

How to: Apply for Certification

4/10/2025

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Introduction

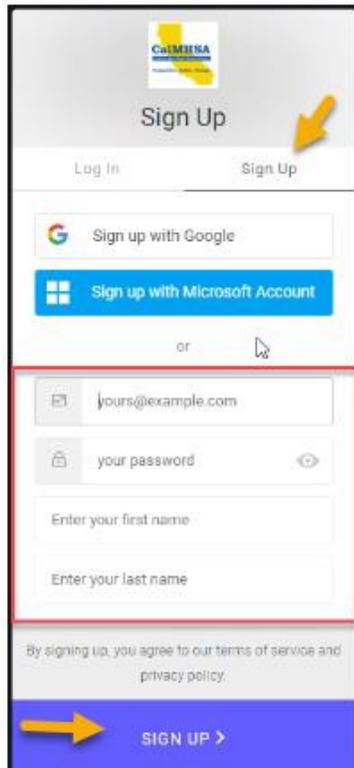
The Medi-Cal Peer Support Specialist application is available here on our website. Please review the [Initial Certification Requirements page](#) to ensure you understand the requirements, the time commitment, and have everything you need to start the application process. **Please note that the application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

Create An Account

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



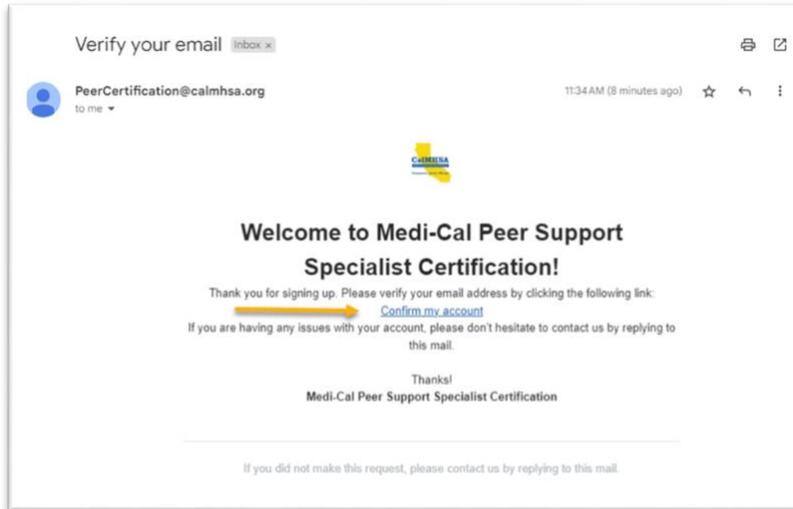
2. Click on “Sign Up” and either sign in with your Google or Microsoft account or create a new login with your email, password, first and last name. Select the purple “SIGN UP” button to continue,



Note: 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.

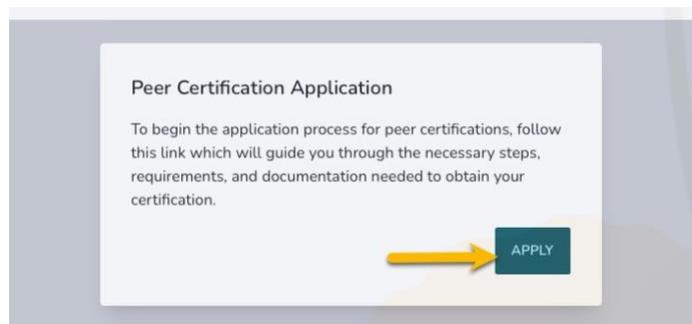
Note: for Google or Microsoft integrated login, you will not receive a verification email.



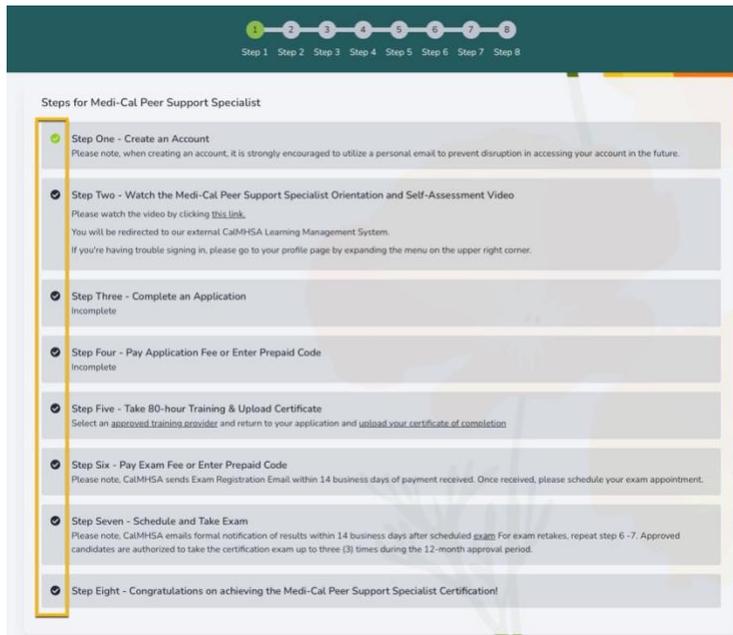
4. Click the link in the email message to verify your email. Selecting the link will take you back to the CaIMHSA dashboard.

Watch the Orientation Video

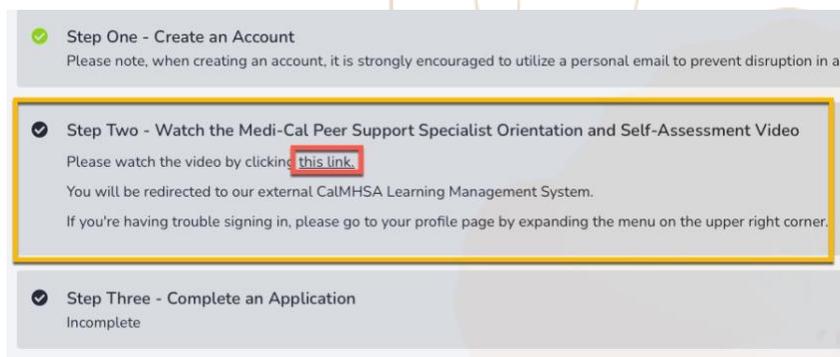
5. Select **“APPLY”** on the Peer Certification Application box.



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.



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



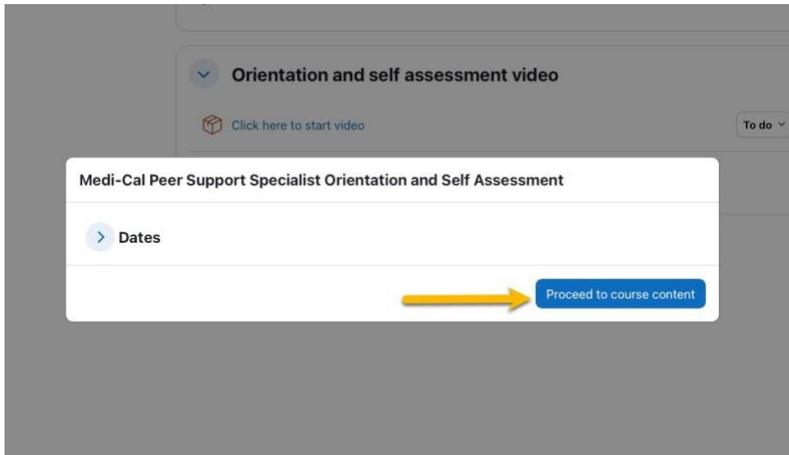
8. Fill out the LMS required fields and select “**Update Profile**” if you do not already have an account.

9. Select **“My courses”** once your profile has been created.

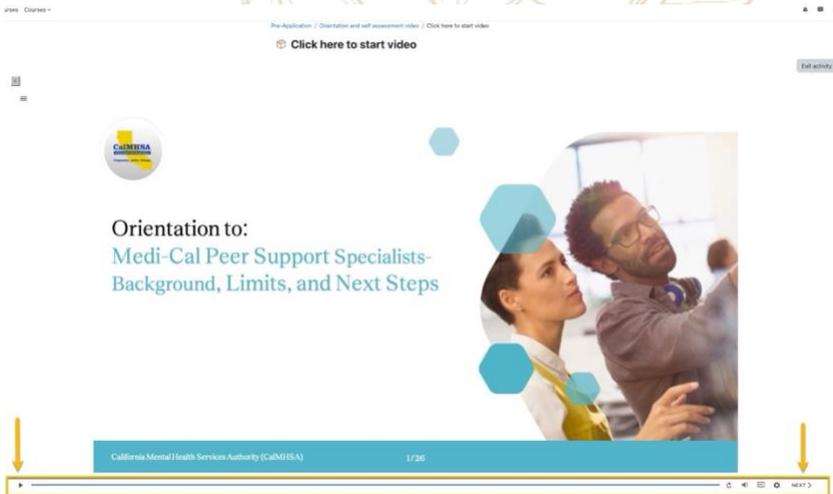
10. Select the course title, *Medi-Cal Peer Support Specialist Orientation and Self-Assessment* course, located in your courses.

My courses

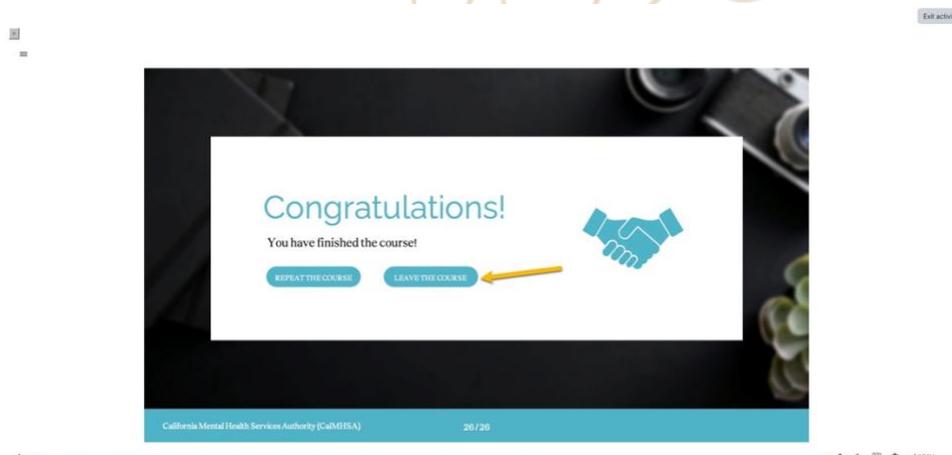
11. The course will open, select **“Proceed to course content”** to navigate to the video.



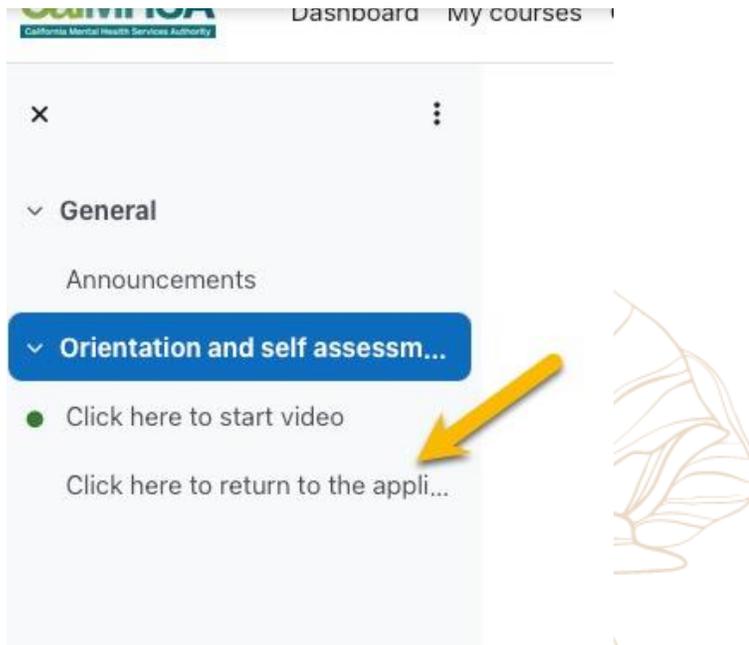
12. Select the play icon (▶) on the course and locate the navigation buttons. Continue selecting “**Next**” until video completion.



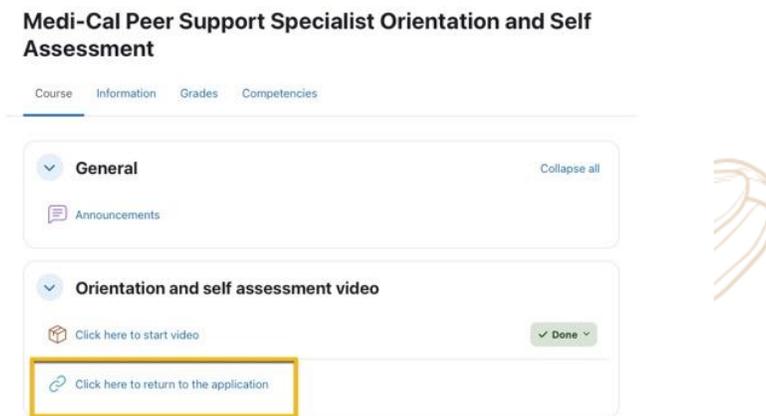
13. Select “**Leave the Course**” once the course is complete.



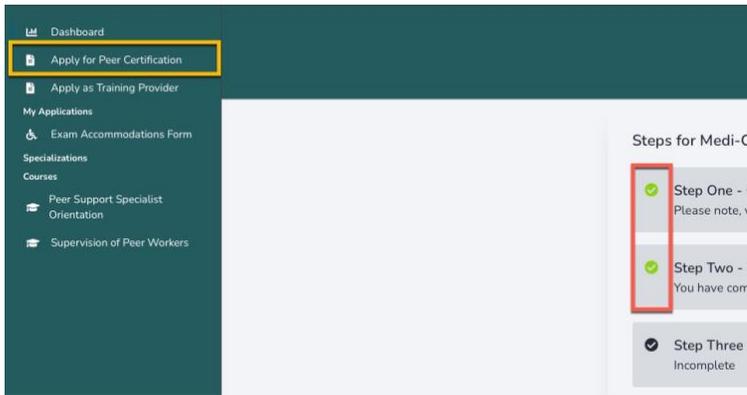
14. Select “**Click here to return to the application**” to exit LMS and return to the Application Dashboard (you may have to scroll down to find this).



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



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).



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

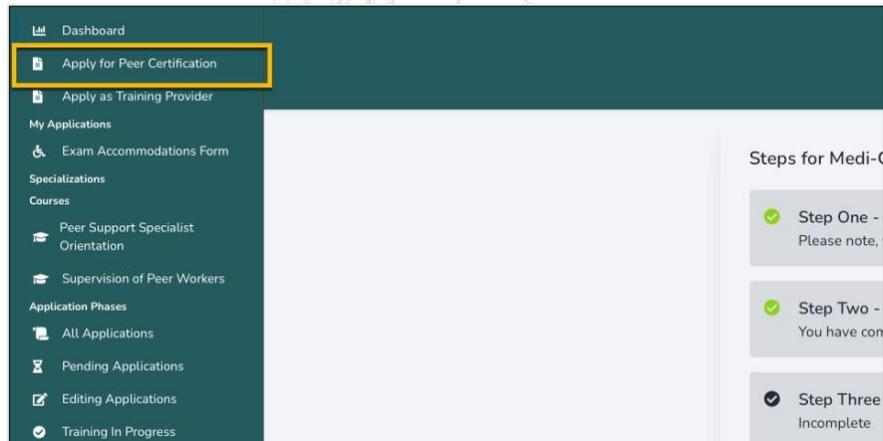
17. Return to www.capeercertification.org. Scroll up and select the **“Register/Login”** button to log into the Peer Certification Application.
18. You may have to select **“Apply”** to enter the Peer Certification Application.

Peer Certification Application

To begin the application process for peer certifications, follow this link which will guide you through the necessary steps, requirements, and documentation needed to obtain your certification.

 **APPLY**

19. Select **“Apply for Peer Certification”** on the left-side of the page.



Dashboard

Apply for Peer Certification

Apply as Training Provider

My Applications

Exam Accommodations Form

Specializations

Courses

Peer Support Specialist Orientation

Supervision of Peer Workers

Application Phases

All Applications

Pending Applications

Editing Applications

Training In Progress

Steps for Medi-C

- Step One - Please note,
- Step Two - You have con
- Step Three - Incomplete

20. On the initial application follow these steps:

- Read all the information presented
- Check the boxes that apply to your application
- Select

APPLICANT REQUIREMENTS

Do you meet ALL of the following requirements?
(Please check each of 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.

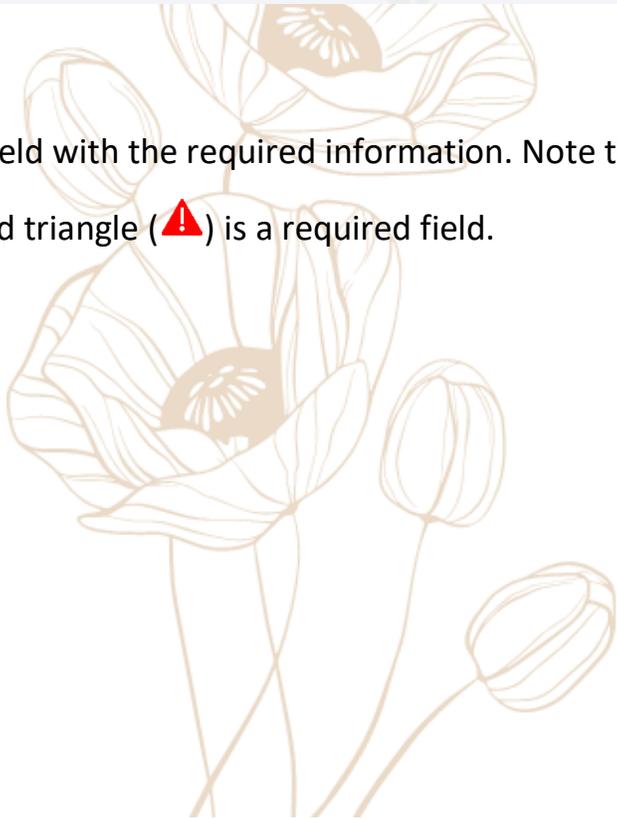
THE FOLLOWING DOCUMENTS ARE REQUIRED TO COMPLETE THE APPLICATION.
YOU MUST PREPARE ALL DOCUMENTS IN PDF, JPEG, OR JPG FORMAT BEFORE YOU MAY PROCEED.

- Government Issued ID / Driver License / Passport that indicates you are born before 04/09/2007
- High School Diploma / G.E.D. / any other advanced degree

IMPORTANT: AN APPLICATION DOES NOT AUTOMATICALLY SAVE. YOU MUST COMPLETE IT IN ORDER TO SUBMIT IT.

[START THE APPLICATION](#)

21. Fill out each field with the required information. Note that each field marked with a red triangle (▲) is a required field.



PEER CERTIFICATION APPLICATION

A

I am applying for: **A**

Initial Certification Through Approved Vendor

Out of State Reciprocity

I am currently employed in a peer role: **B**

Please Select an Option

My primary lived experience is with the following (select all that apply): **C**

Personal recovery experience with mental health conditions.

Personal recovery experience with substance use disorders.

Experience as a parent, caregiver, family member of a child or adult with mental health conditions.

Experience as a parent, caregiver, family member of a child or adult with substance use disorders.

D PERSONAL DETAILS

Please ensure the information provided is true and accurate. Your full, legal name, matching your government issued identification, is required.

Salutation Legal First Name **A** Legal Middle Name Legal Last Name **A** Suffix

Mr./Ms. Required Required Jr.

Address **A** Address 2

Start typing... Apt / Ste numbers

City State Zip

Required Required Required

Email Phone **A** Date of Birth **A**

calmhstest23@gmail.com +1 (555) 555-5555

E DEMOGRAPHIC DETAILS

County of Residence **A**

Please Select an Option

Race **A** Gender **A** Primary Language **A** Employment Status **A**

Select any language Please Select an Option Select any language Please Select an Option

I have a Driver's License or ID **F** Passport Number **A** Expiration Date **A**

Passport

Please upload a picture of your Government issued Driver's License / ID / Passport **A**

Choose File No file chosen **G**

If you have ever been known by another name, please list the full name(s)

H

Please upload a file of your High School Diploma / equivalent degree / advanced degree **A**

Choose File No file chosen **I**

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application.

Agree to Code of Ethics for Peers **J**

I plan to request an accommodation for the exam. **K**

SUBMIT APPLICATION **L**

- 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, read and agree 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)

- l. 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.

Application Status

Pending

Initial Certification

Payment

Please pay for the application fee by clicking the button below:

PAY

Peer Application Training Entity Notes Logs

APPLICATION INFO

Training provider **TRAINING CERTIFICATE**

23. Enter your billing information and select **“Pay \$100”**

Pay for Application for Medi-Cal Peer Support Certification

First Name Last Name

First Name Last Name

Billing Address

Address International Address? Address 2

Start typing... Apt / Ste numbers

City State Zip

Required Required Required

Prepaid Code (Please click "Accept" after inserting Prepaid code)

ACCEPT

CANCEL PAY \$100.00

Pay for Application for Medi-Cal Peer Support Certification

First Name Last Name

Jane Doe

Billing Address

Address International Address? Address 2

1610 Arden Wy STE 175

City State Zip

Sacramento CA 95815

Prepaid Code (Please click "Accept" after inserting Prepaid code)

ACCEPT

CANCEL **PAY \$100.00**

24. Enter your credit card information and **“Submit Payment”**

Please enter payment info

Card Number

MM/YY CVV

Submit Payment

Please enter payment info

Submit Payment

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”**

The image displays two screenshots of the payment interface. The left screenshot shows the 'Pay for Application for Medi-Cal Peer Support Certification' form with fields for First Name, Last Name, Billing Address, City, State, Zip, and a Prepaid Code field with an 'ACCEPT' button. The right screenshot is a zoomed-in view of the Prepaid Code field, showing a masked input area, a 'VALID CODE' button, and a green 'USE VOUCHER' button with a yellow arrow pointing to it.

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.

- a. Note: We have a [step-by-step guide](#) on how to upload your training certification located in the [Resource Library](#).

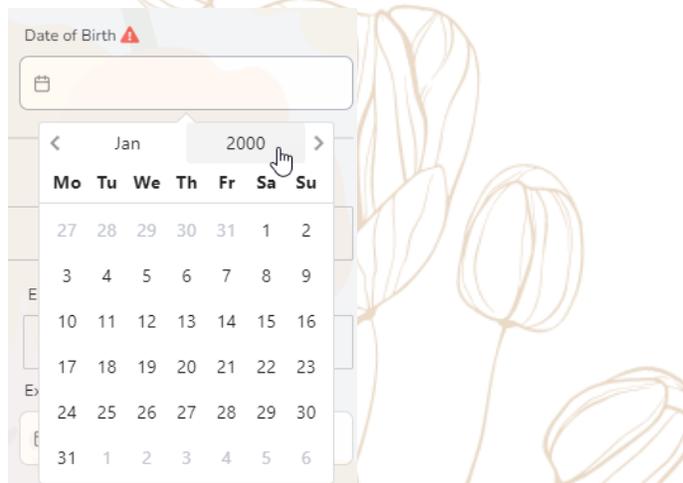
31. CaIMHSA will be notified of your application submission and will contact you with next steps via email once we have processed your application.

Application Tips & Troubleshooting

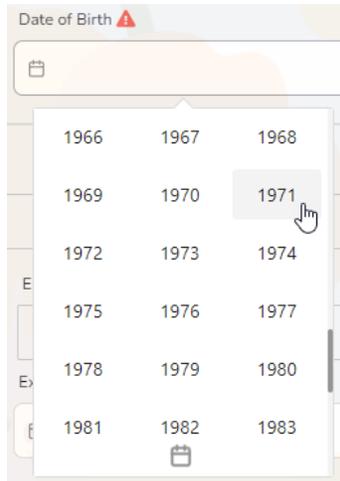
Q: I am unable to enter my DOB or ID/passport Expiration Date

A: To correctly enter the DOB or Expiration Date:

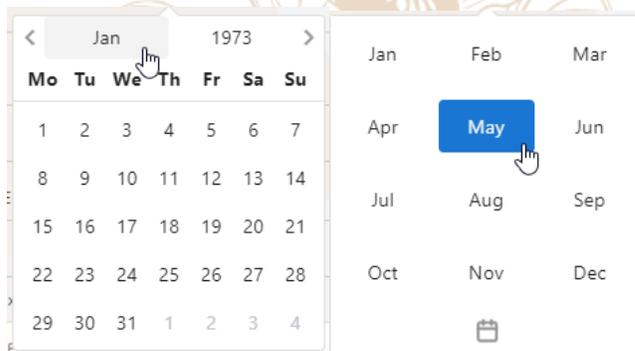
1. Click in the date field and then click on the year



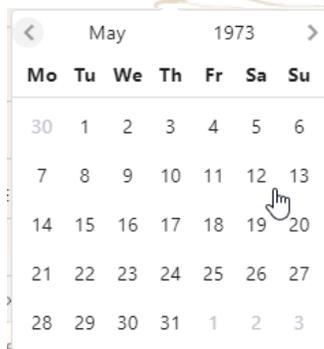
2. Scroll up or down and select the year



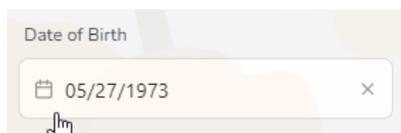
3. Then click on the month and select the month



4. Finally, select the day



5. Verify the correct date displays



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 ▲

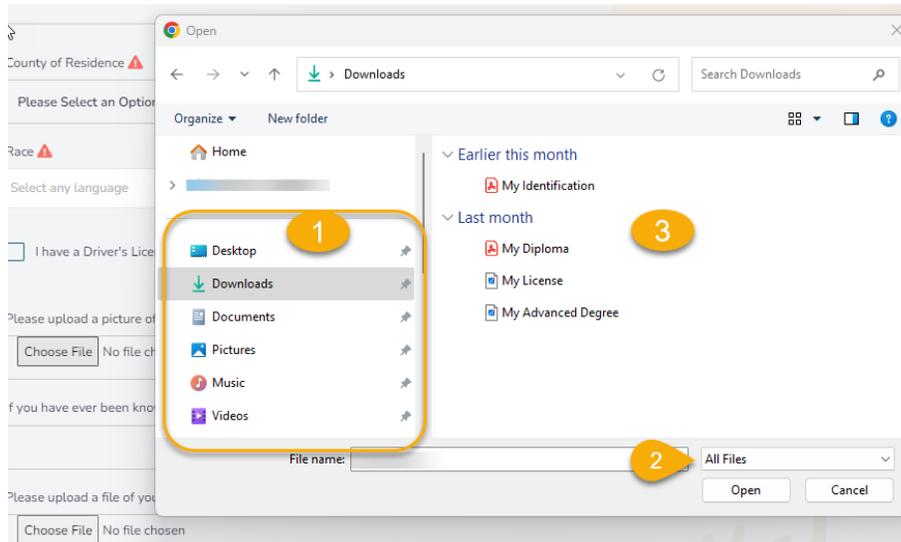
Choose File No file chosen

If you have ever been known by another name, please list the full name(s)

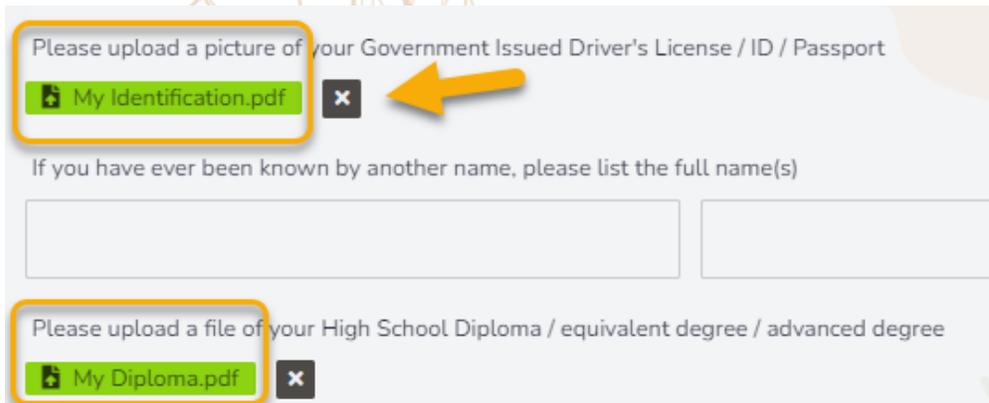
Please upload a file of your High School Diploma / equivalent degree / advanced degree ▲

Choose File No file 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



4. Verify the correct file was uploaded. If not, select the X and retry.
 - a. Note: 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"