

Idaho Department of Health & Welfare

Application for Certified Family Support Partner

Division of Behavioral Health

Barnett, Jennifer - CO 3rd
6/3/2016

Application for Family Support Partner Certification

Family Support Partner Application Checklist

The following is a tool for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- I am at least eighteen (18) years of age.

- I have enclosed a copy of my HS diploma, GED certificate, a Bachelor's degree in a human services related field and/or other post High School training in a human services related field.

- I have enclosed a copy of my Certificate of Training from the Idaho-approved Training for Family Support Partners.

- I have enclosed the Letter of Notification from my training

- I have completed and signed an application for certification.

- I have enclosed a Work/Volunteer Experience Summary with documentation of my supervised hours. (**Please submit following hours completed**)

- I have enclosed my Acknowledgment of Certified Family Support Partners Code of Ethics and Family Support Partner Behavioral Health standards.

Application for Family Support Partner Certification

Certified Family Support Partner Application Instructions

Dear Family Support Partner Applicant,

Thank you for your interest in Family Support Partner Certification through the Department of Health & Welfare Division of Behavioral Health. The life experience of raising a child who is living with a behavioral health diagnosis is a unique parenting experience best shared with someone who has successfully navigated the various systems of care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

Call 208-639-5720 or email PeerSpecCert@dhw.idaho.gov

Steps to Apply:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at:
- <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, the Code of Ethics, and the Behavioral Health Standards.
- Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to:

PeerSpecCert@dhw.idaho.gov

If you submit your application through the above email box, please ensure your attached application is in a jpeg or pdf format. Attachments in any other format than those listed above will not be processed.

Or mail your application to:

Division of Behavioral Health
450 W. State Street 3rd Floor
Boise, ID 83702
Attn: Peer Certification Oversight Committee/Family Support

- Refer to the checklist in the application to ensure that you are submitting all the required documentation.

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If you recently completed training:

Please submit

- a complete application
- documents indicating your educational experience obtained
- a copy of your training certificate from your training
- **and** a letter of notification indicating that you have passed all the requirements of the training and the training entity deems you able to apply for certification or provides feedback regarding areas to complete before certification.
- Work/Volunteer Experience Summary Form
- Signed code of Ethics and Behavioral health standards

If you have some of the requirements but have not completed your supervised work/volunteer experience, then submit an application without the Work/Volunteer Experience form and certification may be granted for a six-month period until the supervision hours are completed.

Once the supervised hours are completed, submit the Work/Volunteer Experience Summary Form. Do not submit CEU's.

If your application is complete upon initial review, then it will be reviewed by the Peer Support Specialist Certification Oversight committee for final processing.

Within twenty-eight (28) days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If your application is not complete, you will receive a letter in the mail indicating that your application was denied because it was incomplete.

If you were granted full certification, it is valid for one year.

If you were granted a six-month certificate, your six-month certificate and letter will indicate when your six-month certificate will lapse. If you have a six-month certificate, it is your responsibility to submit the remaining requirements to obtain full certification for a total of a year.

It is your responsibility to keep track of your recertification date; no reminders will be sent.

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It is your responsibility to be in communication with the Certification committee. To provide confidentiality to those who have applied for certification or are certified, information about the status of an application will only be provided to the applicant.

When it is time to renew your certification, please go to: <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> and complete your renewal application. This includes documenting your continuing education/training hours earned during the last certification period.

The renewal application must be postmarked on or before the expiration date as shown on your certificate. It is recommended that you submit the application well in advance of the expiration date. For example: certificate will expire 10/31/2016, submit your application or additional documents by 10/15/2016 at the latest to allow for processing.

If your application is not complete and received by the date shown on your certificate, any Family Support Partner services provided as a Peer service may not be reimbursable due to your certification being invalid.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 State street 3rd floor
Boise, ID 83702
Attn: Peer Certification
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response that your written grievance was received. A decision for your grievance will be made within sixty (60) days of receipt. All decisions made on a submitted grievance are final.

Should you have questions, please feel free to contact us at: 208-639-5720. Thank you again for your interest in becoming a Family Support Partner in Idaho.

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Application for Family Support Partner Certification

Name (please print/type) _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Please specify gender: ___ M ___ F ___ Other

Please answer the following and include any supporting documentation for your answers in your completed application that is submitted. The items that are bolded are required for your application to be considered for certification

1. _____ I am at least eighteen (18) years of age and able to work legally in the United States.

2. _____ I have a high school diploma, GED, or a Bachelor's degree from an accredited institution in the human services field. (please include copy of diploma or degree)

Graduated From: _____

Degree Earned: _____

Date Achieved: _____

3. _____ I have completed the Idaho approved Family Support Partner training.

Date completed: _____

4. _____ I have submitted a certificate of attendance. (please include a copy in application)

5. _____ I received a Notification Letter from the Idaho-Approved training. (please include a copy in application)

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6. _____ I have included a **Work/Volunteer Experience Summary Form with a supervisor signature and completed the number of hours required based upon my education.**
7. _____ I have included a **signed Acknowledgment of the Family Support Partner Code of Ethics and Family Support Partner Behavioral Health standards.**

My Primary Lived Experience is with: (Please check all those that apply)

- Parent or adult caregiver of a child or raised a child who lives with a behavioral health disorder diagnosis
- Parent or adult caregiver of a child or raised a child who lives with a Co-Occurring (Mental Illness and Substance Use Disorder)

Personal Disclosure Statement:

- YES, I agree to disclose my lived experience of parenting or raising a child who lives with a behavioral health disorder diagnosis or co-occurring diagnosis in keeping with Behavioral Health Standards for Family Support Partners.

Statement of Accuracy:

- I have at least one (1) year of lived experience and successfully navigated various systems.
- I have completed this application and the required attachments on my own.
- I can supply any additional documentation as requested.
- I acknowledge that my name and certification number, once granted, may be released if requested.

My signature below affirms that all of the information attached to, and contained in, this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Family Support Partner Applicant

Date

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Work/Volunteer Experience Summary

TO BE COMPLETED BY YOUR SUPERVISOR

The person named below is completing an application to be certified as a Family Support Partner with the Idaho Division of Behavioral Health. In order to complete this process, his/her immediate supervisor must complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. Once the form is complete and supervision hours are complete, submit it to: Division of Behavioral Health 450 W. State St. 3rd fl. Boise, ID 83702
ATTN: Peer Certification Oversight Committee/Family Support

Prospective Family Support Partner:

(Please Print Name)

Does the applicant named above serve in a paid or volunteer role as a Family Support Partner?

Paid _____ Volunteer _____

Title of Applicant's position in the agency _____

Dates of Employment/Volunteer:

Number of hours assigned to work in this position per week: _____

A Certified Family Support Partner must be under the supervision of a degreed professional in the human services field.

Please provide your information as supervisor of the applicant.

Name: _____ Phone: () _____

Title: _____ Credentials: _____

Agency: _____

Address: _____

City: _____ Zip Code: _____

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Please describe the nature of the applicant's work responsibilities in the agency as a Family Support Partner.

Please describe the content of your direct one-on-one supervision.

Please describe the professional development plan for this individual within this agency. If no formal plan, what has this individual identified as goals in this position?

An applicant with a High School Diploma or GED must complete 200 hours of supervised work as a Family Support Partner and 20 hours of one to one supervision with supervisor for certification. An applicant with a Bachelor's degree or more must complete 100 hours of supervised work and 20 hours of one to one supervision for certification.

Number of hours of supervision per week _____

Total number of supervision hours _____

Number of hours completed in this position as a Family Support Partner _____

Supervision start date _____ Supervision end date _____

My signature below affirms that all of the information contained in this document is true, and I support this application.

Signature of Supervisor

Date

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Acknowledgement of the Certified Family Support Partner Code of Ethics and Family Support Partner Behavioral Health Standards

You may obtain the latest version of the Code of ethics at:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

You may obtain the latest version of the Behavioral Health standards for provision of Family support services at:

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=Exp94tsvYv8%3d&tabid=2935&portalid=0&mid=12278>

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Family Support Partner Code of Ethics and the State of Idaho Division of Behavioral Health standards for family Support Partners. Your initials and signature are required in this section.

I acknowledge that I have received a copy of the most current Idaho Certified Family Support Partner's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I acknowledge that I have received a copy of the most current Idaho standards for Family Support Partners.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Family Support Partners Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

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I further acknowledge that I have read and understand all my obligations, duties, and responsibilities under the Family Support Partner standards for the provision of Family Support services. I will read and understand my obligations, duties, and responsibilities under all future amendments and modifications to the Peer Support Specialist standards.

Initials _____

Print full name

Date

Signature