



SUPERVISED WORK EXPERIENCE REQUIREMENT

Within the five years before application for the NCPS credential, applicants must have completed a total of 2,000 hours of paid or volunteer work experience providing peer specialist/support services, in one or more positions.

1. Hours must be documented by the employer and submitted to the Board on the applicant's behalf.
2. An official position description must be attached to this Form. If an official position description does not exist, a letter detailing the applicant's role, duties, and responsibilities is required. Letters must be on company letterhead and signed by a human resources or leadership officer.
3. The applicant's employer must submit this form and supporting documentation directly to the Board. Documentation will not be accepted from applicants.

DIRECTION TO APPLICANTS

Give this form to your current and/or prior employers to complete and submit to the Board on your behalf.

DIRECTIONS TO EMPLOYERS

You are being asked to verify the paid or volunteer work experience of an individual applying for the National Certified Peer Specialist (NCPS) credential issued by the National Certification Board for Behavioral Health Professionals.

Please submit the completed form and a copy of the applicant's position description to the Board. Please do not provide documents to the applicant; the Board cannot accept verification forms submitted by applicants.

Email: apps@nationalcertificationboard.com Fax: 850-222-6247

US Mail: NCBBHP ♦ 1715 South Gadsden Street ♦ Tallahassee, Florida 32301



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

APPLICANT INFORMATION

Applicant Name

Email address

Employing Agency

Position Title

N/A (currently in position)

Start Date

End Date

Position type (check off all that apply): full time part time paid employee volunteer employee

VERIFIER'S INFORMATION

Verifier's Name

Email address

Employing Agency

Position Title

By my signature below, I attest to the following information:

I have read and understand the National Certified Peer Specialist Supervised Work Experience Requirement, which is the completion of a total of 2,000 hours of paid or volunteer experience providing peer specialist/peer support services. Eligible work experience hours were completed within the five (5) years before application.

Applicant's Position Title: _____

Applicant's Position is/was: full time part time paid volunteer

The applicant averaged _____ hours per week.

N/A (currently in position)

Start Date

End Date

Type of supporting documentation attached: official position description agency letter describing duties

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? yes* no (*attach a description of the 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 Board staff.

Verifier Signature (NCBBHP accepts both manual and electronic signatures)

Date