



**DMH Peer Support  
Specialist Professional  
RENEWAL DEADLINE:**

**September 30, 2025**

**RENEWAL QUESTIONS:**

Questions regarding renewal should be directed to:

DMH Division of Peer Recovery and Support staff at  
[carolyn.scott@dmh.ms.gov](mailto:carolyn.scott@dmh.ms.gov) OR  
(601) 359-6671.

**DMH Peer Support Specialist Professional  
2025 Renewal Instructions (INACTIVE)**

**IMPORTANT ANNOUNCEMENT: PLEASE READ BEFORE SUBMITTING APPLICATION**

**Individuals renewing in INACTIVE status DO NOT pay a renewal fee; DO NOT** submit a renewal fee with your renewal application packet. Fees submitted in error are not eligible for refund.

**---SUBMISSION OF AN INACTIVE RENEWAL APPLICATION PACKET ---**

- It is recommended that you read all application materials before beginning the renewal process.
- DMH credentialing fees submitted in error are non-refundable (Refer to IMPORTANT ANNOUNCEMENT ABOVE).
- If you wish to apply for renewal of your Department of Mental Health (DMH) professional credential as an Inactive DMH Peer Support Specialist Professional, please **complete and submit to the address listed in the box below the following applicable items to the DMH Division of Peer Recovery and Support:**
  - Inactive Renewal Application Form – **MUST HAVE NOTARIZED** (two-paged form)
  - Optional - Official transcript(s) from an approved educational institution – (see details on page 2)

**SUBMIT** your completed, notarized renewal packet to the following address:

Mississippi Department of Mental Health (DMH)  
Division of Peer Recovery and Support  
1101 Robert E. Lee Building  
Jackson, MS 39201  
**Attn: DMH Peer Support Specialist Professional Renewal**

- **Renewal application materials must be completed according to instructions and submitted together in one renewal application packet.** Specific directions are included in this renewal reminder packet. The responsibility for submitting a complete renewal application is that of the Renewal Applicant. Renewal applicants are encouraged to make a personal copy of renewal application materials.
- Renewal application packets are to be submitted to the DMH Division of PLACE. The **deadline** for receipt of your renewal application packet is **5:00 p.m. on September 30, 2025**. Postmark dates are not considered; **only the date of receipt in the DMH Division of Peer Recovery and Support counts towards meeting the renewal requirement.**
- Once successfully renewed, **you will receive correspondence** indicating continued certification for the next two-year certification/licensure period.

**IMPORTANT INFORMATION on Page 2; Please Read**



## Verifying Continuing Education (CEs):

- **Renewal Continuing Education (CE) Hours are reported on the Renewal Application Form; there is no separate form for reporting renewal continuing education (CEs).** The CE Hours should be listed in the appropriate section on the enclosed Renewal Application Form, which is to be notarized. *(NOTE: Space is provided on both pages of the Renewal Application Form. However, if you need more space to report continuing education (CE) hours, duplicate copies of the Renewal Application Form can be made for this purpose, but each Renewal Application Form must be notarized separately.)* **DO NOT SEND CERTIFICATES OR OTHER DOCUMENTATION PROVING TRAINING.**
- The current DMH Peer Recovery and Support Specialist certification period is October 1, 2023, through September 30, 2025; **CEs for renewal must have been accrued during this time frame.**
- **A minimum of at least 16 appropriate Continuing Education (CE) Hours accrued between October 1, 2023, and September 29, 2025, is required for renewal.**
- **To ensure that you have obtained the appropriate amount/type of CEs, please refer to the current DMH Peer Support Professional Credentialing Rules and Requirements Effective Date – May 1, 2025, document for specific CE requirements** (e.g., ethics and cultural competency CE requirements; provisions regarding CEs obtained through online or distance learning; college credit taken, etc.). *This document is available online at the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov). Once on this website, click “SERVICE OPTIONS” then click on “PEER SUPPORT SERVICES.”*
- Individuals who obtained their DMH CPSSP credential after the beginning of the current certification period (October 1, 2023), can still count appropriate CE hours which were earned **prior to having received their credential**, as long as these appropriate CE hours fall within the aforementioned time frame.
- **The Division will also accept appropriate hours of college credit from an approved educational institution as continuing education.** One three (3) semester hour applicable college course (or its equivalent) is considered to be the equivalent of 30 CE Hours. This training should be indicated in the appropriate section on the Renewal Application Form. **Also**, an **official** transcript(s) documenting the course work should be submitted as part of the renewal application packet; however, the transcript(s) may be submitted to the Division of Peer Recovery and Support directly by the approved educational institution via mail or official escript/transcript.
- If unsure as to whether a particular conference/workshop/etc. (attended or presented) will count toward the required number of CE Hours, please contact the DMH Division of Peer Recovery and Support.

### **-SPECIAL SITUATIONS DURING RENEWAL-**

#### **NAME CHANGE?**

**If your legal name has changed**, and you have not yet completed the name change process with the DMH Division of Peer Recovery and Support, please follow the name change instructions found in the *DMH Peer Support Specialist Professional Credentialing Rules and Requirements Effective Date – May 1, 2025*, document and submit your name change information along with your completed renewal packet. *(This document is available online on the Peer Support Services page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov), as indicated above.)*

#### **CHOOSING NOT TO RENEW?**

**If you do not wish to renew**, complete the appropriate section on Page 4 of the enclosed Renewal Application Form and return it to the DMH Division Peer Recovery and Support.

### **-CHANGE TO LAPSED STATUS-**



Mississippi Department of Mental Health  
Supporting a Better Tomorrow...One Person at a Time

### **-Personal Information-**

**Additional Space for Reporting Continuing Education (CE) Hours (if needed):**

Date	Brief Description of the Educational Activity	Attended/ Presented	Contact Hours Earned
			<b>TOTAL</b>

**-Affidavit-**

State \_\_\_\_\_

County \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who executed this renewal application; that the statements contained herein are true in every respect; that he/she will conform to the Principles of Ethical and Professional Conduct of the MS Department of Mental Health; and that he/she has read and understood this affidavit.

Signature of Renewal Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 2025.

Notary Public Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_

**Notary Seal****Individuals Choosing NOT TO RENEW –**

**I DO NOT** wish to renew my DMH Peer Support Specialist Professional credential. I am returning this notice and request **ONE** of the options below (**check one**):

\_\_\_\_\_ **Retired Status;**\_\_\_\_\_ **Relinquished Status**\_\_\_\_\_ **Lapsed Status** (Your credential will automatically Lapse on October 1, 2023, if you do not renew.)

***For more information about Retired, Relinquished or Lapsed Status and/or to determine your eligibility, please consult the \*DMH Peer Support Specialist Professional Credentialing Rules and Requirements Effective Date – May 1, 2025, document OR contact the Division of Peer Recovery and Support. \*(The DMH Peer Support Specialist Professional Credentialing Rules and Requirements Effective Date – May 1, 2025, document is available online at the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov). Once on this website, click “SERVICE OPTIONS” then “PEER SUPPORT SERVICES.”***

**INCLUDE your Name and last 4 digits of your Social Security # on Page 3 of this form (along with any change of address, telephone number, etc.). SIGN AND DATE this section only; DO NOT complete the notary section.**