

How to: Certification Renewal

09/28/2023

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Log into Certification Application

- 1. Locate Our Website www.capeercertification.org
- 2. Select the Register/Login button at the top of the page



- 3. A login box will appear.
- 4. Login by manually typing in your email and password or select either the "Sign in with Google" or "Sign in with Microsoft".

<u>Note</u>: You must log in the same way and with the same email/password as when you filled out your application.



Navigate to Renewal Application

- 5. Choose one of two options to find your application
 - a. Option A Once on the Dashboard, you will find your application on the left side bar under "Dashboard". Click "Renew My Certification". This will open the renewal application.



b. Option B - In the center of the page, select the "Start Renewal" button on the "Certification Renewal Application" box.



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| | Training Provider Application Access the application form through this link. Submit your organization's information, course offerings, and qualifications to meet the required standards to become a CaM45A approved Training Provider. |
| t Renewal | |
| | |
| Read the in Select the | nformation regarding certification renewal. "Start Renewal" button to proceed. |
| | |

| Peer Certification Renewal | |
|---|---|
| Thank you for your interest in re- | newing your Medi-Cal Peer Support Specialist Certification. |
| Professionals seeking renewal are required to co thereafter for each renewal. At least six hours of training courses must be completed grint to sub- the same continuing education course cannot be courses may be taken in various formats, include within their professional coope of practice and en We may ask to review your training records to u review, you will be notified in writing and shall ; failure to comple with combinione decision rese | amplete twenty (20) hours of continuing education every two years from the date of the initial certification and Law and Ethics training is required during each two-year cycle. To satisfy the continuing education requirement, entiting an anglicitation for renewals and each course may be counted endy once during the same renewal period B, e claimed more than one time during each certification period, even if the course was taken annually). Training enantaning evidence of completed trainings. |
| Please ensure to complete your application in fu with the associated payment. Only complete app <u>Certification</u> section of our website for detailed i | Il and submit associated payment. Applications are considered complete when an application is submitted along plications will be processed. Please visit the <u>Certification Renewal & Centinuing Education Resultements - CA Pe</u> information. |
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| | |
| START RENEWAL | |

Start



Complete Renewal Application

- 8. Complete the application form with the required information.
- 9. Read and review the Code of Ethics and Continuing Education Attestation.
- 10. Check the boxes at the end of the application form to proceed.

| | CERTIFICATION REN | EWAL APPLICATION | |
|--|--|--|--|
| Thank you for your interest in renew to complete twenty (20) hours of cor renewal. At least six hours of Law ar requirement, training courses must to once during the same renewal perio professional scope of practice and m | ng your Medi-Cal Peer Support tilnuing education every two ye ad Ethics training is required du e completed prior to submitting dApplicants are responsible for aintaining evidence of complete | C specialist Certification. Professionals see ars from the date of the initial certificatio ring each two-year cycle. To satisfy the or an application for renewal and each cou- taking continuing education courses that id trainings. | teing renewal are required in and thereafter for each ontinuing education rse may be counted only are within their |
| Please note the renewal fee (\$80) m | ust be submitted with the rene | wal application. | |
| Please visit Certification Renewal Co | ntinued Education Requirement | ts_for more info. | |
| I am currently employed in a peer r | ole: | | |
| O No | | | |
| Current employer name | | Current employer county | |
| | | | |
| Current employer type | | | |
| Peer or Consumer-run organization | | | |
| Salutation Legal First Name | Legal Middle Name | Legal Last Name | Suffix |
| 10.745. First Name | | Last Name | |
| Address | International Address? | Address 2 | |
| 1610 Arden Wy | | Ste 175 | |
| City | State | Zø | |
| Sacramenta | CA | 95815 | |
| Phone | | | |
| +1 (279) 234-0699 | | | |
| I attest that I have completed 20 prior to the date of this applicat | hours of continuing education | requirement, including 6 hours of Law an | d Ethics during the 2 year |
| Yes, I agree to Code of Ethics for | Peers | | |
| Download the PDF | a submitting the section limited in | | and of an entitleation 1 |
| i, the undersigned, am the perso understand that any mistatement certification. | n submitting the application. I h its or omissions of material fact | have read and know the standards for ren is may be cause for denial, suspension, or | ewar or my certification. I revocation of a |

Pay Certification Renewal Fee

- 11. Select the "Pay" button to submit your payment information for the renewal fee.
- 12. Enter your payment or voucher information and select 'Pay' again





Confirmation of Renewal

- 13. Once your payment is submitted, your renewed certificate will appear on your dashboard.
- 14. An email confirmation will be sent to the email on file.
- 15. This certificate renewal will be valid for 2 years from the original expiration date.

| My Applications | Certificate Number: | | W. Kale | | | | |
|--|---|---|--|--|-----------|--|--|
| My Certificate | | | | | PRINT PDF | | |
| pecializations | | | LIN V | | | | |
| Apply for Specialized Training | CalMHSA | CaIMHSA California Me | | al Health Services Authority Arden Way, Ste 175 | | | |
| burses | California Mental Health Services Authority | | Sacramento, CA 95815 | | | | |
| Peer Support Specialist Orientation | Conti | Contified Medi Col Door Comment Stanio list | | | | | |
| Supervision of Peer Workers | Certified Medi-Cal Peer Support Specialist | | | | | | |
| | Certification Number | | Valid Until | 07/21/2026 | | | |
| | Issuing Date | 07/29/2022 | Status | Renewed And Active | | | |
| | | | | | | | |
| | First Name Last Name 1610 Arden Wy Ste 175 | | | | | | |
| | | | | | | | |
| | NON-TRANSFERABLE | | In accordance with the provisions of California Welfare and institutions Code, Division 9, Part 3, Chapter 7, Article 1.4, Section 14045.15, the person named hereon is issued a Medi-Cal Peer Support Specialist Certification. | | | | |
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