

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL VERIFICATION OF EMPLOYMENT

The Mississippi Certified Peer Support Specialist Professional who is employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the Mississippi Department of Mental Health.

Directions: This form is to be completed by the Supervisor at the Applicant's current place of employment (DMH Certified Provider only). Please type or print **ALL INFORMATION**; fill in every blank or check the appropriate boxes. Upon completion, the Peer Support Specialist Professional Supervisor should enclose the form in an envelope and sign his/her name across the envelope's seal. The signature on the envelope should match the signature on the enclosed form. The Peer Support Specialist Professional Supervisor should then return the sealed envelope to the Applicant for submission.

<u>EMPLOYMENT</u>	Applicant/Employee Name:
Applicant/Employee's Name	
Applicant/Employee's Place of Employment	Agency/Organization/Facility Name:
	Applicant/Employee's Specific Programmatic Area:
Applicant/Employee's Date of Hire as CPSS	DOH: _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Applicant/Employee's Job Title	
Is the applicant/employee responsible for providing or supervising Peer Support Services? <u>If yes, please respond to the next question.</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation:
What percentage of applicant's time is devoted to providing Peer Support Services?	
Is the applicant/employee under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practices as defined by the MS Department of Mental Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation:
Is the Applicant/employee performing duties specified in the DMH Scope of Activities	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation:

VERIFICATION OF EMPLOYMENT (con't)

Background Check: (No one will be credentialed without proof of criminal background check).

As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? YES NO (Provide explanation)

Explanation: _____

State Mental Health System Qualification: (Check the appropriate qualification).

This applicant/employee currently works for an agency/organization and in a programmatic area which is funded and/or certified by the Mississippi Department of Mental Health. YES NO

This applicant/employee currently works for a facility/organization which is operated by the Mississippi Department of Mental Health. YES NO

CPSS Supervisor's Name (Please Print) _____

Email Address: _____

Phone: _____

I verify that all of the information contained in this document is true and correct to the best of my knowledge and that the above named applicant is employed by this agency.

Print Name of Human Resources Director

Signature of Human Resources Director

Date