

Peer Support Specialist Certification

Acknowledgement of the Certified Peer Support Specialist Code of Ethics and Behavioral Health Peer Support Specialist 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 Peer Support Specialist Standards at:

<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=69pli1zvt94%3d&tabid=2935&portalid=0&mid=12281>

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

I acknowledge that I have received a copy of the most current Idaho Certified Peer Support Specialist'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 Peer Support Specialists.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Peer Support Specialists 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 _____

Peer Support Specialist Certification

I further acknowledge that I have read and understand all my obligations, duties, and responsibilities under the Peer Support Specialist standards for the provision of Peer Support Specialist 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