How to: Apply for Certification - Out-of-State Reciprocity Path

Contents

Introduction

The Medi-Cal Peer Support Specialist application through the Out-of State Reciprocity process is available here on our website. Please review the Out-of-State Reciprocity page to ensure you understand the requirements, the time commitment, and have everything you need to start the application process. For a list of acceptable documents, please visit the Resource Library.

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 the 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,
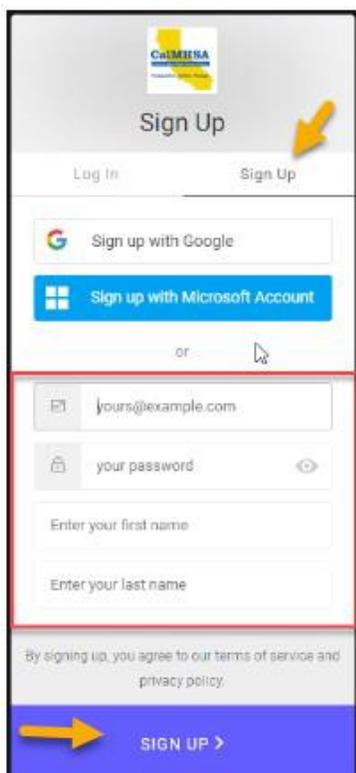

Note: If you click "Sign up with Google" or "Sign Up with Microsoft Account", you will **not** be able to reset your password through our website. If you create an account in this manner, please ensure that you always select that option to login.

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 CalMHSA dashboard. Log in with the method you registered with.
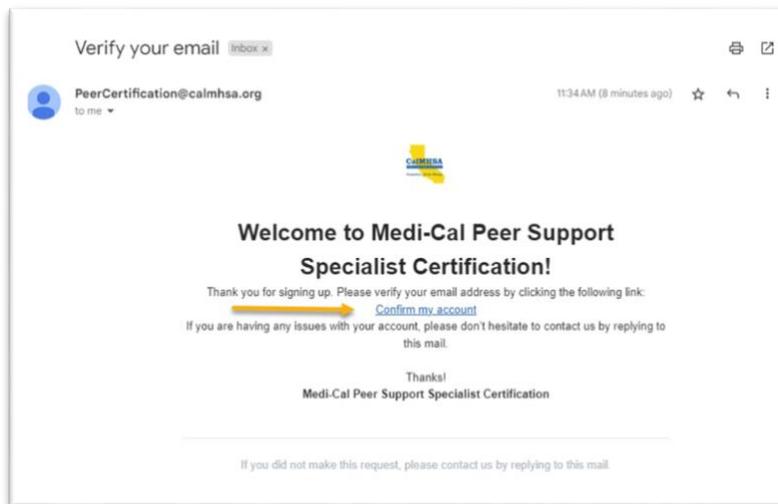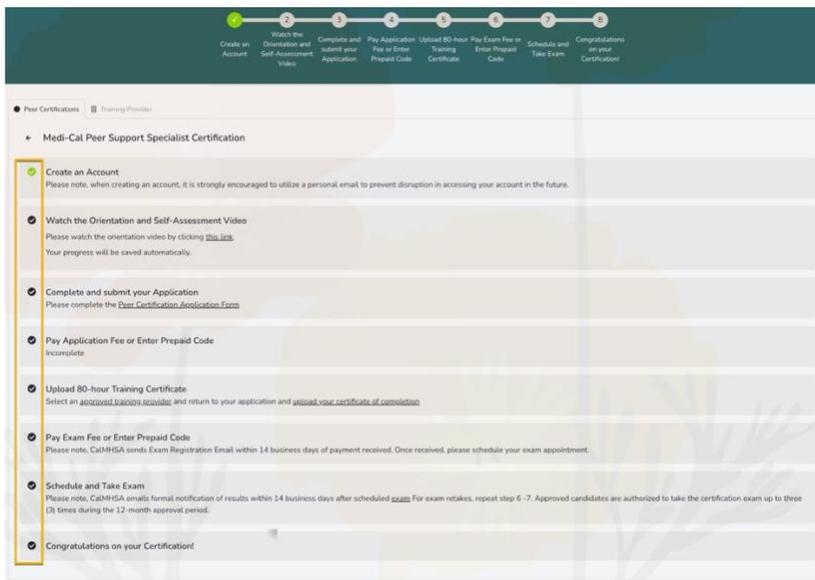

Watch the Orientation Video

5. Select "**APPLY**" on the Peer Certification Application box.
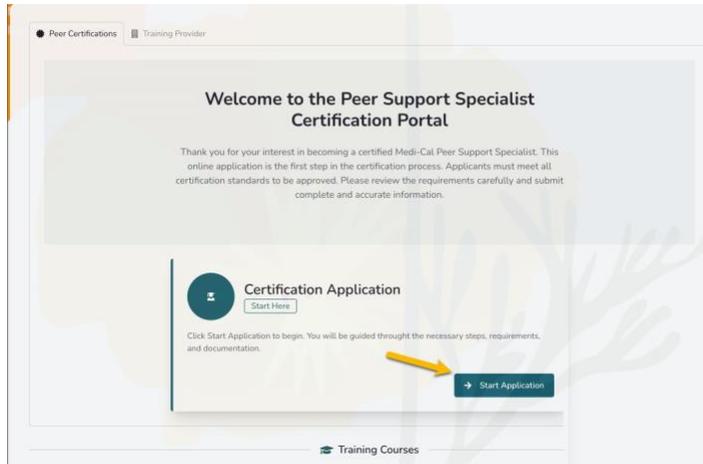
6. View the Application Dashboard page. It will display all the tasks that will be necessary to complete your certification. 'Create an Account' displays a green checkmark to indicate it is complete. Step two requires you to watch a mandatory 30-minute video.

7. Select the link under 'Watch the Orientation and Self-Assessment Video' to watch the orientation video. The video will open directly on the application portal.
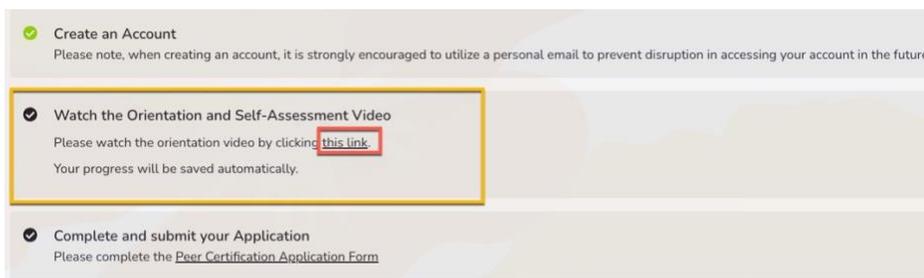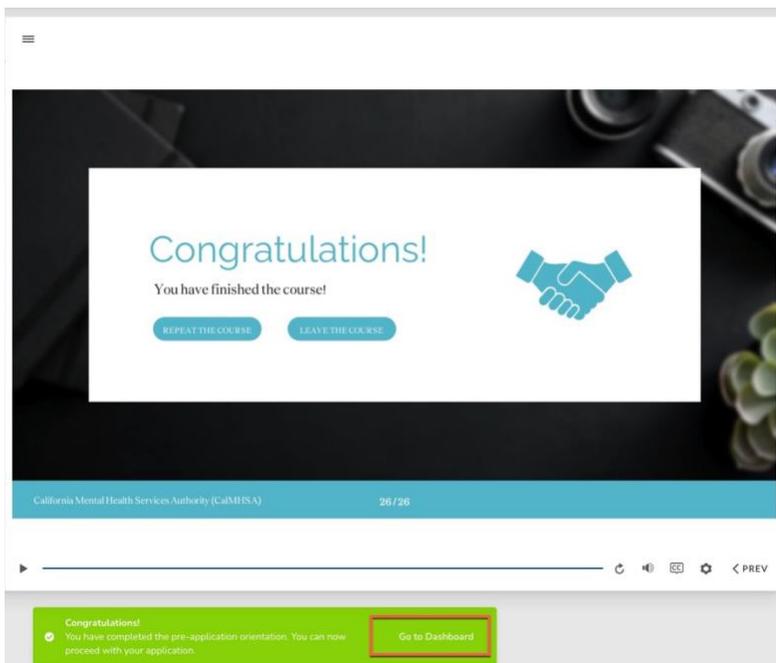
8. The course will open, select "**Click here to start video**" and then "**Proceed to course content**" to navigate to the video.


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

10. Select "**Go to Dashboard**" at the bottom of the screen once the course is complete to return to your application portal.

11. Alternatively, if you select **"Leave Course"**, select **"Pre-Application Orientation"** on the upper left side of the screen. This will bring you to your Dashboard.
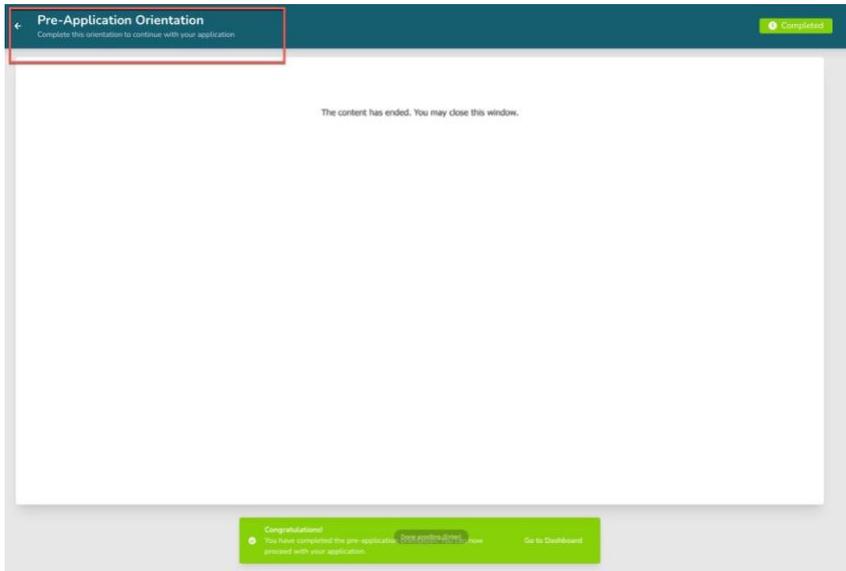
12. The Application Dashboard will show a green checkmark next to 'Watch the Orientation and Self-Assessment Video' and the next step will now display "**Complete and submit your Application**".
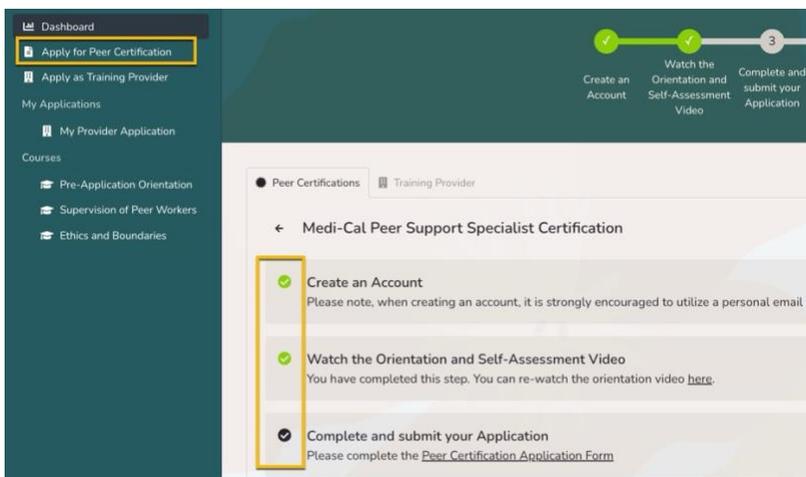

Important note: If there is not a green checkmark next to 'Watch the Orientation and Self-Assessment Video', you will not be able to continue to the application form. You may need to relaunch and fully complete the video to move forward.

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Fill Out the Application

13. Select "**Peer Certification Application Form**" to be directed to the application.

14. Select "**Start Application**" to enter the Peer Certification Application.
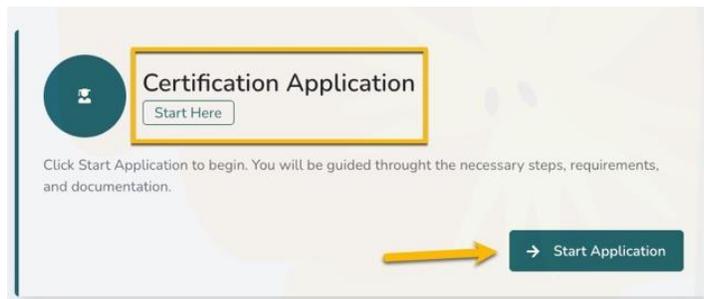
15. You may have to select "**Apply for Peer Certification**" on the left-side of the page.
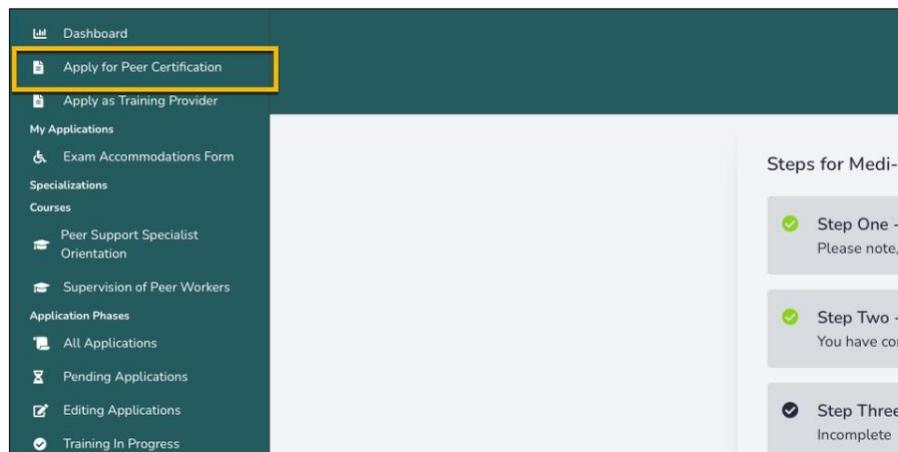
16. On the initial application follow these steps:

    a. Read all the information presented

    b. Chek the boxes that apply to your application

    c. Select "**Start the Application**" to continue

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

a. Select Out of State Reciprocity

Employment & Experience

Provide your current employment status and lived experience information.

I am currently employed in a peer role: ⚠

Please Select an Option ⌄

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

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.	Required		Required	Jr

☐ International Address?

Address ⚠ / **Address 2**

Start typing your address... / Apt / Ste numbers

City ⚠	State ⚠	Zip ⚠
Required	Required	Required

Email	Phone ⚠	Date of Birth ⚠
	(555) 555-5555	

DEMOGRAPHIC DETAILS

County of Residence ⚠

Please Select an Option ⌄

Race ⚠	Gender ⚠	Primary Language ⚠	Employment Status ⚠
Select all that apply ⌄	Please Select an Option ⌄	Select all that apply ⌄	Please Select an Option ⌄

Government ID Type

☐ I have a Driver's License or Government ID

Government issued ID should be valid and current

Passport Number ⚠	Expiration Date ⚠
Enter Passport Number	

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

Choose File	No file chosen

Accepted formats: PDF, JPG, JPEG, PNG

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

Alternate Name 1	Alternate Name 2	Alternate Name 3

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

Choose File	No file chosen

Accepted formats: PDF, JPG, JPEG, PNG

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. Enter your Our of State Reciprocity information

k. Upload your proof of employment

l. Upload your current and active peer support specialist certification from a state other than California

m. Upload your 20 hours of continuing education

n. Select the state your certification was issued

o. Upload your 3 letters of recommendation: one from a supervisor, one from a professional, and one from yourself

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

q. Check this box "**I plan to request an accommodation for the exam.**" 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 or draw your signature. You will need to select "Save Signature".
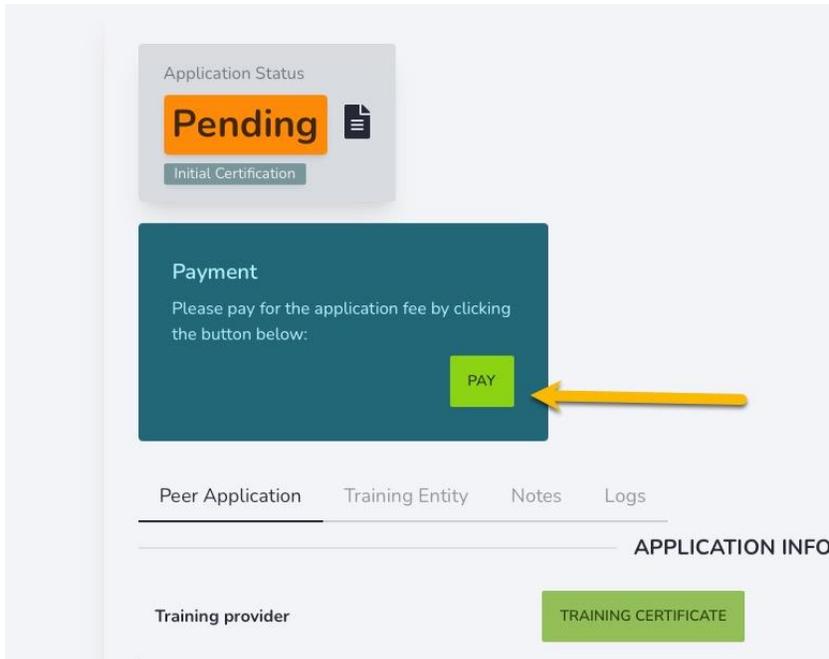

r. Select "**Submit Application**"

s. Once your application is complete, continue to Pay Application Fee.
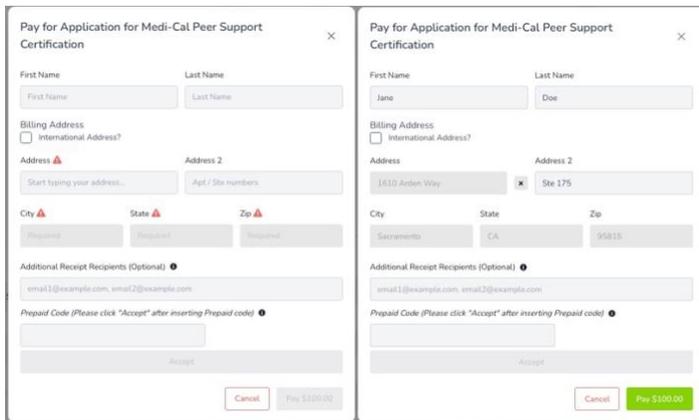
Pay the Application Fee

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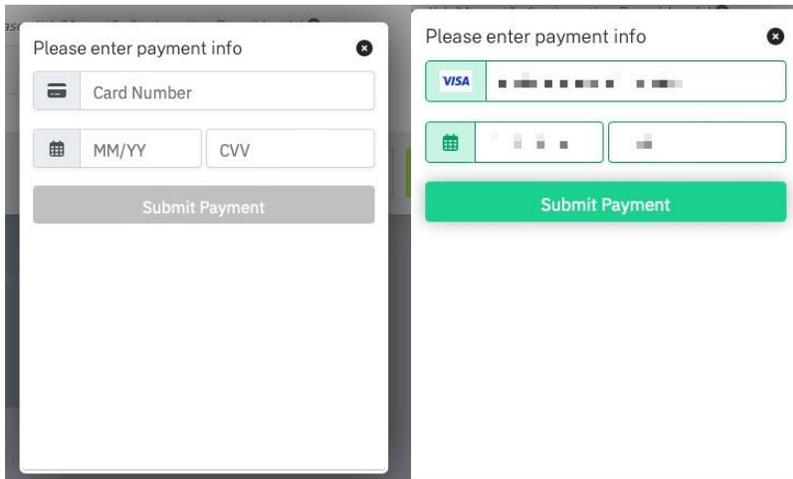
Credit Card Payment

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

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

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

Prepaid Code Payment

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

22. Click inside the *Prepaid Code (Optional)* box

    a.   Enter your code in the *Prepaid Code (Optional)* field

    b.   Select "**ACCEPT**" to validate the code

    c.   Select "**USE VOUCHER**"

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

Application Processing

24. CalMHSA will be notified of your application submission and will contact you with next steps via email once we have processed your application. Please allow up to 30 days for application processing.

25. For next steps and timeline, visit How to Apply page for step-by-step and timelines.