Licensing Requirements and Application Checklist
Peer Support Specialist

License Requirements for Certified Behavioral Health Peer Support Specialist, CBHPSS
Below are the minimum requirements you must meet to be licensed in the state of Montana.

1. A completed peer support specialist application form with the appropriate fee, [ARM 24.219.907],
2. Attestation by the applicant of the applicant's diagnosed behavioral health disorder; [37.38.202(a) MCA, [ARM 24.219.907(2)(b)],
3. Attestation to having received treatment for said diagnoses, [37.38.202(b)MCA],
4. Attestation by the applicant of the applicant's behavioral health disorder recovery that does not include any period of incarceration, or hospitalization or any inpatient admission related to a behavioral health disorder that exceeds 72 hours, within the two years immediately preceding application, [37.38.202 (c), ARM 24.219.907].
5. Fingerprint and background check, [37.38.202(4) MCA) and ARM 24.219.907(2)(d)]
6. Successfully completion of a board approved 40-hour training that includes 18 education domains, within the past 5 years; [37.38.202(2)(a) MCA, ARM 24.219.907(2)(e), and ARM 24.219.912(2) (a-s)].
7. Successful completion of a Peer Support Specialist exam administered during the 40-hour training course [ARM 24.219.912(3) and ARM 24.219.912(3)],
8. Supervisor Agreements and a Supervision Plan between the applicant and the qualified supervisor who will provide supervision once the certificate is issued, [37.38.202(6) MCA, and ARM 24.219.902, ARM 24.219.907(2)(f), ARM 24.219.916],

Checklist of Required Documents to Submit for Application for CBHPSS
The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

☐ Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type,
☐ Official transcripts or training certificates provided directly from the provider documenting completion of 40-hours of the training course in behavioral health peer support, per ARM 24.219.912 [ARM 24.219.907(e)],
☐ Primary source verification of passage of examination, [ARM 24.219.912(e)],
☐ Submission of a Supervisor Agreement naming a qualified Supervisor, [ARM 24.219.907(2)(f), ARM 24.219.902],
☐ Submission of a Supervision Plan, [ARM 24.219.907(2)(f)(i-ii).],
☐ Attestation by Supervisor and Supervisee of ARM 24.219.916,
☐ Receipt of fingerprint and background results as reported to the Board office by the Department of Justice within 90 days of making application, [37.38.202(4) MCA and ARM 24.219.907(2)(d)],
☐ Applicant Rights and Consent to Fingerprint, [37.38.202(4) MCA and ARM 24.219.907].
☐ If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgment documents, etc.), [37.35.202(2)(b) MCA],

☐ Attestation to understanding Change of Supervisor process, [ARM 24.219.916(7)],

☐ Attestation by the certificate holder of having read and understood ARM 24.219.925, Codes of Ethics [37.38.202 (b) MCA].

**Application Fee(s) for Certified Behavioral Health Peer Support Specialist, CBHPSS**

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

☐ $125 application fee

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You can apply for a license online at [https://ebiz.mt.gov/POL/](https://ebiz.mt.gov/POL/) or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.