How to: Military Reciprocity

Portability of Professional Licenses of Servicemembers and their Spouses

7/10/2025

Contents

Introduction

The Medi-Cal Peer Support Specialist Certification application for military Servicemembers and their Spouses is available here on our website. Please review the Initial Certification Requirements page to ensure you understand the requirements an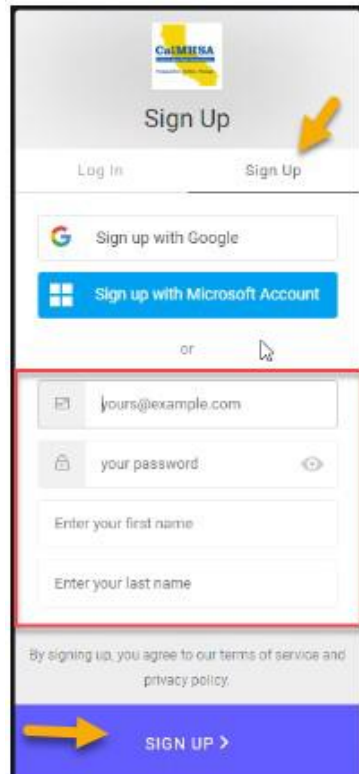d have everything you need to start the application process. **Please note that the application cannot be saved and must be completed all at once.**

![CalMHSA - California Mental Health Services Authority]

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.
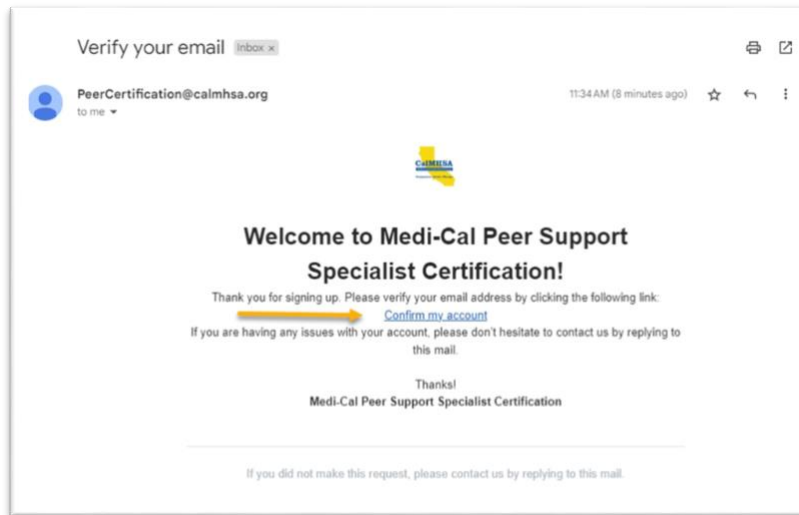
○ Login / Register

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.

CalMHSA.org

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 CalMHSA dashboard.
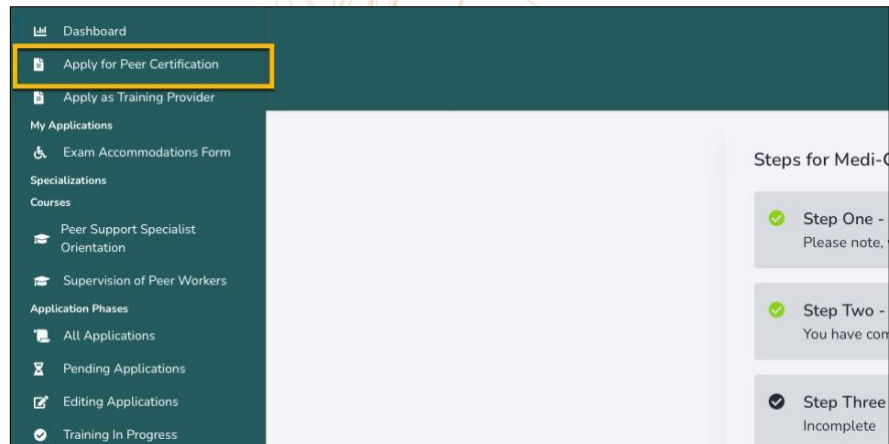
Fill Out the Application

5. Return to www.capeercertification.org. Scroll up and select the "**Register/Login**" button to log into the Peer Certification Application.

6. You may have to select "**Apply**" to enter the Peer Certification Application.

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

8. On the initial application follow these steps:

   a. Read all the information presented

   b. Chek the boxes that apply to your application

   c. Select

Medi-Cal Peer Support Specialist Certification

Peer support workers provide assistance to improve outcomes and quality of life of individuals with mental health and substance use difficulties. A peer support worker uses their lived experience of recovery to engage and promote recovery and hope in others. Today, peer support services are offered in a variety of settings and provide a wide range of services including "peer mentoring or coaching, connecting to recovery resources facilitating and leading recovery groups, and building community" (SAMHSA).

Senate Bill 803 (SB 803), Beall. Mental Health Services: Peer Support Specialist Certification Program Act of 2020. SB 803 recognizes the benefit that peer support provides to individuals and families with mental health and substance use difficulties and the increase diversity and effectiveness of peer bring to the health workforce. In alignment with SB 803, the Department of Health Care Services (DHCS) established statewide requirements for the development of a program for the certification of peer support specialist under the Medi-Cal program, creating a new Medi-Cal provider type and service type. This means that a county who has elected to implement a Medi-Cal peer certification program (either one developed by them or through representation by CalMHSA) may seek reimbursement under this new benefit for peer services provided by a certified Peer Support Specialist.

Peer Support Specialist:

Senate Bill 803 defines a peer support specialist as "individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer, and who has been granted certification under a county peer support specialist certification program."

Peer Support Specialist Services:

Senate Bill 803 defines peer support specialist services as "culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Peer support specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is individualized and is conducted by a certified peer support specialist."

Learn More Here

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

For more requirement details, visit https://www.capeercertification.org/how-to-apply/

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

START THE APPLICATION

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

Apply for Peer Certification

PEER CERTIFICATION APPLICATION

I am applying for:
- ○ Initial Certification
- ○ Out of State Reciprocity
- ◉ Portability of Professional Licenses of Servicemembers and their Spouses

I am currently employed in a peer role:

No ▾

My primary lived experience is with the following (select all that apply):
- ☑ 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.

PERSONAL DETAILS

Please ensure that the provided information is both truthful and accurate. Your complete legal name, consistent with your government-issued identification, is mandatory for this application.

Salutation	Legal First Name	Legal Middle Name	Legal Last Name	Suffix
Mr./Ms.	Jane		Doe	Jr

Address ☑ International Address? Address 2

Military Base	Apt / Ste numbers

City	State / Province	Postal Code
Nashville	Tennessee	12345

Email	Phone	Date of Birth
calmhsatest25@gmail.com	(279) 234-0699	📅 01/01/2000 ✕

DEMOGRAPHIC DETAILS

County of Residence

Sacramento ▾

Race	Gender	Primary Language	Employment Type
Multiracial or Biracial ▾	Genderqueer/gender nonconforming ▾	English ▾	Unemployed ▾

☑ I have a Driver's License or Government ID

Government issued ID should be valid and current

Driver's License/Government ID	Driver's License/Government ID State	Expiration Date
X0000000	TN	📅 01/01/2028 ✕

Please upload a picture of your Government Issued Driver's License / ID / Passport

📄 TESTid.png ✕

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

a. Select Military Reciprocity

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

Upload Additional Documentation and Submit Application

10. Upload current active peer support specialist certification from issuing jurisdiction.

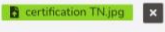11. Upload a copy of the military orders to the licensing authority in the new jurisdiction.

PORTABILITY OF PROFESSIONAL LICENSES

Relocation: Upload copy of Military Orders

Upload Military Orders

relocation orders.jpg ☒

Certification: Current and active peer support specialist certification for a state other than California

Upload Peer Support Specialist Certification

certification TN.jpg ☒

What state or territory was your certification issued?

| Tennessee | ▾ |

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.

☑ Yes, I agree to Code of Ethics for Peers on Friday, June 27, 2025 4:19 PM

Download the PDF

☑ I agree to submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

Please sign below:

| DRAW SIGNATURE | TYPE SIGNATURE |

Type your full name:
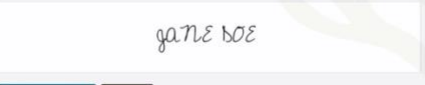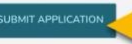
JANE DOE

Select font:

'Cedarville Cursive', cursive ▾

gaNE bOE

SAVE SIGNATURE ⚠ CLEAR

Signature Date:

📅 06/27/2025

SUBMIT APPLICATION

12. Check the box, <u>read and agree</u> to the Code of Ethics

13. Agree to submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

PORTABILITY OF PROFESSIONAL LICENSES

Relocation: Upload copy of Military Orders

Upload Military Orders

relocation orders.jpg ✕

Certification: Current and active peer support specialist certification for a state other than California

Upload Peer Support Specialist Certification

certification TN.jpg ✕

What state or territory was your certification issued?

Tennessee

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.

☑ Yes, I agree to Code of Ethics for Peers on Friday, June 27, 2025 4:19 PM

Download the PDF

☑ I agree to submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

Please sign below:

| DRAW SIGNATURE | TYPE SIGNATURE |

Type your full name:

JANE DOE

Select font:

'Cedarville Cursive', cursive

gaNE DOE

SAVE SIGNATURE ⚠ CLEAR

Signature Date:

📅 06/27/2025

SUBMIT APPLICATION

Please sign below:

| DRAW SIGNATURE | TYPE SIGNATURE |

Type your full name:

JANE DOE

Select font:

'Cedarville Cursive', cursive

gaNE DOE

SAVE SIGNATURE CLEAR

Your Saved Signature:

gaNE DOE

Signature Date:

📅 06/27/2025

SUBMIT APPLICATION

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a. Note: A box will appear to sign and date your application. Type your name and sign)
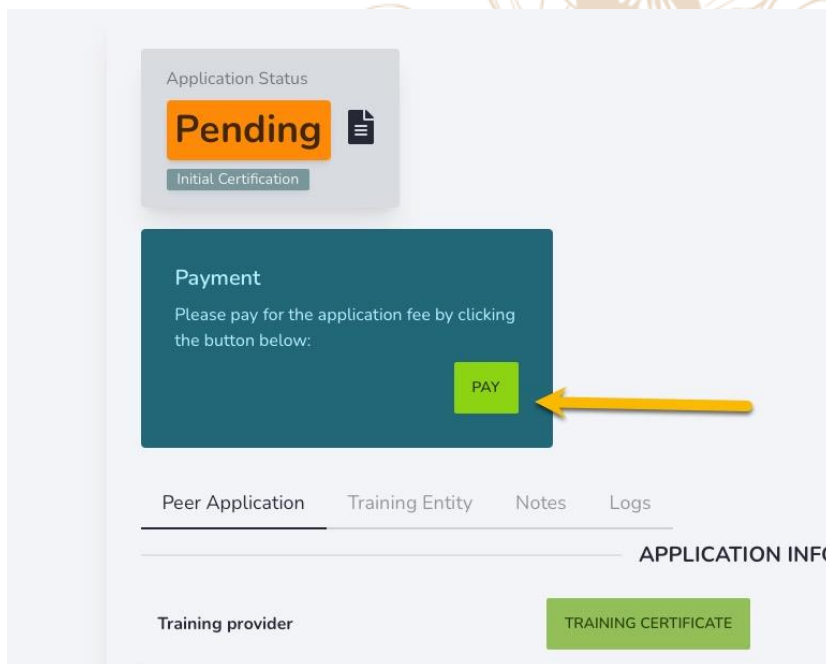
14. Select "**Submit Application**"

15. 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.
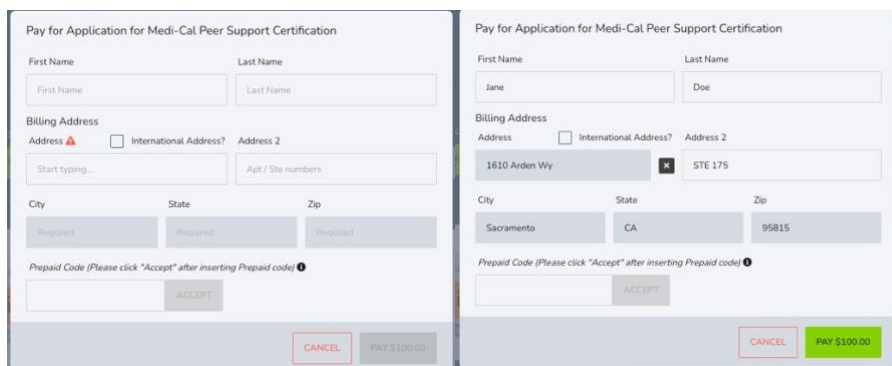
Credit Card Payment

16. Select "**Pay Application Fee**" on your application.

17. Enter your billing information and select "**Pay $100**"

18. Enter your credit card information and "**Submit Payment**"

Prepaid Code Payment

19. To enter a prepaid code, select "Pay Application Fee" on the landing page or from the Dashboard on Step Three.

20. 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**"

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

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

A: To correctly enter the DOB or Expiration Date:

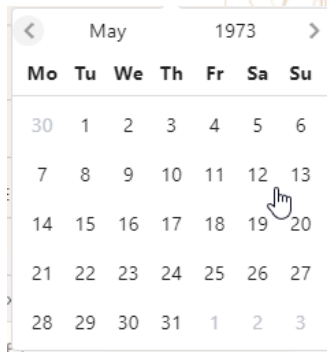1. Click in the date field and then click on the year
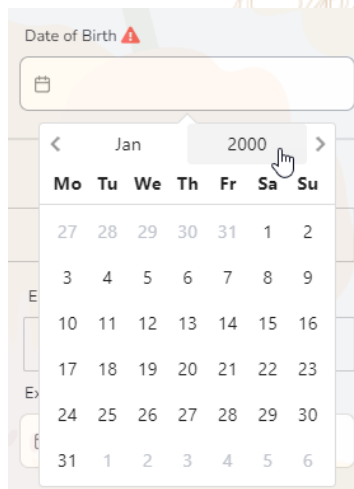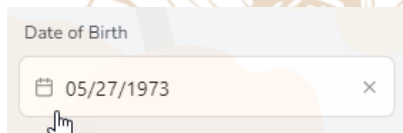

2. Scroll up or down and select the year
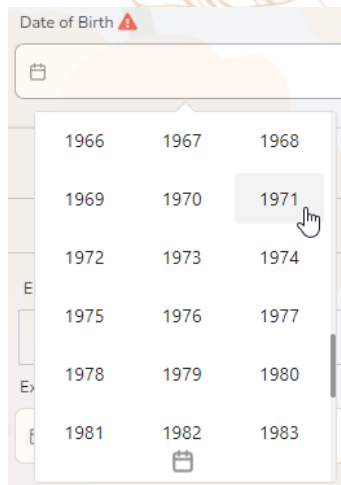
3. Then click on the month and select the month
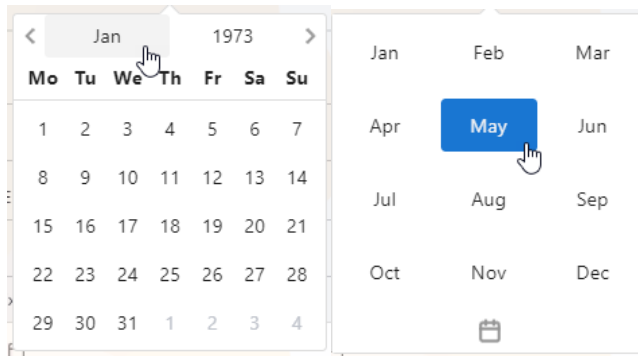
4. Finally, select the day

5. Verify the correct date displays

Date of Birth

🗓 05/27/1973 ✕

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"

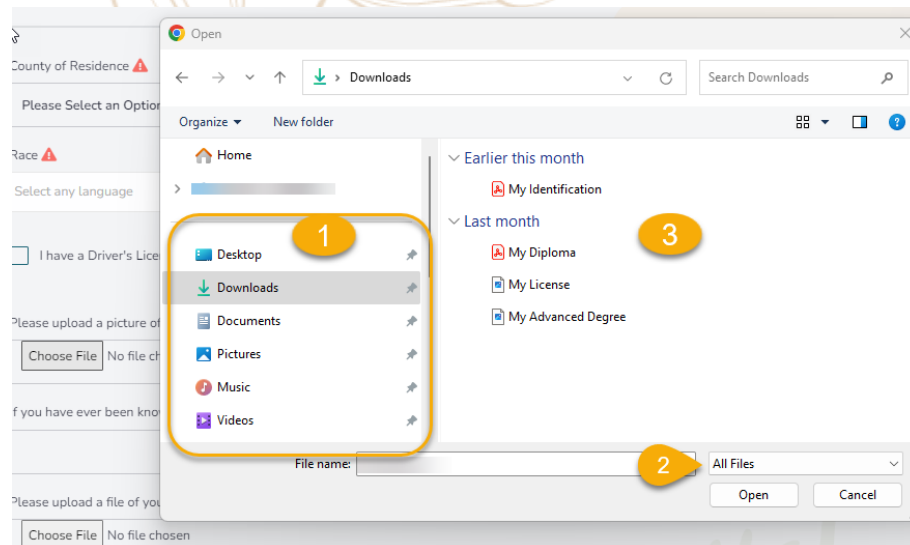Please upload a picture of your Government Issued Driver's License / ID / Passport ⚠

| 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. <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"