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Introduction

The Medi-Cal Peer Support Specialist application is available here on our website. Please review the <u>Initial Certification Requirements page</u> to ensure you understand the requirements, the time commitment, and have everything you need to start the application process. **Please note that the application cannot be saved and must be completed all at once.**



1. Locate Our Website <u>www.capeercertification.org</u>. Scroll up on this webpage and select the "Register/Login" button and a dialog box will appear.



2. Click on "Sign Up" and either sign in with your Google or Microsoft account or create a new login with your email, password, first and last name. Select the purple "SIGN UP" button to continue,



<u>Note</u>: If you click "Sign up with Google" or "Sign Up with Microsoft Account", you will not be able to reset your password through our website. If you create an account in this manner, please ensure that you always select that option to login.



3. After you sign up, check your email inbox for a verification message.

Note: for Google or Microsoft integrated login, you will not receive a verification email.

V	/erify your email Intexx		Ð	ß
Pre to	eerCertification@calmhsa.org 11:34AM (8 minutes ago)	☆	¢	:
	Comme			
	Welcome to Medi-Cal Peer Support			
	Specialist Certification!			
	Thank you for signing up. Please verify your email address by clicking the following link:			
	Confirm my account If you are having any issues with your account, please don't hesitate to contact us by replying to			
	this mail.			
	Thanksl			
	Medi-Cal Peer Support Specialist Certification			
	If you did not make this request, please contact us by replying to this mail.			
		_	_	_

4. Click the link in the email message to verify your email. Selecting the link will take you back to the CalMHSA dashboard.

Watch the Orientation Video

5. Select "**APPLY**" on the Peer Certification Application box.







6. View the Application Dashboard page. It will display all the tasks that will be necessary to complete your certification. Step One displays a green checkmark to indicate it is complete. Step Two requires you to watch a mandatory 30-minute video.

2p:	s for Medi-Cal Peer Support Specialist
0	Step One - Create an Account Please note, when creating an account. It is strongly encouraged to utilize a personal email to prevent disruption in accessing your account in the future.
•	Step Two - Watch the Medi-Cal Peer Support Specialist Orientation and Self-Assessment Video Please watch the video by clicking <u>this link.</u> You will be redirected to our external CaMHSA Learning Management System. If you're having trouble signing in please go to your profile page by expanding the menu on the upper right corner.
0	Step Three - Complete an Application Incomplete
0	Step Four - Pay Application Fee or Enter Prepaid Code Incomplete
0	Step Five - Take 80-hour Training & Upload Certificate Select an <u>anstroved training provider</u> and return to your application and <u>upload your certificate of comeletion</u>
	Step Six - Pay Exam Fee or Enter Prepaid Code Please note, CalMHSA sends Exam Registration Email within 14 business days of payment received. Once received, please schedule your exam appointment.
0	Step Seven - Schedule and Take Exam Please note, CaliMHSA emails formal notification of results within 14 business days after scheduled grags For exam retakes, repeat step 6 -7. Approved

7. Select the link under Step Two to watch the orientation video. You will be directed to Moodle, CalMHSA's Learning Management System (LMS).



8. Fill out the LMS required fields and select "**Update Profile**" if you do not already have an account.



Peer Team	Expand all	> Interests
General		Optional
Last name		Other Details
Email address	can an and digend and	
Email visibility	Visible to course participants +	Employment
MoodleNet profile 0		
Cityftown		Role Peer Worker/Supporter
Select a country	Select a country #	Employment Choose
Timezone	Server timezone (America/Los_Angeles) ●	
Description 0	Edit View Insert Format Tools Table Help \Leftrightarrow c^{\flat} B I \Box D \clubsuit \clubsuit \bullet \mathscr{P} \circledast \ddagger	Professional License Number
		Update profile Cancel

9. Select "My courses" once your profile has been created.

Courses ~			
	PT Peer Tea	m 🛡 Message	
	Preferences		
	User account	Blogs	Badges
	Edit profile Change password Preferred language Forum preferences	Biog preferences External blogs Register an external blog	Manage badges Badge preferences Backpack settings
	Editor preferences Calendar preferences Content bank preferences Message preferences Notification preferences		

10.Select the course title, *Medi-Cal Peer Support Specialist Orientation and Self-Assessment* course, located in your courses.

My courses



11. The course will open, select "**Proceed to course content**" to navigate to the video.







	Click here to start video	
Medi-Cal Pee	er Support Specialist Orientation and Self Assessment	
> Dates		
	Proceed to course conten	nt

12.Select the play icon (▶) on the course and locate the navigation buttons.

Continue selecting "Next" until video completion.



Page **5**



14.Select "Click here to return to the application" to exit LMS and return to

the Application Dashboard (you may have to scroll down to find this).



15.Select the **web link** to go back to the Peer Certification Dashboard.

Medi-Cal Peer Support Specialist Orientation and Self Assessment

General	Collapse all
Announcements	
Orientation and self assessment video	
Click here to start video	✓ Done ✓
Click here to return to the application	

16. The Application Dashboard will show a green checkmark next to Step Two and Step Three will now display "**Complete an Application**". (you may need to select Dashboard on the left side of the window to view).



🖬 Dashboard	
Apply for Peer Certification	
Apply as Training Provider	
ly Applications	
Exam Accommodations Form	Steps for Medi-
pecializations	
Peer Support Specialist Orientation	Step One - Please note
 Supervision of Peer Workers 	Step Two - You have co
	Step Three Incomplete

Important note: If there is not a green checkmark next to Step Two, the button *Start A New* Application will not display, and you will not be able to continue. You may have to repeat steps and re-watch the Orientation Video to continue to the next step.

Fill Out the Application

- 17.Return to <u>www.capeercertification.org</u>. Scroll up and select the
- "Register/Login" button to log into the Peer Certification Application.
- 18. You may have to select "**Apply**" to enter the Peer Certification Application.





19.Select "Apply for Peer Certification" on the left-side of the page.



20.On the initial application follow these steps:

- a. Read all the information presented
- b. Chek the boxes that apply to your application
- c. Select



APPLICAN	NT REQUIREMENT	٢S

Do you meet ALL of the following requirements? (Reserved was de the checkboxes to continue to the application) I am at least 18 years of age. I possess a high school diploma or equivalent degree. I self-identify as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer. I am willing to share my lived experience I have a strong dedication to recovery. I agree to and I will adhere to the Medi-Cal Code of Ethics for Peers I plan to take the certification exam. EF FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THE APPLICATION. UMUST PREPARE ALL DOCUMENTS IN PDF, JPEG, OR JPG FORMAT BEFORE YOU MAY PROCEED. Ernment Issued ID / Driver License / Passport that indicates you are born before 04/09/2007 1 School Diploma / G.E.D. / any other advanced degree FORTANT: AN APPLICATION DOES NOT AUTOMATICALLY SAVE. YOU MUST COMPLETE IT IN ORDER TO SUBMIT IT. THE APPLICATION		
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21. Fill out each field with the required information. Note that each field

marked with a red triangle (f A) is a required field.







A		PEER CEF	RTIFICATION APPLICATI	ION		
am applying	for: 🛕					
Initial Certifica	ation Through Approved	/endor				
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Please Select an (Option					,
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tease upload a pict	ture of your Government I file chosen	ssued Driver's License / ID / Passport	•			
you have ever bee	n known by another nam	e, please list the full name(s)				
H						
ease upload a file	of your High School Diple	oma / equivalent degree / advanced de	gree 🛕			
Choose File No	file chosen					
IOTE: Knowii his applicatio	ngly making a fal: n.	se statement of fact that i	s required to be reveale	ed in this applica	ntion may be grou	inds for denial (
Agree to	Code of Ethics for	Peers J				
I plan to r	equest an accom	modation for the exam.	K			

- a. Select Initial Certification
- b. Select your employment status, if yes, enter employment information
- c. Check off your lived experience



- d. Enter your person details such as name, address, email address, phone number, and date of birth (DOB)
- e. Enter your demographic details such as County, Race, Gender, Language
- f. If you have a driver's license, check the box and enter the details. If you have a passport, just enter the passport information
- g. Select "**Choose File**" and upload the government issued photo ID entered in the above step
- h. Enter "Other Names", especially if it appears on your High School Diploma.
- i. Select "Choose File" and upload your diploma or equivalent
- j. Check the box, <u>read and agree</u> to the Code of Ethics
- k. Check this box only if you plan to submit reasonable accommodations to take the certification exam.

Note: A box will appear to sign and date your application. Type your name and sign)

- I. Select "Submit Application"
- m. Once your application is complete, continue to Pay Application Fee.

Pay the Application Fee

Once your application is submitted, you must pay the application fee.

Credit Card Payment

22.Select "Pay Application Fee" on your application.



Pendir Initial Continent	
Payment Please pay for the button bel	the application fee by clicking ow:
Peer Applicati	on Training Entity Notes Logs

23. Enter your billing information and select "Pay \$100"

Pay for Application	n for Medi-Cal Peer	Support Certification	Pay for Application	Pay for Application for Medi-Cal Peer Support Certification			
First Name		Last Name	First Name		Last Name		
First Name		Last Name	Jane		Doe		
Billing Address	International Address?	Address 2	Billing Address Address	International Address?	Address 2		
Start typing_		Apt / Ste numbers	1610 Arden Wy	×	STE 175		
City	State	Zip	City	State	Zip		
			Sacramento	CA	95815		
Prepaid Code (Please c	lick "Accept" after insertir	g Prepaid code) O	Prepaid Code (Please cl	ick "Accept" after insertin	g Prepaid code) O		
	ACCEPT			ACCEPT			
		CANCEL PAY S1000			CANCEL PAY \$100.00		

24. Enter your credit card information and "Submit Payment"

Pleas	e enter paym	ent info	Please	enter payment info
	Card Numb	er	VISA	Chickense Contra
	MM/YY	CVV		·
	Subr	nit Payment		Submit Payment



CalMHSA.org



Prepaid Code Payment

25.To enter a prepaid code, select "Pay Application Fee" on the landing page

or from the Dashboard on Step Three.

26. Click inside the Prepaid Code (Optional) box

- a. Enter your code in the Prepaid Code (Optional) field
- b. Select "CHECK" box to validate the code
- c. Select "USE VOUCHER"

Pay for Application	/ for Application for Medi-Cal Peer Support Certification st Name Last Name		
First Name Last Name		t Name	
Billing Address	International Address? Addre	rss 2	Pay for Application for Medi-Cal Peer Support Certification
City	State	Zip	Prepaid Code (Please click "Accept" after inserting Prepaid code)
Prepaid Code (Please o	lick "Accept" after inserting Prepa	iid code) 0	
and fully states	ACCEPT		
		CANCEL PAY SID0.00	

27.You will be emailed a receipt indicating that the payment is completed.

Upload Training Certificate of Completion

28.Now that the application fee is paid, you can upload your training certificate of completion for the 80-hour Medi-Cal Peer Support Specialist Training to your application.

29. Navigate to your application on the left-side menu, or if uploading after payment, reload the page if it doesn't auto-refresh.

- a. Your application status will reflect "TRAINING IN PROGRESS"
- 30. Select the green "Training Certificate" button and proceed with uploading your training certificate.

Page 13



- a. Note: We have a <u>step-by-step guide</u> on how to upload your training certification located in the <u>Resource Library</u>.
- 31. CalMHSA will be notified of your application submission and will contact

you with next steps via email once we have processed your application.

Application Tips & Troubleshooting

Q: I am unable to enter my DOB or ID/passport Expiration Date

A: To correctly enter the DOB or Expiration Date:

1. Click in the date field and then click on the year



2. Scroll up or down and select the year





Date of Birth	4	
Ξ.		
1966	1967	1968
1969	1970	1971
		L.
1972	1973	1974
1975	1976	1977
E> 1978	1979	1980
f 1981	1982	1983
	Ë	

3. Then click on the month and select the month

	< Mo	Ja Tu	an We	Դր	19 Fr	73 Sa	> Su	Jar	ı	Feb	Mar
	1	2	3	4	5	6	7	Ap	r	May	Jun
	8	9	10	11	12	13	14	Jul		Aug) Sep
	15	16	17	18	19	20	21			2	
_	22	23	24	25	26	27	28	Oc	t	Nov	Dec
F	29	30	31	1	2	3	4			Ë	

4. Finally, select the day

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	7	8	9	10	11	12	13 h-
	14	15	16	17	18	19	"J ₂₀
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>	28	29	30	31	1	2	3

5. Verify the correct date displays

Date of Birth	
05/27/1973	×
chul	



Q: I am unable upload a file

A: To upload a file:

- 1. Ensure you know where your file is located (My Documents, Downloads, Files, Finder, etc.)
- 2. Select "Choose File"

Please upload a picture of your Government Issued Driver's License / ID / Passport 🛕
Choose File No file chosen
If you have ever been known by another name, please list the full name(s)
Please upload a file of your High School Diploma / equivalent degree / advanced degree 🛕
Choose File Note chosen

- 3. A folder box will pop up in front of the application
 - a. Select the folder where your file is located
 - b. Choose All Files to display
 - c. Double click your file to attach



8	Open				×
County of Residence 🛕	$\leftarrow \rightarrow \sim \uparrow \underline{\checkmark} \rightarrow Do$	wnloads	~ C	Search Downloads	م
Please Select an Option	Organize 🔻 New folder			88	- 1 0
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I have a Driver's Lice	Desktop	✓ Last month	3		
Please upload a picture of	↓ Downloads ☐ Documents	 My License My Advanced 	Degree		
Choose File No file ch	Pictures	*			
f you have ever been kno	Videos	*			
	File name:		2	All Files	~
Please upload a file of you				Open	Cancel
Choose File No file ch	osen				

- 4. Verify the correct file was uploaded. If not, select the X and retry.
 - a. <u>Note</u>: your file must be in PDF or JPEG format. Other file types will not be accepted.



Hint: you can name the file in your downloads for easy finding by left clicking the file and selecting "Rename"