



NC Certified Peer Support Specialist Program Certificate/Wallet Card Request Form

Please complete this form to request for a Certificate/Wallet Card

Contact Information:

Date:						Certificate#:
Name:						
	Last				First	
Address:						
	Number	Street	City	State	Zip	
Phone:				Email:		

What Are You Requesting? (Cost is \$5 each if you need both)

<input type="checkbox"/> NCCPSS Certificate
<input type="checkbox"/> NCCPSS Wallet Card

Reason for Request: (check all that applies)

<input type="checkbox"/> Name Change New Name: _____
<input type="checkbox"/> Lost Certificate
<input type="checkbox"/> New or Lost Wallet Card

Mail completed form and total amount in money order or cashier's check payable to PSS-BHS to address:

**Peer Support Specialist Certification
BHS School of Social Work
UNC Chapel Hill
325 Pittsboro Street CB# 3550
Chapel Hill, NC 27599-3550**