

STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Application for Re-Certification as Certified Peer Specialist

I hereby request recertification by the Utah State Division of Substance Abuse and Mental Health, for re-certification as a Certified Peer Specialist.

PLEASE PRINT

1. Name: (Last Name, First, Initial)
2. Address:
3. Phone/Email:
4. Briefly describe training i.e. conference, webinar, lectures in the field of mental health, specific to Certified Peer Specialist, which you have received within the past 12 months including places, dates and types of training you received. Please remember to have 20 hours of training 6 hours of which are specific to Certified Peer Support Services, 12 hours can be general mental health topics and 2 hours must be focused on ethics. (But please note all 20 hours may be in Peer Support Services).
Peer Support Services-(Specify at least 6 hours):
General Mental Health and/or Substance Use Disorder Topics (up to 12 hours):
Ethics Training (2 hours):

WHEN COMPLETED PLEASE MAIL TO: Utah Department of Human Services, Division of Substance Abuse and Mental Health. ATTENTION: Michael Newman, 1950 N 1950 W, Salt Lake City, UT 84116 OR - Fax to 801-538-4696. If you have any questions please contact Michael Newman at 801-538-4378.

Signature of Applicant: _____ Date: _____

I certify that applicant has completed the minimum training specific to Certified Peer Specialist activities.

NOTE: The CEU's must be completed within the 12 months since your last certification along with this form which needs to be returned to the Division. Please allow at least 3 weeks to process before receiving new certification.