Department *of* Health & Human Services

Application for Recertification as a Family Peer Support Specialist

1. Name: (Last Name, First Name)
2. Address:
3. Personal email and phone:

Next fill out the following survey: https://utahdhs.iad1.qualtrics.com/jfe/form/SV_6YGeTFxvslT40D4

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

- At least 5 hours in Peer Support Services
- 3 hours in Ethics
- 2 hour in Suicide Prevention
- Up to 10 hours in General Health, Mental Health, or Substance Use Disorder topics.

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

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

I, _____, attest under penalty of perjury that:

- **All information provided in this form is true and accurate to the best of my knowledge.**
- **I have completed the continuing education units listed above and have documentation verifying each CEU.**
- **I understand that DHHS may request supporting documentation to verify any CEU activity, and that providing false information may result in denial or revocation of certification.**
- **I agree to adhere to the Utah Peer Support Code of Ethics.**

Signature:_____ Date:_____

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

WHEN COMPLETED PLEASE SEND TO: attach PDF to familypeersupport@utah.gov, E-Fax to 385-465-6040 or 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.
If you have any questions, please contact the Utah Peer Support Program at 801-538-3939.

July 2026