

STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Application for Recertification as a Certified Peer Support Specialist

PLEASE PRINT OR TYPE

1. Name: (Last Name, First, Initial)
2. Address:
3. Phone/Email:

By signing this form, you are certifying that you have completed the required continuing education units (CEUs) as follows:

During the 24 month period prior to renewal, you must have completed 20 hours of CEUs which must include:

- At least 6 hours in Peer Support Services
- 2 hours in Ethics
- 1 hour in Suicide Prevention
- Up to 11 hours in General Health and/or Substance Use Disorder Topics.

At a minimum, the documentation for each CEU shall include:

- Date of the course;
- Name of the course provider;
- Name of the instructor;
- Course title;
- Number of hours of continuing education credit; and
- Course objectives.

You must keep documentation of continuing education units (CEUs) for at least 3 years after renewing your certification. Do not submit documentation of your completed hours unless you are audited and requested to do so.

I certify that I have completed the minimum training specific to Certified Peer Specialist Activities, and request recertification from the Division of Substance Abuse and Mental Health.

Signature of Applicant: _____ Date: _____

NOTE: Please allow at least 3 weeks to process before receiving new certification.

WHEN COMPLETED PLEASE MAIL TO: Utah Department of Human Services, Division of Substance Abuse and Mental Health. ATTENTION: Utah Peer Support Program, 195 N 1950 W, Salt Lake City, UT 84116, E-Fax to 385-465-6040 OR attach PDF to utahpeersupport@utah.gov . If you have any questions please contact the Utah Peer Support Program at 801-538-3939.