

**SUPPLEMENTAL APPLICATION FORMS AND INFORMATION–
Certified Behavioral Health Peer
Support Specialist**

Instructions

In order to complete your online application you must complete the below forms. With the exception of the background check information, you can upload all the completed forms to your license application record. Contact dlibsdhhelp@mt.gov if you have questions or issues uploading the forms to your application record.

Supplemental CBHPSS Application Forms – applicants who are applying for a candidate license to complete additional supervised experience submit the following forms:

1. [Noncriminal Justice Applicant's Rights form](#)
2. [Supervision Agreement form](#)

[Background Check Instructions/Forms](#) – These are instructions for submitting payment and requisite paperwork to the Montana Department of Justice for a fingerprint background check.