

Peer Support and Wellness Specialist
Application for Exam to Obtain Certification

Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____
Request for
Accommodations _____

Date and location of preferred exam _____

Please initial. By initialing you are acknowledging the following:

_____ I have 40 hour of Peer Support training and my certificate of attendance/completion will be submitted with this application. I understand that I cannot take the exam until this has been submitted.

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

_____ I understand that it is recommended to maintain 6 (six) Continuing Education Units (CEUs) per year.

CEUs that the OCA is looking for include the following:

- Mental health and/or substance use recovery
- Peer Support
- Wellness
- Systems transformation
- Trauma Informed Care
- Community integration
- Cultural and linguistic competency
- Person/ family centered practice
- Housing, supported employment, and vocational rehabilitation
- Smoke free living
- Advocacy, etc.

_____ I understand that upon passing the quiz I will be asked to sign a 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