

MONTANA BOARD OF BEHAVIORAL HEALTH  
PO BOX 200513 (301 S. Park Ave, 4<sup>th</sup> Floor)  
Helena, MT 59620-0513  
Licensing Phone Number: 406-444-5773  
E-Mail: [dlibsdbbh@mt.gov](mailto:dlibsdbbh@mt.gov) Website: [www.bbh.mt.gov](http://www.bbh.mt.gov)

**CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST**

**INSTRUCTIONS FOR CERTIFICATION AS A BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)**

Complete the application or apply for certification on-line at <https://ebiz.mt.gov/pol>. The on-line application fee may be paid by debit or credit card. Your on-line account allows you to make changes to your application and upload application documents to your record. **PLEASE SAVE AND SECURE YOUR USER NAME AND PASSWORD AS YOU WILL USE IT OFTEN THROUGHOUT YOUR CAREER** for accessing your record and always at renewal time.

◇ **FEES:**

- ❖ Peer Support Specialist licensure fee is \$125.00. Please enclose your payment with your application.
- ❖ Fees are payable to the Montana Board of Behavioral Health by check, money order or cashier's check.
- ❖ All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- ❖ Submission of fees and an application does not ensure issuance of a certificate.

◇ **VERIFICATION OF CERTIFICATION OR LICENSURE:**

- ❖ The applicant is responsible for requesting official verification from each state for each peer support licensure or certification and ALL professional licenses, regardless of that license status.
- ❖ Photo copies of licenses do not qualify as official verification and should not be included with your application.

◇ **FINGERPRINT/BACKGROUND CHECK PROCESS:**

- ❖ For best results, you are encouraged to have your finger prints taken at a facility that does digital prints.
- ❖ **The processing of fingerprint and background check may be lengthy with the Department of Justice, more than 6 weeks. For this reason, you are encouraged to complete your paperwork for that process ASAP.**
- ❖ Read, attest to reading, and sign the Noncriminal Justice Applicant's Rights form (the form is included in this application).
- ❖ Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

EMPLOYER & ADDRESS:	Board of Behavioral Health PO Box 200513, Helena, MT 59620-0513
REASON FINGERPRINTED:	Licensure & MCA 37.38.202
ORI Number:	MT 920095Z

- ❖ Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, **send the completed**

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**fingerprint card along with a check or money order for \$27.25 made payable to the Montana Department of Justice and mail it to Montana Criminal Records, 2225 11<sup>th</sup> Avenue, PO Box 201403, Helena, MT 59620-1403.** Please check with your local post office and add accurate postage prior to mailing.

- ❖ If DOJ rejects your first prints as “unreadable”, the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- ❖ **Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Behavioral Health. Your application will not be considered complete until the CHRI is received from the DOJ.**

◇ **REQUIRED DOCUMENTATION:** The following documents must be received by the Board office to complete your certification application. All forms are available on the Board website at <http://boards.bsd.dli.mt.gov/bbh#9>

- ❖ The completed application form and the application fee.
- ❖ A forty (40) hour peer support education program completed in the past 5 years.
  - The program must address 18 core competence domains.
  - If the education is completed at a college or university, a transcript must be sent from the school directly to the Board office.
  - If the education is completed in a training setting, the trainer must provide a certificate of completion sent directly to the Board office.
  - An exam must be part of the education/training event. Exam results must be sent directly to the Board office from the school or the trainer.
  - If an exam was not included with the training event, an applicant may pursue completion of an exam from an alternative Board approved education provider.
  - Approved education, training events, and exams are posted to the website, [www.bbh.mt.gov](http://www.bbh.mt.gov) under the education tab.
- ❖ The supervision form includes the Supervisor Agreement/Supervision Plan. Both must be signed by the applicant and an approvable supervisor according to MCA 37.38.201(5)(a-e). Applicants may have more than one supervisor. Certificate holders and Supervisors must notify the Board when a supervisor change occurs. A Supervisor Agreement/Supervision Plan must be completed for the certification application and for EACH SUPERVISOR post-certification and PRIOR to commencing supervision with that supervisor. A Supervisor Termination Summary must be received at the Board office within ten days of the change in a Supervisor. All supervision forms are included with this application and are also posted on the BBH website.
- ❖ **Behavioral Health Disorder Diagnosis confirmation.** Peer Support Specialist certification requires a behavioral health disorder diagnosis. Applicants are required to provide attestation of their diagnosis with their application.
- ❖ A Behavioral Health Disorder Recovery Guideline is included with this application and is posted on the website. The applicant must provide a narrative that outlines the recovery program from the behavior health disorder. Though your work as a CBHPSS is vital, do not include it a component of your recovery. Strong recovery elements make your ability to work possible. Please be clear on this. The recovery narrative must accompany the application.

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- ❖ Applicants must contact other states/providences of licensure or certification and request verification of all past and current licenses or certifications. Verifications must be sent directly to the Board office from the other states or jurisdictions. Photocopies of licenses do not qualify as official verification and should not be included with your application. The Applicant is responsible for paying any fees that are required.
- ❖ All documents not in English must be accompanied by certified translations.

◇ **NON-ROUTINE APPLICATIONS:**

- ❖ If an application is deemed non-routine, there may be a delay in processing.
- ❖ It is critical to your certification to not withhold any information regarding each question on the application.
- ❖ Questions 12-29 may contribute to a non-routine application status. To reduce delays in processing your application please attach a detailed explanation and provide supporting documentation from the source. Scanning and uploading documents to your record or sending the materials by email to staff is most efficient. The **Legal and Health History Content Form** is attached to this application and is designed as a guide.
- ❖ Thoroughly respond to the items on the **Legal and Health History Content Form** and submit all documents with your application.
- ❖ You will be notified by e-mail of any deficiencies in their application. **ALWAYS MAINTAIN YOUR CURRENT CONTACT INFORMATION WITH THE BOARD OFFICE.**
- ❖ The Board may request that you provide additional information and you may be requested to be available in person or by phone for a scheduled Board meeting.
- ❖ A complete application must be received by the Board 20 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

◇ **POST CERTIFICATION SUPERVISION:**

- ❖ Supervision by a mental health professional according to MCA 37.38.102(5) is required throughout your career as a CBHPSS in Montana.
- ❖ A Supervisor Agreement & the Supervision Plan are included and is required for certification. Further, you must notify the Board within 10 days if/when there are any substantial changes to the Supervision Plan
- ❖ Prior to changing supervisors, you must notify the Board office.
- ❖ You and your former Supervisor must provide the Supervision Logs to the Board and the Supervisor must submit a Supervision Termination Summary report to the Board office.
- ❖ **A new Supervisor Agreement/Supervision Plan must be submitted and approved by the Board office prior to commencing work under a new Supervisor.**
- ❖ The CBHPSS is responsible for the maintenance of the supervision logs according to the administrative rules. The records must be maintained for a period of 7 years and may be requested by the Board at any time.

◇ **RENEWAL:**

- ❖ All CBHPSS certificates expire on December 31 each year.

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- ❖ Renewal notices are mailed 45 days prior to the expiration date to your address of record. A change of address form is available at [www.bbh.mt.gov](http://www.bbh.mt.gov) under the Forms tab. **ALWAYS KEEP ALL CONTACT INFORMATION CURRENT WITH THE BOARD OFFICE.**
- ❖ All CBHPSS certified in Montana must maintain proof of 20 continuing education credits, earned from January 1- December 31st, i.e. certificates of completion.
- ❖ First time CBHPSS certified before July 1 of the renewal year will be required to fulfill the 20-hour requirement. Those certified July 1 through October 1 are required to obtain 10 hours of continuing education. Those certified after October 1 will not be required to obtain continuing education credits for renewal. THIS APPLIES TO FIRST YEAR RENEWAL ONLY.
- ❖ All CBHPSS must submit affirmation of compliance to the Board on each years' CERTIFICATION renewal that they understand their duty to comply with the continuing education requirements for maintaining their certificate.
- ❖ Certificate holders have the option of placing their certificate on Inactive Status. Check the website under Regulations for additional information.

❖ **CERTIFICATION OF OUT-OF-STATE APPLICANTS:**

- ❖ Out of State applicants must meet all requirements of Montana certification.
- ❖ Complete the application or apply for certification on-line at <https://ebiz.mt.gov/pol>. The on-line application fee may be paid by debit or credit card.
- ❖ Complete all processes, submit all required documents and pay the fee.
- ❖ Applicants must contact other states/providences of licensure or certification (past and current) and request verification of current license or certification status. Photocopies of licenses do not qualify as official verification and should not be included with your application. The Applicant is responsible for paying any fees that are required.

❖ **IMPORTANT INFORMATION FOR ALL APPLICANTS:**

- ❖ It is the responsibility of the applicant AND THE CERTIFICATE HOLDER to keep the Board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at [www.bbh.mt.gov](http://www.bbh.mt.gov), under the Forms tab.
- ❖ The Board office most often uses E-mail to communicate with certificate holders. DO NOT MISS IMPORTANT INFORMATION FROM THIS OFFICE REGARDING YOUR CERTIFICATE because of an outdated E-mail address. **ALWAYS KEEP YOUR E-MAIL ADDRESS CURRENT WITH THE BOARD OFFICE.**
- ❖ The practice of Certified Behavioral Health Peer Support Specialists in Montana is governed by the Board's Statutes and Administrative Rules. These are found at [www.bbh.mt.gov](http://www.bbh.mt.gov), under the Regulations tab.

**ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.** Application fees must be paid before your application can be reviewed.

*When the Board has all necessary documentation, your application will be processed.*

Incomplete applications expire 12 months from the date received by the Board of Behavioral Health.

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THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE MONTANA LAWS AND RULES FOR CERTIFICATION AS A CERTIFIED BEHAVIOR HEALTH PEER SUPPORT SPECIALIST PRIOR TO MAKING APPLICATION.  
VIST OUR WEBSITE AT: [www.bbh.mt.gov](http://www.bbh.mt.gov).

For information about the processing of this application or other concerns, please contact the Board of Behavioral Health staff at 406-444-5773 or email us at [dlibsdbbh@mt.gov](mailto:dlibsdbbh@mt.gov).

**PEER SUPPORT SPECIALISTS ARE NOT PERMITTED TO PRACTICE IN MONTANA WITHOUT AN ACTIVE MONTANA CERTIFICATE**