

Date Received _____ Initials _____	Date Approved _____ Initials _____	Notes _____ _____
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Certified Young Adult Peer Support Specialist Part Two: Application for Certification

Eligibility Criteria

In order to be eligible for the Certified Young Adult Peer Support Specialist (CYAPSS) training, all applicants must meet the following minimum requirements:

- *Be eighteen (18) through thirty (30) years of age*
- *Hold a high school diploma or equivalent (GED, HiSET, or TASC)*
- *Self-identify as a person who is in recovery from—or on a healing and wellness journey with—mental illness, substance abuse, or both for at least one year*
- *Be willing to discuss your lived experience and share your personal story of healing and recovery with peers, staff, and the public*
- *Do not have a conservator*

To receive your certification, you must complete the CYAPSS training and a minimum of 75 hours of supervised paid or volunteer work providing peer support, receive a recommendation from your supervisor, obtain three character or professional reference letters, and complete the Certification Application (Part Two).

You must also review, understand, and agree to uphold the Code of Ethics and Scope of Activities, which we recommend you read through before completing this application. Failure to uphold the Code of Ethics and Scope of Activities shall be grounds for suspending, denying or revoking certification. For more specific information on the Certification Process, please see the Certified Young Adult Peer Support Specialist Handbook.

The two key differences between the Certified Young Adult Peer Support Specialist and Certified Peer Recovery Specialist programs are the age distinction and length of recovery or healing.

Please note that pursuant to Tenn. Code Ann. § 10-7-502(a), all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application. With this in mind, please only provide information in this application that you are comfortable sharing with the State, and, with the understanding, that any information contained in this application may be disclosed as required by law or as necessary for the CYAPSS program as determined by the State.

Name _____ Date _____

Address _____

City, State, ZIP _____

Phone (w/area code) _____

Personal Email (required) _____

- 1. Have you successfully completed Tennessee’s Certified Young Adult Peer Support Specialist Training within the past year? *(If not, complete the CYAPSS Training Application before proceeding.)* YES NO
- 2. Have you disclosed to peers, staff, or the general public that you have lived experience with mental illness and/or substance abuse? YES NO
- 3. Have you enclosed three separate character reference forms? You need to have known each reference for at least three months. YES NO
- 4. Have you provided peer support services to individuals who have mental illness, substance abuse, for at least 75 hours (paid or volunteer)? YES NO
- 5. Have you provided peer support services under the supervision of an individual who meets the Supervision Requirements outlined in the CYAPSS Handbook? YES NO
- 6. Did your supervisor complete the Employment/Volunteer Summary form and enclose it with this application? YES NO
- 7. Was your position paid or volunteer? YES Volunteer
- 1. Have you upheld the Code of Ethics and Scope of Activities since your training? YES NO
- 2. Do you agree to uphold the Code of Ethics and Scope of Activities moving forward? YES NO

Briefly describe your **peer support** responsibilities/duties and how you use your lived experience in your work. Attach more pages as needed for additional work or volunteer experience providing peer recovery services.

Your Position _____ Start Date _____
Agency/Organization _____ End Date _____
Supervisor _____ Credentials _____
Supervisor's Phone _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to suspend, deny or revoke my certification.

Additionally, I understand that, pursuant to T.C.A. §10-7-502(a), all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, I understand that the State cannot and does not guarantee the confidentiality of this application or any notes, files, reports, or other documents received by the State or in possession of the State in conjunction with this application. With this in mind, I have only provided information I am comfortable sharing. Further, I understand that the information I have provided in this application may no longer be considered confidential and I waive any protection to this information and allow the State to use or disclose the information contained in this application as required by law or as necessary for the CYAPSS program as determined by the State.

Your signature _____ Date _____

Your printed name _____

Once complete, please scan and email the following five items to TDMHSAS at the address below. Please do not mail or fax any information.

1. CYAPSS Application for Certification
2. Employment Summary **OR** Volunteer Service Summary completed by supervisor
3. Letter of Character or Professional Reference (see form on website or Appendices of the CYAPSS Handbook)
4. Letter of Character or Professional Reference
5. Letter of Character or Professional Reference

Send to:

Youth and Young Adult Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
Email: CYAPSS.TDMHSAS@tn.gov