



CSPS Application

Certified Supervisor of Peer
Specialists

DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the DCB Office. It is recommended you request transcripts approximately three weeks prior to sending in your application.
- Certificates of attendance for trainings.
- Supervisor job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Sign and date the Code of Ethical Conduct.
- Release form notarized.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application.
- If you have ever been convicted of a felony, please include a letter of explanation with your application.
- Fee of \$75. May be paid by check/money order, (payable to DCB) or with Visa, MasterCard or Discover. One-half of fee is refundable if application is denied. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed and no refund will be issued.

Keep a photocopy of the entire application.

Applicants can email, mail or fax completed application, copies of certificates of attendance, attachments, and fee to:

DCB
298 S. Progress Avenue
Harrisburg, PA 17109
Phone: (717) 540-4456 Fax: (717) 540-4458
Website: www.delawarecertificationboard.org Email: info@delawarecertificationboard.org

REQUIREMENTS FOR CSPS

Employment

- Two years (4000 hours) of paid, supervised work experience in the behavioral health field of which at least one year (2000 hours) of paid, supervised work experience must be as a supervisor in the behavioral health field.
- Employment must have been gained within the last five years.
- Supervisor job description signed and dated by supervisor and applicant.

Education

- Completion of eight hours of standardized DSAMH peer supervision training.
- Training must have been gained within two years of candidate applying for the CSPA certification.
- Minimum bachelor's degree in a human service related field is required.

Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and notarized Release.
- Applicant must either live or work in DE at time of application.

Fees

- Certification: \$75
- *(fee must accompany application and materials)*

CERTIFICATION TIME PERIOD

DCB certification encompasses two calendar years commencing on the date application is approved. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

APPEAL PROCESS

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

RECERTIFICATION

To recertify your CSPA, an individual must:

1. Hold a current and valid CSPA issued by DCB;
2. Submit 20 hours of education/training of which two hours must be on the Role of the Peer Specialist; two hours in Recovery; three hours in Ethics/Boundaries; remaining 13 hours should be relative to peer support services and/or supervision or peers;
3. Four co-supervision meetings are also required during the two year recertification cycle. DSAMH will host and provide the co-supervision meetings on a quarterly basis. Two of the four meetings must be face-to-face meetings; the remaining two meetings can be technology-based meetings (web-based, phone, etc.);
4. Verify that you have reviewed, read and will uphold by practice the DCB Code of Ethical Conduct for professional behavior;
5. Complete an application and pay the recertification fee.

LAPSED CERTIFICATION

The completed recertification application should be received at DCB prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

A credential is valid for a two year period. If your credential lapses, you have 12 months from your expiration date to recertify. After 12 months, you must re-apply for your credential(s) and complete all the requirements for initial certification.

APPLICATION FOR CSPS CERTIFICATION

Please type or print only.

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: _____
Please print your name as it should appear on your certificate

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Email: _____
(required)

College/University: _____ Name on Transcript: _____

Employer: _____ Position/Title: _____

Employer City: _____ Employer Zip: _____

Employer State: _____ Work Phone: _____ Ext: _____

Dates Employed: _____ Hours per Week: _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Email: _____

I hereby attest that the applicant is providing or has provided supervision in a behavioral health setting.

Supervisor's Signature

Why are you pursuing certification? _____
(required)

Have you ever received any disciplinary action from another certification or licensing authority? Yes No
If yes, please explain in full on a separate sheet.

Have you ever been convicted of a felony? Yes No
If yes, please explain in full on a separate sheet.

\$75 Check/MO (payable to DCB)
 Credit Card (Visa, MasterCard or Discover) _____ - _____ - _____ - _____

3-digit code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE

Include letter (on company letterhead) from previous employer verifying your duties and dates employed.

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Name of Employer: _____

City: _____ State: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

DCB PEER SUPERVISOR CODE OF ETHICAL CONDUCT

A peer supervisor will not engage in romantic/sexual activities or romantic/sexual contact with supervisees.

A peer supervisor will not commit, support, or ask a supervisee to participate in any acts of fraud.

A peer supervisor will not engage in intimidating or threatening behavior with supervisee.

A peer supervisor will adhere to applicable state and federal regulations related to employment practices.

A peer supervisor will honor the values of peer support and promote recovery-oriented practices in the supervisory relationship.

A peer supervisor will not accept financial or personal gains from a supervisee in exchange for employment related benefits.

A peer supervisor will not participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, or psychiatric or physical disability.

A peer supervisor will maintain a high professional standard of personal conduct which models recovery-oriented practices.

A peer supervisor will only perform services within their area of expertise, training, competence, or scope of practice.

A peer supervisor will maintain confidentiality within the supervisory relationship, except as permitted by the supervisee or required by law.

A peer supervisor holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

Signature: _____ Date: _____

RELEASE

(must be notarized below)

I hereby request that DCB grant the certification to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the DCB Code of Ethical Conduct;

I hereby 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 manuscripts and other personal information relative to this certification. Falsification of any records or documents in my application 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 continuing education and employment 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.

Signature: _____ Date: _____

On this the _____ day of _____, 201____, by me _____

a notary public, the undersigned officer, personally appeared: _____,

known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and

acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby

set my hand and official seal. Sworn and subscribed before me this _____ day of _____,

201____.

Notary Public **SEAL:**