



Peer Specialist (PEER)

Scope of Service

The Peer Specialist is designed to be an entry level position that operates under the supervision of an appropriately credentialed counseling modality. The Peer Specialist is not a clinical practice credential and can only be used for work by appropriately licensed facilities.

Private practice counselors must be licensed by the New Jersey Division of Consumer Affairs to provide independent counseling.

Required Education – must have a minimum of a High School Diploma.

Required Fee: \$175 initial application fee

Training:

48 clock hours of training from the CMHA course list. Each course is 6 hours except for CM-401, which is 12 hours.

Course	Hours Required
CM-201 Counseling Skills	6
CM-202 Crisis Intervention and Trauma	6
CM-301 Basic Principles of Case Management	6
CM-302 Health and Human Services – NJ Systems	6
CM-401 Psycho-education	12
CM-402 Medication Education	6
CM-501 Ethical and Legal Issues	6

Total 48 hours

Practicum: 18 hours of Wellness Recovery Action Plan, focusing on work place issues, to create a supportive environment.

Experience: Working or volunteering in a mental health setting. Need letters of reference from:

1. Supervisor
2. Colleague familiar with your experience

Recertification Requirements

- 24 hours of Peer related course work every two years.
Hours must fall within the two-year period between recertifications.
- \$175 non-refundable review fee.



APPLICATION MAY BE TYPEWRITTEN OR NEATLY PRINTED.
ALL INFORMATION MUST BE LEGIBLE

PEER Applicant Check Sheet

Please check once the following items have been submitted with your application:

- Place application in the same order it was received
- Attach \$175 Non-Refundable Review fee to the front page
- Applicant Information Sheet (page 3)
- Wellness Recovery Action Plan Form (page 4)
- Work Experience Form (page 5)
- Coursework Record Form (page 6)
- Job Description – on company letterhead, includes your name, the date, and signed by your supervisor and program director.
- Program Description – if not a formal brochure or flier, on company letterhead and signed by the program director.
- Applicant Resume
- Supervisor Evaluation Form (supervisor must be Licensed in Specialty) – (page 8)
- Colleague Evaluation Form – (page 9)
- Cover Letter (page 10)
- Ethical Standards (pages 12 – 14)
- Applicant Recognition Statement (page 15)
- Authorization and Release Form (page 16)
- Statement of Understanding Form (page 16)

Education Information

- Include copy of degree – high school diploma, associates, bachelors, masters, etc.

 Signature of Applicant

 Date

 Please Print Name Here

Please note that all applications must be submitted neatly and legibly. Any applications that are illegible or disorganized will be returned to the applicant regardless of cut off dates.



APPLICANT INFORMATION SHEET

NOTE: In order to be eligible for a PEER, you must submit a copy of your high school diploma or G.E.D., or a Bachelors degree.

NOTE: The PEER credential is renewable every two (2) years from the anniversary date of initial certification. The fee for renewal is \$175, along with 24 hours of continuing education. The renewal will be every two years only, and the date will coincide with the date of the first Peer Specialist credential was attained.

NAME

(Please Print Your Name as it should appear on your Certificate)

HOME ADDRESS

COUNTY

HOME PHONE ()

SOCIAL SECURITY NUMBER

CURRENT AGENCY

WORK ADDRESS

WORK TELEPHONE ()

EMAIL ADDRESS:

***OPTIONAL INFORMATION - DOES NOT AFFECT CERTIFICATION**

***HIGHEST DEGREE OF EDUCATION**

***DATE OF BIRTH**

***ETHNICITY/RACE**

***SEX**

LANGUAGES SPOKEN:



Wellness Recovery Action Plan Form

attach to this page

APPLICANT'S NAME

SUPERVISOR'S NAME (a Licensed Professional in Specialty)



WORK EXPERIENCE FORM

INSTRUCTIONS: List the most current position first. Use one sheet for each position. **Additional copies of this page may be reproduced.**

Attach a copy of your resume.

NAME OF APPLICANT _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

PROGRAM DIRECTOR _____

IMMEDIATE SUPERVISOR _____

YOUR JOB TITLE _____

DATES EMPLOYED: FROM: _____ TO: _____

Describe Peer to Peer experience (copies of this form may be made if more than one position is being submitted):



COURSEWORK RECORD FORM

- Please note all originals of certificates must be submitted with the application, as well as a set of photocopies and a self-addressed, stamped envelope. Once the review has been completed, the originals will be returned. If the SASE is not included, the originals will not be returned.
- Be sure all Certificates Of Completion include your name, the sponsoring agency, course number and hours completed. Copies of this page may be reproduced.
- Please note that all coursework must be pre-approved and have a Board Approval Number.

APPLICANT MUST ATTACH ORIGINALS AND COPIES OF CERTIFICATES

Course Required	# Hours Required	Place Completed	Date of Comp.
CM-201 Counseling Skills	6		
CM-202 Crisis Intervention and Trauma	6		
CM-301 Basic Principles of Case Management	6		
CM-302 Health and Human Services – NJ Systems	6		
CM-401 Psycho-education	12		
CM-402 Medication Education	6		
CM-501 Ethical and Legal Issues	6		



EVALUATIONS

On this page, identify the names of the individuals whom you have requested to complete the evaluations included with this application. Evaluations are required for each agency. **Copies of the evaluation forms may be reproduced.** Evaluations must be filled out by two separate individuals.



SUPERVISOR EVALUATION FORM

NOTE TO SUPERVISOR: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who supervise the applicant. For this reason, each applicant is required to obtain a reference from a direct supervisor. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc

Name of Applicant _____

Name of Supervisor _____

Agency where supervision took place _____

Agency address and phone _____

Dates (month/year) of supervision _____

Length of time you provided direct supervision of this applicant's skills _____

I hereby certify that I have been in a position to supervise and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
IS ___ IS NOT ___
consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Peer Specialist – Mental Health Core Credential.

Supervisor's Signature _____

Date _____

Professional Licensure/Certification and Number _____



COLLEAGUE EVALUATION FORM

NOTE TO COLLEAGUE: The Addiction Professionals Certification Board, Inc. believes that credentialing should be based on input from a variety of sources, including the observations of persons who know the applicant. For this reason, each applicant is required to obtain a reference from a colleague. Your evaluation and data furnished by the applicant will be used in determining eligibility for this credential. As this process can only be effective with careful and truthful reporting, all information gathered in the review process is confidential. In the event that you cannot truthfully complete this form, please indicate so and return this form to the APCB, Inc.

Name of Applicant _____

Name and Title of Colleague _____

Name of Agency _____

Agency address and phone _____

Number of months/years you have known the applicant _____

Type of relationship you have had with applicant _____

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work.

**In my judgment, this applicant's eligibility and professional experience
 IS ___ IS NOT ___
 consistent with the standards as set forth by the APCB, Inc.**

This information I am giving is the best judgment of the above named person's capabilities to be credentialed as a Peer Specialist – Mental Health Core Credential.

Colleague's Signature _____

Date _____

Professional Licensure/Certification if any _____



STATUS

The following pertain to all Certifications.

Inactive Status

- Inactive Status occurs when a counselor's recertification becomes more than 30 days late.
- Inactive Status means the Board does not consider the counselor to be actively certified or in good standing at that time.
- A counselor may remain on Inactive Status for a maximum of 12 months, at which time the counselor's credential will be terminated.
- For each month the counselor remains on Inactive Status, there will be a \$15 fee in addition to the \$175 recertification fee. The Inactive Status fee will not exceed \$180 (for the maximum 12 months).

Lapsed (Terminated) Status

- Lapsed Status occurs when a counselor permits their credential to lapse after the Inactive Status expires.
- Lapsed Status is considered permanent.
- If a lapsed counselor decides re-activate their credential again, they must follow the reinstatement procedure listed below:

Reinstatement Procedure

- Counselor must submit in writing three recommendations for reinstatement: one licensed or certified counselor, one supervisor, and one colleague.
- Counselor must provide verification educational hours equal to those required for Recertification.
- Submission is to include \$87.50 per year for each year lapsed to a maximum of four years.
- Submission of \$180 late fee for the 12 months on Inactive Status.
- A letter requesting reinstatement with specific information on why the lapse occurred and covering the time period must be submitted. The letter must also state reasons for re-entering the field.
- If an ethical complaint is involved, a personal interview may be required.



ETHICAL STANDARDS FOR PEER SPECIALIST

The Addiction Professionals Certification Board, Inc. (APCB, Inc.) wishes to thank the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) for the development of these Ethical Standards and for permission to use this amended version.

Specific Principles

Principle 1: Non-Discrimination

The PEER shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- A. The PEER shall avoid bringing personal or professional issues into the consumer mentor relationship. Through an awareness of the impact of stereotyping and discrimination, the PEER guards the individual rights and personal dignity of clients.
- B. The PEER shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The PEER shall espouse objectivity and integrity, and maintain the highest standards in the services the member offers.

- A. The PEER shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- B. The PEER, as educator, has primary obligation to help others acquire knowledge and skills in dealing with disabilities.
- C. The PEER who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- D. The PEER who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competency

The PEER shall recognize that the profession is founded on recognized standards of competency which promote the best interests of society, of the client, of the member and of the professional as a whole. The PEER shall recognize the need for ongoing education as a component of professional competency.

- A. The PEER shall recognize boundaries and limitations of their competencies and not offer services or use techniques outside of these professional competencies.
- B. The PEER shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The PEER shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The PEER shall uphold the legal and accepted moral codes which pertain to professional conduct.

- A. The PEER shall be fully cognizant of all federal and New Jersey laws associated with the practice of consumer mentor.
- B. The PEER shall not claim either directly or by implication, professional qualifications/affiliations that they do not possess.
- C. The PEER shall ensure that products or services associated with or provided by the PEER or means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The PEER shall honestly respect the limits of present knowledge in public statements concerning matters addressed by consumer mentor.

- A. The PEER, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture shall be represented as less than scientifically validated.
The PEER shall acknowledge and accurately report the substantiation and support for statements made. Such acknowledgement should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The PEER shall assign the credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The PEER shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
B. The PEER shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
C. The PEER shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The PEER shall promote the production of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all PEER's.

- A. The PEER shall disclose their code of ethics, professional loyalties and responsibilities to all clients.
B. The PEER shall terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship professional.
C. The PEER shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
D. The PEER shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.
E. The PEER shall take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensure the delivery.

Principle 8: Confidentiality

The PEER working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- A. The PEER shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the interviews, the use of material for insurance purposes, the use of material for training or observation by another party.
B. The PEER shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The PEER shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
C. The PEER shall adhere to all federal and New Jersey laws regarding confidentiality and the PEER's responsibility to report clinical information in specific circumstances to the appropriate authorities.
D. The PEER shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.
E. The PEER shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.



Principle 9: Client Relationships

It is the responsibility of the PEER to safeguard the integrity of the consumer mentor relationship and to ensure that the client has reasonable access to effective treatment. The PEER shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The PEER shall inform the client and obtain the client’s agreement in areas likely to affect the client’s participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The PEER shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- C. The PEER shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- D. The PEER shall not under any circumstances engage in sexual behavior with current or former clients.
- E. The PEER shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The PEER shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The PEER shall refrain from offering counseling services to a client.
- B. The PEER shall cooperate with the APCB, Inc. Ethics Committee and promptly supply necessary information unless constrained by the demands of confidentiality.
- C. The PEER shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The PEER shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- A. The PEER shall inform the client of all financial policies when coordinating client services.
- B. The PEER shall consider the ability of a client to meet the financial cost in establishing rates for professional services.
- C. The PEER shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The PEER shall not at any time use one’s relationship with clients for personal gain or for the profit of an agency of any commercial enterprise of any kind.
- E. The PEER shall not accept a private fee for professional work with a person who is entitled to such services and still requests private services.

Principle 12: Societal Obligations

The PEER shall to the best of their ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background.

By signing, I attest that I have read the above Ethical Standards and agree to abide by them.

APPLICANT SIGNATURE

DATE

WITNESS



APPLICANT'S RECOGNITION STATEMENT

The applicant identified below acknowledges that the applicant is seeking certification from the Addiction Professionals Certification Board, Inc. (hereinafter "The Board"). The applicant hereby recognizes and agrees as follows:

1. Applicant agrees to observe and abide by the Ethical Standards adopted by The Board as same may be amended from time to time. Applicant acknowledges that the present form of ethical standards attached hereto and that the applicant has read and understood same.
2. Applicant recognizes and agrees that any certification, or renewal thereof, granted by The Board to the applicant constitutes recognition by The Board that the applicant is qualified, based on the information before The Board, for the certification granted. Applicant recognizes and agrees that any certification, or renewal granted by The Board, does not constitute a property right or interest of the applicant. The applicant specifically recognizes and agrees that the certification or renewal is specific to suspension, revocation or other limitation or condition in the discretion of The Board. The applicant specifically recognizes the authority of The Board to suspend, revoke or otherwise impose limitations, restrictions and conditions on any certification granted.
3. Applicant agrees to cooperate in connection with any investigation conducted by The Board with respect to the applicant's certification, and continued qualification to hold same. The applicant further agrees that the applicant's failure to cooperate with any such investigation (a) shall in itself constitute an ethical violation for which discipline may be imposed and (b) may be considered by The Board as an admission of wrongdoing.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board, Inc. to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for the Peer Specialist (PEER).

I hereby release and hold harmless the Addiction Professionals Certification Board, Inc., its Board of Directors, its Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience and/or qualifications will be sufficient reason for disapproval of my application or for withdrawal of the credential at a later date.

I understand that evaluations of me, which are submitted by supervisors and/or colleagues, are confidential. I hereby relinquish my right to review these evaluations.

I also affirm that I conform to the Ethical Standards as described in the requirements for credentialing.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____

STATEMENT OF UNDERSTANDING

I hereby apply for certification to the Addiction Professionals Certification Board, Inc. I understand that approval of my application depends upon my successfully completing the assessment of competency as established by the Board, including submission of all required references.

I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.

APPLICANT SIGNATURE _____

DATE _____

WITNESS _____



Application Check-off Sheet

Please use this as a final self-reminder regarding all the necessary documents and have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

- Fee (check or money order)
- Late Fee (if applicable)
- Applicant Information Sheet (included email address?)
- Verification of Appropriate Experience
- Coursework Completion Page (Initial or Continuing Education)

Signatures

- Authorization and Release
- Applicant Recognition Statement
- Ethics Statement
- Statement of Understanding

I have checked and have completed any other requirements for this Application, and have included those items as well.

Signature

Date