



**STATE OF UTAH/OFFICE OF SUBSTANCE USE AND MENTAL HEALTH**

**Application for Recertification as a Certified Peer Support Specialist**

**PLEASE PRINT OR TYPE**

<b>1. Name: (Last Name, First, Initial)</b>
<b>2. Address:</b>
<b>3. Phone/Email:</b>

By signing this form, you are certifying that you have completed the required continuing education units (CEUs) as follows:

During the 24 month period prior to renewal, you must have completed 20 hours of CEUs which must include:

- At least 6 hours in Peer Support Services
- 2 hours in Ethics
- 1 hour in Suicide Prevention
- Up to 11 hours in General Health and/or Substance Use Disorder Topics.

At a minimum, the documentation for each CEU shall include:

- Date of the course;
- Name of the course provider;
- Name of the instructor;
- Course title;
- Number of hours of continuing education credit; and
- Course objectives.

You must keep documentation of continuing education units (CEUs) for at least 3 years after renewing your certification. Do not submit documentation of your completed hours unless you are audited and requested to do so.

**I certify that I have completed the minimum training specific to Certified Peer Specialist Activities, and request recertification from the Division of Substance Abuse and Mental Health.**

**Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_**

**NOTE: Please allow at least 3 weeks to process before receiving new certification.**

**WHEN COMPLETED PLEASE MAIL TO: Utah Department of Health and Human Services, Office of Substance Use and Mental Health. ATTENTION: Utah Peer Support Program, 288 N 1460 W Salt Lake City, UT**

**84116, E-Fax to 385-465-6040 OR attach PDF to [utahpeersupport@utah.gov](mailto:utahpeersupport@utah.gov) . If you have any questions please contact the Utah Peer Support Program at 801-538-3939.**