

SOUTH CAROLINA CERTIFIED
PEER SUPPORT SPECIALIST

OFFERING HOPE THROUGH LIVED EXPERIENCE

Certified Peer Support Specialist Program

Appendix A:

Certification Application Packet

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Certified Peer Support Specialist Program Application Process Checklist

Submit the items in the checklist below, and check the boxes to verify that all required documents are enclosed with the application prior to mailing.

1. Completed Certified Peer Support Specialist (CPSS) Program Application YES NO
 - Do not alter the application from its original format.
 - Type or write legibly in only black or blue ink.
 - Do not use nicknames or abbreviated forms of your legal name.
 - Do not use staples or paper clips(your application will be scanned into a digital format).
2. Proof of educational requirement YES NO
3. Three completed Professional Reference Forms YES NO
4. Signed Acknowledgment of CPSS Scope of Activities YES NO
5. Signed Acknowledgment of CPSS Code of Conduct YES NO
6. Volunteer Record Log YES NO
7. If certified out of state, proof of certification YES NO
(if you have previously been certified as a peer support specialist in another state, please submit a copy of your certification and the training agenda, and SC SHARE will determine if it meets South Carolina standards)

The completed checklist above verifies that this application packet has been prepared according to these directions prior to its submission.

Your signature: _____ Date: _____

Printed Name: _____

Mail completed application packet to:

SC SHARE
427 Meeting Street
West Columbia, South Carolina 29169

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Certified Peer Support Specialist Application

Please provide all information requested below. Type your answers or write legibly in blue or black ink.

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone or Cell (with Area Code): _____

Email: _____

Highest Level of Education Attained: _____

How Long Have You Been In Recovery? _____

Are you client of (check only one):
 Mental Health Services
 Addiction Disorder Serv
 Both of the Above

Have you been hired to be a Certified Peer Support Specialist (CPSS)?
 YES NO

If yes, please provide the following information about the hiring agency and your supervisor:

■ Name of Agency: _____

■ Address of Agency _____

■ City, State, Zip Code: _____

■ Agency Phone (with Area Code): _____

■ Name of Supervisor: _____

■ Supervisor's Phone (with Area Code): _____

Were you referred to this training by either mental health or substance use treatment staff?

YES NO

If yes, please provide the following information about the referring agency and the staff member:

- **Name of Agency:** _____
- **Name of Referring Staff Member:** _____
- **Address of Agency** _____
- **City, State, Zip Code:** _____
- **Agency or Staff Member's Phone (with Area Code):** _____

Please answer the following questions by checking the corresponding YES or NO:

- Have you completed and/or taught any mental health recovery training and/or led support groups[i.e., Recovery for Life I or II, Wellness Recovery Action Plan® (WRAP®),and/or National Alliance on Mental Illness (NAMI)In Our Own Voice]? YES NO
- Have you completed and/or taught any addictions training and/or done service work and/or led support groups[i.e., Medicine Wheel and 12 Steps for Recovery Coaches, Science of Addiction and Recovery Trainings, Our Stories Have Power...Celebrate Recovery, Favor, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or other 12-step groups]? YES NO
- Have you attended and/or spoken at any conferences on mental health and/or addictions? YES NO
- Do you regularly attend any community-based support groups (i.e. AA, NA, NAMI, SCSHARE, etc.)? YES NO
- Do you own a home computer?
- Are you comfortable using Microsoft Office Word or another word processing program? YES NO
- Do you feel confident in your basic typing skills? YES NO

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Answers to the following questions are given serious consideration when determining an applicant's acceptance into the training because candidates should be knowledgeable about recovery principles and have a thorough understanding of their own recovery.

1. Please describe why you want to become a CPSS and what you think makes you a good candidate for working with people who have mental illness, addiction disorders, or both?

2. Describe/define what being in recovery means to you.

3. CPSS's must be willing to share their recovery stories for the benefit of others. Please describe at least one example of how you have done this.

4. What recovery skills do you bring to this position? **Please note**, we are looking for something other than taking medications and attending mental health scheduled appointments.)

5. How has your life changed during your time in recovery? List three areas in which your life has improved and give specific examples.

6. What was your role/your work in making these things happen? What role(s) have others taken in your recovery? What was most helpful? What was least helpful?

7. Finish one of the following statements: "If my closest friend described me, he or she would say..."
OR "My best friend's hopes for my recovery are that..."

8. If you were to have a mental health crisis or addiction relapse, describe how you would handle it.

Your Recovery Story Template

One of the most important things you will ever do as a peer support specialist is to tell the story of your mental illness and/or your addiction/substance use disorder and your recovery. Your story will be important to your clients and to other service providers. The story of your illness will help clients relate to you. The story of your recovery will give clients hope and more knowledge of and belief in the possibility of recovery. Many service providers also need to increase their knowledge of recovery and need to come to believe that it is a real possibility for clients.

It is vital that you know how to tell your story effectively. It is important that you plan how to tell your story and that you practice telling it. It is a good idea to have your story planned out and practiced in various ways and time lengths so that whenever you have an opportunity to make an impact with your story, you will be ready. For example, you will have a long version that you might deliver at a special event. You also might have 5-, 15-, and 30-minute versions ready for more specific purposes (e.g., you might have 5 minutes to introduce yourself at a staff meeting, 15 minutes with a brand new client, etc.).

The following format is borrowed from Alcoholics Anonymous and is an easy way to structure your story:

■ **WHAT IT WAS LIKE**

■ **WHAT HAPPENED**

■ **WHAT IT IS LIKE NOW**

To begin:

- ♦ Write in the “WHAT IT WAS LIKE” section and tell what your life was like when you were living with untreated mental illness/addiction or what it was like to live with both.
- ♦ Write in the “WHAT HAPPENED” section to tell about the thing, the person or the place that spurred you into recovery.
- ♦ Write in the “WHAT IT IS LIKE NOW” section to tell about your life in recovery.

This is an excellent way to begin writing your recovery story. There is a beginning, a middle, and an end. The format will help you stay focused. Use this format and use your truth and your personality. Write it and tell it in a way that expresses the pain and sorrow, the hard work and doubt, and the thrill and joy that you have experienced in this journey.

As part of the application process, we ask that you write your recovery story using this formula. A space for your story is provided on the page that follows.

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■ WHAT IT WAS LIKE

■ WHAT HAPPENED

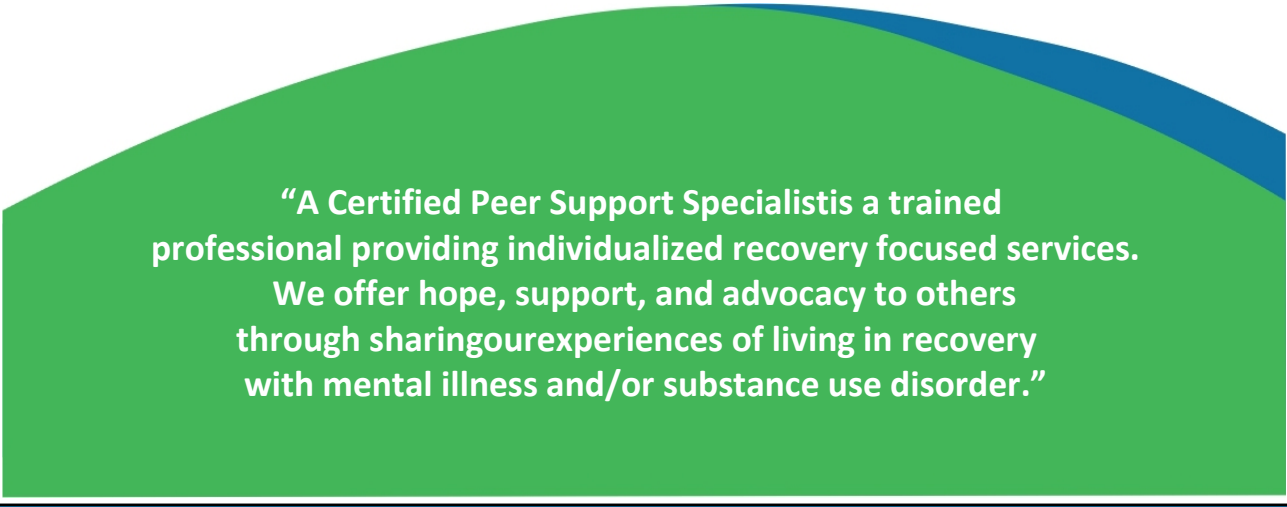
■ WHAT IT IS LIKE NOW

Name the agency and/or advocacy organization you work(ed) for as a paid employee or a volunteer and describe the job responsibilities you had while working there.

Agency Name	Job Responsibilities	Length of Service

PLEASE RETURN THE APPLICATION AND \$25 CHECK TO:

Michelle Miller, Program Director
SC SHARE
427 Meeting Street
West Columbia, SC 29169
Phone: (803) 739-5712
Email: michelle@scshare.com



“A Certified Peer Support Specialist is a trained professional providing individualized recovery focused services. We offer hope, support, and advocacy to others through sharing our experiences of living in recovery with mental illness and/or substance use disorder.”

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Volunteer Record Log

Please document at least one year of active participation in a local or a national mental health and/or substance use client movement or 100 hours of formal or voluntary experience related to mental health, substance use, co-occurring disorders, the community, or public service. For volunteering activities, we are looking for service that involves interaction with people, for example: serving at a church or participating in other religious activities, serving food at a shelter for the homeless, Assisting a pet shelter, working for Habitat for Humanity, participating with a school parent-teacher association (PTA), mentoring at a school, helping during a natural disaster (e.g., a flood), telling your recovery story publicly, etc.

VOLUNTEER RECORD LOG				
NAME:		PHONE:		
ADDRESS:		EMAIL:		
Date	Description of Volunteering Activity	Total Number of Hours	Supervisor's Initial	Supervisor's Phone Number

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Certified Peer Support Specialist Professional Reference

The applicant named below is applying for certification as a peersupportspecialist with SC SHARE. You have been chosen by the applicant to provide a professional reference. Place the completed form in an envelope, seal the envelope, and write your signature across the seal before you return the form to the applicant, who will include it in the application packet. If you have questions, please contact SC SHARE at (803) 739-5712.

Applicant Name: _____

Describe the nature of your professional relationship with the applicant.

Describe your knowledge of the applicant's work (paid or volunteer) in providing peer support services.

Describe your knowledge of the applicant's strengths that will make him/her a good candidate for becoming a Certified Peer Support Specialist.

Provide any additional information pertinent to this applicant.

Please provide the following contact information:

Name: _____ Credentials: _____

Title: _____

Agency/Organization: _____

Address: _____

City, State and Zip Code: _____

Phone or Cell (with Area Code): _____

Email: _____

My signature below affirms that all of the information contained in this document is accurate.

Signature of immediate supervisor: _____ Date: _____

Certified Peer Support Specialist Scope of Activities

The Scope of Activities outlines the range of peer support services that a Certified Peer Support Specialist (CPSS) can provide to assist others in living their lives based on the principles of recovery and resiliency.

- 1. Utilizing unique recovery experiences, the CPSS shall:**
 - a. Teach and model the value of every individual's recovery experience.
 - b. Model effective coping techniques and self-help strategies.
 - c. Encourage peers to develop a healthy independence.
 - d. Establish and maintain a peer relationship rather than a hierarchical relationship.
- 2. Utilizing direct peer-to-peer interaction and a goal-setting process, the CPSS shall:**
 - a. Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals.
 - b. Demonstrate and impart how to facilitate recovery dialogues through the use of active listening and other evidence-based and/or best practice methods.
 - c. Demonstrate and impart relevant skills needed for self-management of symptoms or relapse.
 - d. Demonstrate and impart how to overcome personal fears, anxieties, urges, and triggers.
 - e. Assist peers in articulating their personal goals and objectives for recovery and sobriety.
 - f. Assist peers in creating their own personal recovery plans [e.g., Recovery for Life (RFL) I & II, Wellness Recovery Action Plan® (WRAP®), crisis plan, relapse prevention plan, etc.].
 - g. Appropriately document activities provided to peers in either their individual records or program records.
- 3. The CPSS shall maintain a working knowledge of current trends and developments in the fields of mental health, substance use disorders, co-occurring disorders, and peer support services by:**
 - a. Reading books, current journals, and other relevant material.
 - b. Developing and sharing recovery-oriented material with other CPSS's.
 - c. Attending authorized or recognized seminars, workshops, and educational trainings.
- 4. The CPSS shall serve as a recovery agent by:**
 - a. Providing and promoting recovery-based services (e.g., RFL I and II, WRAP®, 12 Steps, etc.).
 - b. Assisting peers in obtaining services that suit each peer's individual recovery needs.
 - c. Assisting peers in developing empowerment skills through self-advocacy.
 - d. Assisting peers in developing problem-solving skills, so they can respond to challenges to their recovery.
 - e. When appropriate, sharing his or her unique perspective on recovery from mental illness and substance use disorders and co-occurring disorders with non-peer staff.
 - f. Assisting non-peer staff in a collaborative process in identifying programs and environments that are conducive to recovery.

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Acknowledgement of the Certified Peer Support Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Support Specialist (CPSS) Scope of Activities and all future amendments and modifications thereto. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current CPSS Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials: _____

I further acknowledge that I have read and understood all of my obligations, duties, and responsibilities under each principle and provision of the CPSS Scope of Activities and will read and understand all of my obligations, duties, and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials: _____

Your signature: _____ Date: _____

Printed name: _____

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Certified Peer Support Specialist Code of Conduct

As a Certified Peer Support Specialist (CPSS) in South Carolina, the following principles will guide you in various role relationships and levels of responsibility as you begin your work. Please initial that you have read each statement.

1. The primary responsibility of CPSS's is to help peers understand recovery and achieve their own recovery needs, wants, and goals. CPSS's will be guided by the principle of self-determination and the understanding that there are many paths to recovery and each has value. _____
2. CPSS's will conduct themselves in a manner that fosters their own recovery and will maintain personal standards that are respectful to self and community. _____
3. CPSS's will be open to sharing their stories of hope and recovery with peers and coworkers and will likewise be able to identify and describe the supports that promote their recovery and resilience. _____
4. When explaining confidentiality, CPSS's have a duty to inform peers that the contemplation of or actual harming of one's self or others cannot be kept confidential. CPSS's have a duty to accurately inform peers regarding the degree to which information will be shared with other team members, based on their agency policy and job description. CPSS's have a duty to immediately inform appropriate staff members about any person's possible harm to self or others or abuse from caregivers. _____
5. CPSS's will never intimidate; threaten; harass; use undue influence, physical force, or verbal abuse; or make unwarranted promises of benefits to the peers they support. _____
6. CPSS's will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state. _____
7. CPSS's will advocate with peers so that individuals may make their own decisions in all matters when working with professionals. _____
8. CPSS's will never engage in any sexual or intimate contact or activities with peers they support. _____

9. While a peer is receiving services from a CPSS, the CPSS will not enter into a relationship or commitment that conflicts with the support needs of the peer. Specifically, the CPSS should not develop a friendship with peers outside of work or through social media and/or share personal struggles with peers. (A distinction should be made between sharing past struggles that the CPSS overcame using recovery principles and disclosing information in a nonproductive way that prevents the CPSS from his or her goal of helping the peer.) The CPSS will seek guidance from the program supervisor as needed. _____
10. CPSS's shall only provide service and support within the hours, days, and locations that are authorized by the agency with which they work. CPSS's will not share their private contact information with peers. _____
11. CPSS's will utilize supervision and abide by the standards relating to supervision that have been established by their employer. CPSS's will seek assistance from administrators in providing quality recovery-oriented support to peers. _____
12. CPSS's will not accept gifts of money or items of significant value from those they serve, according to the individual employer's policy. CPSS's do not loan or give money to peers. _____
13. CPSS's will not discuss their employment situation in a negative manner with any peer. _____
14. CPSS's will protect the welfare of all peers by ensuring that their conduct does not constitute physical or psychological abuse, neglect, or exploitation. CPSS's will provide trauma informed care at all times. _____
15. CPSS's will, at all times, respect the rights, dignity, privacy, and confidentiality of those they support. _____
16. CPSS's will keep current with emerging knowledge relevant to recovery and will share this knowledge with other CPSS's. _____

Your signature: _____ Date: _____

Printed name: _____

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**Certified Peer Support Specialist
Recertification Application**

Type or write legibly in only black or blue ink. Recertification Applications are due 14 calendar days prior to the recertification deadline.

Name: _____ Date: _____

Certification Number: _____ Certification Date: _____

Address: _____

City, State and Zip: _____

Phone or Cell (with Area Code): _____

Email Address: _____

Last Four Digits of Your Social Security Number: _____

Continuing Education: Twenty hours of continuing education are required annually to maintain certification and must be earned within the certification period. For more information, refer to section entitled "Continuing Education Guidelines" of the *SC SHARE Certified Peer Support Specialist Handbook of Guidelines, Standards, and Procedures* . **For each training, include a copy of the certificate of attendance or completion. Please note,** SC SHARE-approved on-line trainings are limited to 10 hours out of the 20 hours required, and a minimum of one hour of continuing education per year must be in ethics.

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Title of training: _____ Number of hours: _____

Total number of hours: _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature: _____ **Date:** _____

Printed name: _____

Employment/Volunteer Service Summary: This section is to be completed by the supervising behavioral health professional. All Certified Peer Support Specialists (CPSS) must be under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice by the South Carolina Department of Health and Human Services and SC SHARE.

Supervisor: _____ **Credentials:** _____

Title: _____

Agency/Organization: _____

Address: _____

City, State, and Zip: _____

Phone or Cell (with Area Code): _____ Office Cell

Email: _____

CPSS' Position Within Agency: _____

Number of Hours / Week (Paid or Volunteer Service): _____ Paid Volunteer

My signature below affirms that all of the information contained in this document is accurate.

Signature of immediate supervisor: _____ **Date:** _____