

**New Mexico Credentialing Board for Behavioral Health Professionals**

P.O. Box 66405

Albuquerque, NM 87193

**Peer Support Worker Pre-Exposure Hours  
Verification Form**

**(To be completed by approved agency supervisor)**

Supervisor/Administrator:

The individual supplying you with this form is applying for certification through the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) to become a Certified Peer Support Worker. The information requested is an essential part of the Board's process to determine the readiness of the applicant and must be included to meet Board requirements.

The applicant is required to complete a total of 40 hours of pre-exposure time before certification will be granted. The 40 hours of pre-exposure time can be paid or unpaid, but must include supervision by paid staff. If this is an unpaid/volunteer time, then it may be incumbent upon the applicant to be vetted with the agency as a volunteer. Both paid and volunteer positions must meet the specified activities detailed on the second page of this document, namely a minimum of 8 hours of direct client contact and 8 hours of documentation of client contact.

***For a list of pre-approved behavioral health organizations willing to accept peers for their pre-requisite hours visit the Office of Peer Recovery & Engagement website.***

**This completed form must be uploaded into Certemy after you passed your exam for review.**

\_\_\_\_\_  
Applicant Name (print) Applicant Exam Date

\_\_\_\_\_  
Supervisor/Administrator Name (print & sign here) Title  
(Or approved verifying individual who provided supervision)

Dates of Supervision \_\_\_\_\_ - \_\_\_\_\_  
From To

**Number of total Pre-Exposure hours completed:** \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**Type of Agency:** (Check one)

<input type="checkbox"/> Managed Care Organization	<input type="checkbox"/> Behavioral Health Organization
<input type="checkbox"/> Peer or Family-Run Agency	<input type="checkbox"/> Other

**Direct Service Pre-Exposure Experience Acquired:**

Please verify the following supervised work experience the candidate received at your organization by providing your initials in the boxes provided:

Exposure to the following Activities:	Completed	Completed	Initial
Direct contact people receiving behavioral health services <b>(8 hours required)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Documentation of the peer encounter <b>(8 hours required)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Services Referrals/Linkage to Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistance with transportation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistance with housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coaching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mentoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Role Modeling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assistance with Recovery Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Displayed Competencies:**

During the time with your agency, the applicant exhibited the following traits:	Competency Achieved	Competency Achieved	Initial
Punctual: Showed up on time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reliable: Abided by the agency's procedures and policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Follow Through: Performed tasks as assigned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Engagement: Was attentive and asked appropriate questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Professional Demeanor: Was courteous, friendly and dressed appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please rate the following professional skills using the following scale:

**Meets Expectations, Exceeds Expectations, or Needs Improvement**

Professional Skills	Meets Expectations	Exceeds Expectations	Needs Improvement
Verbal Communication			
Written Communication			
Computer Skills			
Problem Solving			
Positive Attitude			

**Comments:**

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Signature of Individual who provided supervision

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Date