

PEER SUPPORT SPECIALIST TRAINING ADDITIONAL DESIGNATION APPLICATION

Directions: To be completed by Peer Support Specialist seeking certification training in an additional designation.

I am seeking training in the following CPSSP designation:

- Recovery
 Adult/Recovery
 Forensic Peer Recovery
 Parent/Caregiver
 Young Adult

Directions: This form is to be completed by the Applicant. Type or print **ALL INFORMATION**; fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized and signed.

1. Personal Information

- Mr.
- a. Name: Ms. _____
 (Type or Print name EXACTLY as it should appear on the certificate.)
- b. Name(s) used on Records if different from above: _____

2. Current Employment Information

Position		
Organization		
Street Address		
City, State, Zip		
Telephone Number		
Supervisor Name		

3. Please complete only if information has changed since initial application.

Home <u>Street Address</u>		
City, State, Zip		
County of Residence		
Numbers	Home Number:	Cell Number:
Email Address		

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **an email address and accurate mailing address is mandatory. The Division of PLACE must be notified of any address changes during the certification process.**

4. Forms

Please click on the link, [Peer Support Services – Mississippi Department of Mental Health \(ms.gov\)](https://www.ms.gov), and complete the following forms for the appropriate designation.

- Scope of Activities Form
- Information Gathering Form
- Verification of Employment Form
- Assurance and Release Form

***Forms can be found under the Forensic Peer Recovery Designation and/or under CPSS Documents.**

APPLICATION MUST BE NOTARIZED BELOW:

-AFFIDAVIT-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the DMH Peer Support Specialist Professional Standards & Requirements document and the DMH Peer Support Specialist Professional Principles of Ethical & Professional Conduct and will conform to these Standards & Requirements and Principles;** that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services (if any) rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned.

Applicant's Signature

Legal Representative's Signature Date
(If applicable, please provide documentation)

Subscribed and sworn to before me this _____

Day of _____, 20_____.

Signature of Notary Public

My commission expires on _____.



SUBMIT YOUR FORMS TO

Mississippi Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
ATTN: Certified Peer Support Specialist Professional

For more information, please visit our website at www.dmh.ms.gov

HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED!!