

Wyoming Certified Peer Specialist Certification Renewal Application

Current Endorsements (check any that apply):

Mastery Forensic Whole Health

Peer Specialist's Experience Areas (check any that apply):

Mental Health Substance Use Disorder Dual Diagnosis Recovery Support

Peer Specialist Information

Today's Date:

Expiration of Current IC&RC Peer Specialist Certification:

PART 1: GENERAL INFORMATION

Name for Certificate:

Mailing Address:

City, State, Zip:

Did you, or do you plan to, live in Wyoming for at least 51% of the year? Yes No

Phone Number:

Email:

Name of Current Employer:

Employer Address:

Does this organization bill client services to Medicaid?

Agency Director's Name:

Peer Specialist's Direct Supervisor [Licensing credentials if applicable (i.e., LCSW, LPC)]:

Please briefly describe the supervision that the Peer Specialist will receive:

PART 2: CONTINUING EDUCATION/TRAINING

***Required- 20 hours of continuing education completed within the 2-year certification period (6 hours of which are on ethics):**

Name of Training:

Training Topic(s):

Number of Hours:

Name of Training:

Training Topic(s):

Number of Hours:

Name of Training:

Training Topic(s):

Number of Hours:

Name of Training:

Training Topic(s):

Number of Hours:

***Please attach certificates of completion or other documents as supporting evidence.**

PART 3: LIVED EXPERIENCE

Please list your recovery date:

Please describe how you will use your personal lived experience to help others achieve recovery from mental health and/or substance use disorders:

PART 4: ENDORSEMENTS

List training certification dates for any Forensic, Whole Health, or Mastery Endorsements:

How will you utilize your endorsements or how have you used them to support others in your role as a Peer Specialist?

PART 5: PEER SPECIALIST PROGRAM INFORMATION

What do you like best about your position as a Peer Specialist?

What do you like least about your position as a Peer Specialist?

What training opportunities would you like to see available to enhance your skills as a Peer Specialist?

By signing below, I certify that I will adhere to the Wyoming Certified Peer Specialist Code of Ethical Conduct and to improve my competency as a Peer Specialist. I have been or am a consumer of mental health, substance use disorder, or dual diagnosis services; I am well grounded in my recovery; I hold a high school diploma or equivalent; I am at least 18 years of age; and that all the information above is true and complete.

I understand that meeting these requirements allows the organization for which I work to bill Wyoming Medicaid for Peer Specialist services that are provided by me to clients with Medicaid coverage when these services are identified within the client's treatment plan and if the organization is a Medicaid provider.

Name (Printed)

Signature

Today's Date

Internal Use Only

Date Renewal Application Received:
Processed by:
Approved **Not Approved**

Please mail full application packet to:
Recover Wyoming
Attn: Peer Specialist Certification
1017 East Lincolnway
Cheyenne, WY 82001

or Fax to: (307) 222-0281