of ethics. I will contact the Office of Consumer Affairs, if I feel I have violated the code of ethics.

_____ I attest that I have lived experience with a behavioral health condition and/or trauma. I attest that I willing to self-identify my lived experience with a behavioral health condition and/or trauma while in the role of a peer supporter and when appropriate.

_____, has read and understands the above information.

(Print name above)

Signature

Date