



# DELAWARE CERTIFICATION BOARD

## CFSP APPLICATION

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Certified Family Support Peer

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

**TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

- 1. Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@decertboard.org](mailto:info@decertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@decertboard.org](mailto:info@decertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to DCB. To confirm receipt of application, email DCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from DCB regarding your application, email [info@decertboard.org](mailto:info@decertboard.org).
5. A certificate will be mailed to you within 10 business days.

## CERTIFIED FAMILY SUPPORT PEER REQUIREMENTS

A Family Support Peer is a parent or family member of a child or youth with behavioral and/or mental health concerns that has leadership and partnership skills that can be helpful to other families and the system that serves them. There is both full and provisional certification for the CFSP. Please review below the requirements for both full and provisional to determine which applies to you. Provisional certification is not required if you meet the requirements for full certification. All requirements below must be met to apply. All required documentation must be sent in with an application.

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REQUIREMENT	PROVISIONAL CFSP	FULL CFSP
<b>Experience</b>	<ul style="list-style-type: none"> <li>None required.</li> </ul>	<ul style="list-style-type: none"> <li>1000 hours of documented, paid employment providing family support peer services.</li> <li>1 hour of documented supervision per 40 hours worked.</li> <li>Must be currently employed by a DE Family Support Peer program.</li> <li>Must have responsibility for providing family support peer services.</li> </ul>
<b>Formal Education</b>	<ul style="list-style-type: none"> <li>Minimum high school diploma or equivalent/GED.</li> </ul>	<ul style="list-style-type: none"> <li>Minimum high school diploma or equivalent/GED.</li> </ul>
<b>Training &amp; Exam</b>	<ul style="list-style-type: none"> <li>Completion of the 24-hour Unlocking Our Potential training and passing the provisional exam.</li> </ul>	<ul style="list-style-type: none"> <li>Completion of the 56-hour Unlocking Our Potential training and passing the exam with a 76% or better.</li> </ul>
<b>Code of Ethical Conduct</b>	<ul style="list-style-type: none"> <li>Must read/abide by the NFFCMH Code of Ethics for Family Peer Specialists.</li> </ul>	<ul style="list-style-type: none"> <li>Must read/abide by the NFFCMH Code of Ethics for Family Peer Specialists.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Must upgrade to the full CFSP within five years.</li> <li>Criminal background check required.</li> </ul>	<ul style="list-style-type: none"> <li>Must recertify every three years.</li> <li>Criminal background check required.</li> </ul>
<b>Fee</b>	<ul style="list-style-type: none"> <li>\$75.00 (fee must accompany application)</li> </ul>	<ul style="list-style-type: none"> <li>\$75.00 (fee must accompany application)</li> </ul>

The applicant **must be currently employed by a DE Family Support Peer program at the time of application.** Only paid work experience is acceptable. Volunteer work is not acceptable. There is no time limit on when the 1000 hours of work experience or supervision was received.

**The required Unlocking Our Potential training must be documented and is the only training that can be used for the CFSP.** A copy of the training certificate or letter from training provider is required. The exam is given by the training provider, not DCB.

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 7 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to DCB.

**Applications received without payment will not be processed.**

One-half of the fee is refundable if application is denied.

# APPLICATION INFORMATION

## GENERAL INFORMATION

Email addresses provided to DCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in DE at the time of application.

## APPEAL PROCESS

The purpose of appeal is to determine if DCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to DCB within 30 days of the notification of DCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the DCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through DCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## CERTIFICATION TIME PERIOD

Full certification encompasses three years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number. *Provisional certification encompasses five years. Provisional certificate holder must upgrade to full certification by the end of the five-year time frame.*

## RECERTIFICATION AFTER FULL CERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every three years with 10 hours of continuing education/training yearly (total of 30 hours) for those with full certification. Continuing education/training must be relevant to family peer support. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date. Those holding a provisional certification have no recertification requirements.

# CFSP:APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to DCB.

I am applying for:  Full CFSP  Provisional CFSP

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No

*If yes, provide full details on a separate sheet.*

Have you read and understood the DCB Code of Ethical Conduct?  Yes  No

*The Code of Ethical Conduct is located at [www.decertboard.org/ethics](http://www.decertboard.org/ethics).*

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ Zip: \_\_\_\_\_

## DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

**Which best describes you?**

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure

**Do you have military experience?**

- Active duty
- Veteran
- Not Applicable

**Language(s) spoken fluently (check all that apply):**

- American Sign Language
- Arabic
- Chinese
- English
- French
- German
- Indigenous Language
- Italian
- Korean
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog (Filipino)
- Vietnamese
- Other, please specify: \_\_\_\_\_

**Employment plans for the next two years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**PAYMENT INFORMATION**

**FEE OF \$75 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to DCB*

- My employer/organization is mailing payment directly to DCB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

# CFSP: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Delaware Certification Board (DCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by DCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize DCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Delaware at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**

# CFSP: NFFCMH CODE OF ETHICS

Family Peer Specialists empower caregivers and families to define and work toward goals that will improve wellness for their children, themselves and their families. Our Certified Family Peer Specialists (CFPSs) pledge to uphold the values and principles below in order to live out their ethical commitment as peers with lived experience.

## The following is the Code of Ethics for Nationally Certified Family Peer Specialists:

1. Share my experience as a family member/caregiver when it may help others
2. Acknowledge that each family member's experiences may be different than mine
3. Take responsibility for clarifying my role as a Certified Family Peer Specialist and as a family member/caregiver of a child who has experienced and/or is experiencing emotional, mental health, and/or substance use challenges
4. Build partnerships with others who are involved in the care of our children
5. Commit to honesty in all my interactions as a Certified Family Peer Specialist and expect the same from others
6. Commit to a non-judgmental and respectful attitude in my interactions with and discussions regarding families
7. Commit to a non-adversarial approach to advocacy in my role as a Certified Family Peer Specialist

*In order to fulfill this pledge, Certified Family Peer Specialists agree to abide by the following principles, rules, and procedures:*

### Principle 1 – Integrity

*In order to maintain high standards of competence and integrity, I will:*

1. Apply the principles of resiliency, wellness and/or recovery, family-driven approach, youth- guided approach, consumer-driven approach and peer-to-peer mutual-learning principles in everyday interactions with family members
2. Champion family members' ethical decision-making and personal responsibility consistent with their culture, values and beliefs
3. Champion family members' voices and articulate their values in evaluation and planning related to their child(ren)'s behavioral health
4. Teach skills, mentor, coach and support family members to articulate goals that reflect their needs and strengths
5. Demonstrate respect for culturally based values of family members engaged in peer support
6. Communicate information in ways that are developmentally and culturally appropriate
7. Empower family members to be fully informed and prepared to make decisions and to understand the implications of those decisions
8. Maintain high standards of professional competence and integrity
9. Will not discriminate against or refuse services to anyone based on race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status or disability
10. Only assist family members whose concerns are within my competency as determined by my training, experience and on-going supervision/consultation
11. Will not establish or maintain a relationship for the sole purpose of financial remuneration
12. Terminate a relationship when it becomes reasonably clear that a peer relationship is no longer desired by the family member

### Principle 2 – Safety

*In order to maintain the safety of all family members involved with CFPS services, I will:*

1. Comply with all laws and regulations applicable to the jurisdiction in which peer support services are provided
2. Maintain confidentiality in personal and professional communications and ensure that family members have authorized use or release of any and all information about themselves or family members for whom they have legal authority, including but not limited to verbal statements, writings or the re-release of documents
3. Respect the privacy of the agencies and refrain from distributing internal or draft documents or sharing private or internal conversations
4. Comply with all laws and regulations applicable to the jurisdiction in which peer support services are provided

5. When complying with laws and regulations involving mandatory reporting of harm, abuse or neglect, make every effort to involve the family members in the reporting process and ensure that no further harm is done to family members as the result of the reporting
6. Discuss and explain to family members the rights, roles, expectations, benefits and limitations of the peer support process
7. Always ensure clarity about my role and the role of family members
8. Maintain positive relationships with family members, and refrain from a premature or unannounced termination of the relationship until a reasonable alternative arrangement is made for continuation of services
9. Abstain from engaging in intimate emotional or physical relationships with family members engaged in a peer support relationship
10. Neither offer nor accept gifts related to the professional service of peer support, including, but not limited to personal barter services, payment for referrals or other remunerations. This also includes participating in personal financial transactions with family members engaged in a peer support relationship

**Principle 3 - Professional Responsibility**

*Through educational activities, supervision and personal commitment, I will:*

1. Stay informed on current research, policy and developments in the field of family /peer support and children’s behavioral health which relates to my practice area and children’s general development, health and well-being
2. Engage in helping relationships that include skill-building not exceeding my scope of practice, experience, training, education or competence
3. Seek appropriate professional supervision/consultation or assistance for personal problems or conflicts that may impair or affect my work/volunteer performance, judgment or the peer relationship
4. File a complaint with the NFFCMH when there is reason to believe that another Certified Family Peer Specialist is or has been engaged in conduct that violates the law or this code (Note: Filing a complaint to the NFFCMH is an additional requirement, not a substitute for or alternative to any duty of filing report(s) required by statute or regulation.)
5. Refrain from distorting, misusing or misrepresenting my experience, knowledge, skills or research findings
6. In the role of a supervisor/consultant, be responsible for maintaining the quality of my own skills as a supervisor/consultant
7. I will give credit to persons for published or unpublished original ideas, take reasonable precautions to ensure that their employer or affiliate organization promotes and advertises materials accurately and factually

**Principle 4 - Certification Responsibilities**

*As a Certified Family Peer Specialist, I will:*

1. Remain current on certification fees
2. Comply with the Code of Ethics and re-certification requirements set by the NFFCMH
3. Only use the CFPS (Certified Family Peer Specialist) credential or represent myself as having that credential when in full compliance with the credentialing requirements
4. Always utilize the Certified Family Peer Specialist (CFPS) designation appropriately and use the current CFPS logo on any printed materials
5. Cooperate with any ethics investigation by any professional organization or government agency, and truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the peer support profession
6. Notify the NFFCMH of any legal action with potential impact on the practice of peer support, including but not limited to: the filing in any court of an information, complaint, indictment, conviction, revocation of suspended imposition of sentence, revocation of probation/parole, filing of any charge or action before a state, tribal or federal regulatory agency or judicial body concerning the practice of peer support or related professions, or a matter before another certification body. Such notification shall be made within sixty (60) days of the filing of such charge or action, and they shall provide documentation of the resolution of such action within sixty (60) days of that resolution.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# CFSP: CHECKLIST

**Applicant Name:** \_\_\_\_\_

**I am applying for:**  Full CFSP  Provisional CFSP

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a DCB staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"><li>Page 4 &amp; 5</li></ul>	
Letter verifying work experience, supervision, training, exam, high school diploma/GED and background check	<ul style="list-style-type: none"><li>Provided by training organization, must be submitted with application</li></ul>	
Acknowledgement & Release page	<ul style="list-style-type: none"><li>Page 6, notarized</li></ul>	
Signed Code of Ethics	<ul style="list-style-type: none"><li>Page 8</li></ul>	
Checklist page	<ul style="list-style-type: none"><li>Page 9</li></ul>	
Copy entire application for records		

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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**I acknowledge, that to the best of my ability, I have submitted a completed application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_