



Dear Family Peer Support Specialist (FPSS) Applicant,

Thank you for your interest in FPSS certification through the Iowa Board of Certification (IBC). IBC credentials prevention and treatment professionals in addictions and other behavioral health fields by promoting adherence to competency and ethical standards, and you are to be commended for your commitment to the field by seeking certification. *Please read this letter of instructions thoroughly before applying.*

You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes completing all of the attached forms, meeting education requirements, and payment of the non-refundable application fee. If you are unable to complete your application within that one-year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

**Note: your application will not be reviewed until the application fee is received.** Application materials will be reviewed within 10 business days of receipt in the IBC office. Following review of the full application, you will be notified if anything further is needed.

To efficiently move through the application process, you need to follow these steps:

1. Read this letter thoroughly before completing the application
2. Review the Family Peer Support Specialist handbook (available on the website at [www.iowabc.org](http://www.iowabc.org)) so that you are familiar with applicable requirements, processes and IBC's Code of Ethics. By signing your application on Form 02, you are subscribing to IBC's Code of Ethics for Family Peer Support Specialists.
3. Complete the attached application on your computer, save it, then print and mail the application with original signatures, copies of your certificates of completion, and fee (if paying by check) to the IBC office. You may also pay the fee online with a card on the IBC website.

**Be sure your completed application includes:**

- Completed and signed/dated application Forms 01, 02, 03, 04, 05 and 06
- Copies of certificates of completion for Family Peer Support training and Adult or Youth Mental Health First Aid (do not send originals)
- A letter from your agency regarding your supervisor (see Form 06)
- Verification of successfully passing the proctored online exam (this should be indicated on your certificate of completion for Family Peer training)
- An official written job description from your HR Dept.
- The non-refundable fee of \$60.00 which includes the application review fee and the first two years of certification. This fee can be paid by check or online by card.

Once we receive your application, we will review it within 10 business days and let you know if the application is complete or if anything further is needed. If the application is complete, certification will begin the first day of the month following completion of the application requirements. Your certificate will be emailed to you with validation dates. If you would like a printed certificate, include an extra \$10.00 with your fee.

Your FPSS certification is valid for two years. You will need to submit your completed recertification application (via email, mail or fax) so that it is sent to IBC on or before the expiration date shown on your certificate to avoid the late fee.

Please note that IBC sends out emails to keep you informed of information relevant to your certification. Be sure that you are able to receive emails from us, and notify the IBC office if your email changes. You also need to contact the IBC office if your name, address, phone or work information changes so that our databases are up to date.

Congratulations on taking the first step toward certification!

You are always welcome to call our office with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Katie Hentges". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Katie Hentges  
Executive Director  
Iowa Board of Certification



**Family Peer Support Specialist (FPSS)**  
**Form 01: Applicant Information**  
**(All spaces on this form must be completed)**

Name (exactly as it appears on your DL): \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

Home Address (exactly as it appears on your drivers license) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Home Address (if different from above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

List any professional certificates or licenses you presently hold and the states in which they are valid.

_____	_____
_____	_____

**Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned?**  
Yes \_\_\_\_ No \_\_\_\_ (If so, indicate on a separate page what credential, when, where, for what reason, and the current status of that credential)

IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

**The \$60.00 non-refundable fee is due with this application (includes application review and 2-year certification fee).**

**Please check one:** I am paying by:  Check  Online



Applicant Name \_\_\_\_\_

## Form O2-FPSS: ASSURANCES AND RELEASES

**Note:** Sign and date this form just prior to sending your completed application to IBC. The date shown below will be used to count applicable experience hours.

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for Family Peer Support Specialist certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics for Family Peer Support Specialists.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and am subscribing to the IBC Code of Ethics for Family Peer Support Specialists, and understand that by signing this form I am agreeing to cooperate in any ethics investigation I may be a part of.

I further agree to hold IBC, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

I give my permission to IBC to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. (Note: IBC reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign.)

\_\_\_\_\_  
Signature  
(Must be real signature, no electronic signature)

\_\_\_\_\_  
Date



Applicant Name \_\_\_\_\_

**Form 03-FPSS: EDUCATION RESUME**

High School attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

H.S. Diploma/GED  Yes  No

**Colleges/Universities attended:**

College/University	Major	Degree	Date Completed





Applicant Name \_\_\_\_\_

### Form 05-FPSS: PROFESSIONAL EXPERIENCE RESUME

**INSTRUCTIONS:** Use this form to describe your experience as a Family Peer Support Specialist. Use one copy of this form for **each relevant position**. You may include relevant practicum and/or volunteer experience. You must attach an official job description for each position.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_ Hours worked per week as FPSS: \_\_\_\_\_

Exact Dates of Experience: From \_\_\_\_\_ to \_\_\_\_\_

Total Experience Time: Years \_\_\_\_\_ Months \_\_\_\_\_

% of time performing alcohol/drug counseling duties: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_

Direct Supervisor's Email: \_\_\_\_\_

*(Supervision needs to be provided by the organization's documented and qualified supervisory staff as per their official job description)*

\* \* \* \* \*

Supervisor Attestation: I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I have supervised and recommend this applicant as a Family Peer Support Specialist and attest that he/she is an employee in good standing with our agency.

\_\_\_\_\_  
Supervisor's Signature  
(Must be real signature, no electronic signature)

\_\_\_\_\_  
Date

**Note to Supervisor:** Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to the Iowa Board of Certification.



Applicant Name \_\_\_\_\_

**Form 06-FPSS: DOCUMENTATION OF DOMAIN SUPERVISION**

**INSTRUCTIONS:**

On this form, document time spent in face-to-face supervision within 4 Domains of a Family Peer Support Specialist. Individual/group/team supervision, practice and formal case presentations all apply.

Complete a new Form 06 for each agency and/or position you wish to include.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

Only minimum hours are needed. The purpose of this form is to ensure that applicants have experience under each Domain. A detailed Scope of Practice can be found in the FPSS Handbook on pages 24-25.

A total of at least 25 clock hours of supervision must be documented. **It is expected that supervision hours were provided face-to-face with the applicant, and were provided by a member of the organization's documented and qualified supervisory staff as per their job description.**

<u>Domains</u>	<u>Hrs. Supervised</u>
Domain 1: Practice with Professionalism and Ethics	_____
Domain 2: Engage Families	_____
Domain 3: Teach & Support Families	_____
Domain 4: Advocate & Find Resources for Families	_____
TOTAL # HOURS SUPERVISED	_____

**Supervisor Attestation:**

By signing below, I attest that I have provided supervision to this applicant as indicated above. **I am also including a letter from my agency that I am a supervisor in good standing and that it is part of my job description to supervise Family Peer Support Specialists in our agency.**

\_\_\_\_\_  
Supervisor's Signature  
(Must be real signature, no electronic signature)

\_\_\_\_\_  
Date





## FEES FOR FPSS

Application Review & 2 years certification ( <b>non-refundable</b> )	\$ 60.00
Recertification (2 years)	\$ 50.00
Late Certification Penalty (if not emailed/postmarked on or before expiration date)	\$ 10.00
CEU Processing fee (per training via distance learning or not IBC approved – <u>recertification</u> only)	\$ 15.00
Inactive Status (one year)	\$ 25.00
Reactivation of Certification after being Inactive (2 years)	\$ 50.00
Printed Certificate	\$ 10.00
Returned Check Fee	\$ 35.00