



National Certified Peer Specialist (NCPS)
NCPS Verification of Supervised Work Experience Form

Supervised Work Experience Requirement: NCPS applicants must have completed 2,000 hours of paid or volunteer experience providing peer specialist/peer support services, in one or more position(s) held currently or within the 5 years before application. **Hours must be documented by the employer or volunteer supervisor on this NCPS Verification of Supervised Work Experience Form.** An official description of the position, or a letter detailing the applicant's role, duties, and responsibilities, must be included with this verification form for the hours to be counted toward the credential requirements. If a letter is submitted, it must be written on the agency's letterhead **and** signed by a human resources/leadership staff employee.

Directions for applicants: Give this form to your current or prior employer(s) or volunteer supervisor(s) to complete and submit to the NCBHP on your behalf.

Directions for verifier: You have been asked to verify the paid or volunteer work experience of an individual who is applying for the National Certified Peer Specialist credential issued by the National Certification Board for Behavioral Health Professionals. Please complete this form and submit it using the contact information below.

Email: apps@nationalcertification.com **Mail:** National Certification Board for Behavioral Health Professionals
Fax: 850-222-6247 1715 South Gadsden Street, Tallahassee, FL 32301

Applicant Information	
Applicant Name	Applicant Email Address
Employer/Agency Name (paid or volunteer)	Employer/Agency Website Address
Applicant Position Title	<input type="checkbox"/> Paid position OR <input type="checkbox"/> Volunteer position <input type="checkbox"/> Full-time position OR <input type="checkbox"/> Part-time position
Verifier Information and Attestation	
Verifier Name	Verifier Email Address
Verifier Title	Employer/Agency Name
I understand that the National Certified Peer Specialist (NCPS) Supervised Work Experience Requirement is 2,000 hours of paid or volunteer experience providing peer specialist/peer support services, in one or more positions held currently or within five years prior to application.	
Applicant's Position Title: _____	
Applicant Position is/was: <input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer and <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time and averaged ____ hours of work per week	
Start Date: _____ End Date: _____ <input type="checkbox"/> N/A (in position at time of verification)	
Type of Documentation Attached: <input type="checkbox"/> Official position description <input type="checkbox"/> Agency letter detailing role and responsibilities (on letterhead, signed by leadership)	
Are there any documented concerns about the applicant's on-the-job performance that would negatively impact their eligibility to earn the National Certified Peer Specialist credential? <input type="checkbox"/> Yes* <input type="checkbox"/> No *if yes, provide an additional page describing concerns.	
By my signature, I attest that the information provided and attached to this form is true, and I consent to an interview to discuss the documentation if requested by FCB staff.	
Verifier Signature (NCBBHP accepts both manual and electronic signatures)	Date