



## **Idaho Peer Support Specialist and Family Support Partner Certification Newsletter** *Published October 25, 2018*

### **GREETINGS!**

We would like to thank you all for your participation in the peer support specialist (CPSS) and/or family support partner (CFSP) certification process. As a friendly reminder, BPA Health is now managing CPSS and CFSP certification in the state of Idaho. We would like to offer the following information regarding the certification process. This is the first of ongoing email communication containing tips and reminders about certification for Idaho's CPSSs, CFSPs, and their supervisors.

### **ONLINE APPLICATION FORMS**

All certification forms can be found on the [Application page](http://www.idahopeercert.com) at [www.idahopeercert.com](http://www.idahopeercert.com) including:

- **Application for 6-Month CPSS/CFSP Certification**

This application must be completed by individuals who have completed peer or family support training and are applying for certification for the first time.

- **6-Month Certification Extension Request**

This form should be completed by individuals who have been granted 6-month certification and need additional time to complete the hours of supervision and/or work experience that are required for full 1-year certification.

- **Work and Supervision Verification Form**

This form must be completed by CPSS/CFSP supervisors once the CPSS/CFSP has completed their hours of peer or family support work experience and supervision. While it is not required, supervisors can use this form to track each separate occurrence of supervision as it is provided. Please note CPSS/CFSP supervisors do not need to submit this form for individuals who have already been granted full 1-year certification nor do they need to submit this form for individuals who are requesting an extension of their 6-month certification in order to complete their hours.

- **Application for Certification Renewal**

This application must be completed each year by CPSSs/CFSPs who have been granted full 1-year certification. CPSSs/CFSPs must submit documentation of 10 hours of continuing education with at least 1 hour in ethics with this application in order to renew their certification annually.

- **Full 1-Year Certification Extension Request**

This form should be completed by individuals who have been granted full 1-year certification and need additional time to complete the hours of continuing education that are required for certification renewal.

- **Request for Inactive Certification Status**

This form should be completed by individuals who are in either their 6-month or full 1-year certification who are unable to meet certification requirements due to extenuating circumstances. Please note that individuals who are in their full 1-year certification must stay current on their continuing education during their inactive certification status.

- **Application for Certification via Reciprocity**

This application should be completed by individuals who hold a current and active peer or family support certification in a state other than Idaho who would like to gain certification in Idaho. Please note if you are interested in working as a CPSS or CFSP in a state other than Idaho, you will need to research that state's certification requirements.

## CERTIFICATION REMINDERS

- **Please become familiar with the certification process.**

Please [read about the certification process on our website](#) and be aware of the requirements you must complete in order to maintain your certification.

- **We do not send reminders about certification expiration dates.**

It is your responsibility to stay on top of your certification requirements and submit the appropriate documentation using the forms found on the [Application page](#) at [www.idahopecert.com](http://www.idahopecert.com).

- **Please submit your application one month prior to your certification expiration date.**

This will give the Certification Committee time to process your application and ensure you do not experience a lapse in your certification. We will date applications based on the date they are received and you will have a lapse in your certification if you submit your application after your certification has expired.

## WE COMMUNICATE VIA EMAIL

Unless you have indicated on your application that you prefer to receive communication via phone or mail, we will communicate with you via email should we have questions regarding your certification application. It is your responsibility to check your email and respond to the Certification Committee's request for additional information.

## QUESTIONS?

We would be happy to help! Please use the following contact information to get in touch with the Peer and Family Support Certification Program:

**Phone: 208-947-1300**

**Toll Free: 1-888-239-9759**

**Email: [info@idahopecert.com](mailto:info@idahopecert.com)**

**Website: [www.idahopecert.com](http://www.idahopecert.com)**

**Thank you for the work you do in providing peer and family support in Idaho!**

**BPA Health  
Peer and Family Support Certification  
[www.idahopecert.com](http://www.idahopecert.com)**

**Certified CPSSs, CFSPs, and supervisors who submit documentation will automatically be subscribed to our email newsletters.**

**If you are not a certified CPSS, CFSP, or supervisor and would like to receive our email newsletters, please email [info@idahopecert.com](mailto:info@idahopecert.com) to subscribe.**