



**NAPPP**  
**58 PORTWEST COURT**  
**ST. CHARLES, MO 63303**  
**Phone/fax: 888-691-1088**  
**www: [peerprogramprofessionals.org](http://peerprogramprofessionals.org)**  
**email: [napp@sbcbglobal.net](mailto:napp@sbcbglobal.net)**

**National Association of Peer Program Professionals**  
**Certified Peer Program (CPP) Application**

**Vision:** To establish a culture of people helping people.

**Mission:** The National Association of Peer Program Professionals (NAPPP) helps adults establish, supervise, maintain, and evaluate peer programs so that trained peers may help each other with maximum effectiveness.

**PURPOSE:** Recognizing the expanding role of the peer programs in schools and communities and the increasing importance of professional development, NAPPP has established a voluntary national certification program. This program identifies a certifiable level of adherence to the NAPPP Programmatic Standards. Programs that attain these levels and complete the certification process may then claim the designation, Certified Peer Program (CPP)

**OBJECTIVES:** Within the field of peer programs this certification program intends:• To promote professional standards, practices and ethics;• To encourage self-assessment by offering guidelines for achievement;• To improve performance by encouraging participation in a continuing program of professional growth and development;• To acknowledge a level of educational training essential for effective peer program administration and/or operations;• To foster professional contributions to the field;• To maximize the benefits received by the peer program community from the visibility and credibility provided by certified peer programs.

**BASIC ELIGIBILITY:** Peer programs which satisfy the following prerequisites may apply:

1. Application must be completed by a member in good standing of NAPPP, and the applicant must be a Certified Peer Program Educator (CPPE). The applicant, who is not a current member of NAPPP or a CPPE, may include a membership application to NAPPP and/or an application for CPPE with the appropriate fees, concurrently with the CPP application.
2. Peer Program has been operating for at least 2 years.
3. Completion of the application and included attachments.
4. Application must include a pledge in writing to adhere to the NAPPP Programmatic Standards and Code of Ethics.

**Note:** Peer Programs which due to some extenuating circumstances do not satisfy all of the prerequisites may request an exemption in writing from the Certification Committee. Such an appeal in writing must accompany the application form. Each appeal will be reviewed on its own merit, but it should also be understood that an appeal does not guarantee a waiver of the prerequisites.

**EARNING THE DESIGNATION Certified Peer Program (CPP):** Print and complete the application on next page and return it along with a non-refundable \$100.00 application fee to the NAPPP Professional Development Committee. Make your check payable to NAPPP. Following verification and analysis by the committee of data included on the application your program will receive the certificate.

To continue their certification, the program will be required to pay an annual \$50.00 renewal fee and report on their programs continuing professional growth and development.

**NATIONAL ASSOCIATION OF PEER PROGRAM PROFESSIONALS  
CERTIFIED PEER PROGRAM APPLICATION**

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Name of person submitting documentation

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Name of peer helping program

How long has your program been operating?

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Name of school or agency

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Address

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City

State

Zip

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e-mail

phone

3 References (persons with direct knowledge of peer helping and this program):

1) \_\_\_\_\_

Name, Title

Position

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Address

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City

State

Zip

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e-mail

phone

2) \_\_\_\_\_

Name, Title

Position

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Address

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City

State

Zip

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e-mail

phone

3) \_\_\_\_\_

Name, Title

Position

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Address

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City

State

Zip

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e-mail

phone

1. Rationale: Does your program have a rationale? \_\_\_\_\_Yes\_\_\_\_\_No

Please state or attach the rationale for your peer program. (Include an attachment if not room)

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2. Mission statement: Does your program have a mission statement?\_\_\_\_\_Yes \_\_\_\_\_No

Please state or attach your program's mission statement.

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3. Goals and objectives: Does your program have goals and objectives? \_\_\_ Yes \_\_\_ No  
(Please attach)

Goal 1:  
Measurable Objective

Goal 2:  
Measurable Objective

Goal 3:  
Measurable Objective

4. Does your program have procedures designed to document specific goal attainment?  
\_\_\_Yes \_\_\_No (Attach)

Please state or attach your programs procedures designed to document specific goal accomplishment.

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5. Was your program developed using NAPPP Programmatic Standards and Ethics?\_  
\_\_Yes\_\_No

6. Does your program review NAPPP Programmatic Standards and Ethics periodically to monitor compliance? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Does your program have a procedure or specific method (advisory board) connecting to staff, administration, and/or community to gain support?

Please state or attach your peer program advisory board or alternative support system.

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8. How are staffing decisions made?

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| ___Administration appointed              | _____ Advisory Board appointed             |
| ___ Decided by intergroup representation | _____ Interns                              |
| ___Program Directors                     | _____ Community Agency supplied            |
| ___Student recommendations               | _____ Those who have been trained by NAPPP |
| ___Voluntarily                           | _____ Other (Please describe below):       |
| ___Advisory board appointed              |                                            |

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9. How is the staff trained?

- NAPPP 1. Beginning A Program, 2. Trainer of Peer Helpers, 3. Advanced Peer Helping
- Enter with previous training that meets NAPPP Standards.
- Trained by professional training consultants who meet NAPPP Standards.
- Trained by previously trained program staff who meet NAPPP Standards.
- Trained through observation/participation and/or internship that meets NAPPP Standards.

Other (Please describe below):

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10. How does program staff receive continuing education/training?

- Workshops/seminars
- In-Service
- Other (Please describe below. Include assessment procedures.):

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11. What is your program organizational structure? Indicate chain of command, members' roles and responsibilities, and communication channels. Map or list below:

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12. A. Please attach selection criteria for staff or list below: (Attach)

Staff: \_\_\_\_\_

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12. B. Please attach selection criteria for Peer Helpers or list below: (Attach)

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13. Please attach recruiting procedures for staff and peer helpers or describe below:

Staff: \_\_\_\_\_

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Peer Helpers: \_\_\_\_\_

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14. Please attach your staff and peer helper applications. \_\_\_\_ Yes \_\_\_\_ No (Attachment)

15. Are the parents of the peer helpers (under age 18) involved with selection, training or other means? \_\_\_\_ Yes \_\_\_\_ No

Please state or attach information about their involvement.

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16. Is there a role/job description for the peer helpers in place? \_\_\_\_ Yes \_\_\_\_ No

Please state or attach information about the role of the peer helpers.

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17. Please indicate how and when the peer helpers are trained. (Approximate number of hours trained)

- \_\_\_\_ Retreat
- \_\_\_\_ Retreat, plus other time
- \_\_\_\_ Class for credit
- \_\_\_\_ After school activity

Please state or attach the training outline:

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18. Please indicate if the following modules are taught in your training and how much time is devoted to these skills: (Please check and indicate approximate time)

- Confidentiality, referral and liability issues/ ethics
- Communication Skills (listening and responding)
- Understanding of peer helping
- Problem solving
- Additional issues and topics

(Please list with the time spent)

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19. What curricula are you using?

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20. How are the peer helpers utilized? (Please check and add additional ones)

- |                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Listening           | <input type="checkbox"/> Peer Educator       |
| <input type="checkbox"/> New Student         | <input type="checkbox"/> Tutoring            |
| <input type="checkbox"/> Mentoring           | <input type="checkbox"/> Health Information  |
| <input type="checkbox"/> Conflict Mediation  | <input type="checkbox"/> Leadership          |
| <input type="checkbox"/> Small Group Leaders | <input type="checkbox"/> Bullying Prevention |
|                                              | <input type="checkbox"/> Other               |

21. Does your program have a system in place to supervise the peer helpers?  Yes  No

Please state or attach your system for supervision.

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22. Do you provide for ongoing training?  Yes  No

Please state or attach your system for ongoing training.

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23. A. Describe your evaluation process? (Please attach examples of forms and summary of data)

Please state or attach your evaluation process and any results you have attained.

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24. Does your evaluation include process evaluation? \_\_\_ Yes \_\_\_ No (Please attach example)  
Does your evaluation include impact evaluation? \_\_\_ Yes \_\_\_ No (Please attach example)  
Does your evaluation include outcome evaluation? \_\_\_ Yes \_\_\_ No (Please attach example)

25. Do you have a marketing and publicity plan? \_\_\_ Yes \_\_\_ No (Please attach)

- a. Does your program have a website? Please list website \_\_\_\_\_
- b. Does your program use other social media? If so, which ones? \_\_\_\_\_  
Please include name \_\_\_\_\_

Please state or attach your plan and examples of your publicity.

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26. Is there a process in which your peer helpers take ownership of the program? \_\_\_ Yes \_\_\_ No

Please state or attach your plan and examples of how this is done.

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27. Does your program receive financial support? \_\_\_ Yes \_\_\_ No

Please state or attach how your program is financially supported.

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28. Do your program leaders participate in the local, state and national peer helping professional organizations? \_\_\_ Yes \_\_\_ No



Please state how your professional staff connects to the peer helping professional organizations.

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29. Is your adult professional staff certified as Certified Peer Program Educators (CPPE) by NAPPP?

- Yes
- No

**Please complete and sign the pledge below:**

I pledge to continue to adhere to NAPPP Programmatic Standards and Ethics:

\_\_\_\_\_  
Program Director Signature

**Enclosed is \$100:**

Purchase order \_\_\_ Check \_\_\_ VISA \_\_\_ MasterCard \_\_\_ Pay Pal

Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

Signature/Date \_\_\_\_\_

(Signature of Cardholder) (Date)

**Return application and payment to:**

**NAPPP**

**58 PORTWEST COURT**

**ST. CHARLES, MO 63303**

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**[nappp@sbcglobal.net](mailto:nappp@sbcglobal.net)**

## **Checklist of Necessary Application Attachments**

**Directions: Please attach the following support materials, if available.**

- \_\_\_1. Attach Mission, Goals and objectives of your program (No. 2 and No. 3)**
- \_\_\_2. Selection of Peer Helpers criteria (No. 12)**
- \_\_\_3. Peer Helpers Application Forms (No. 14)**
- \_\_\_4. Role(s) of the peer helper (No. 16)**
- \_\_\_5. Ongoing Training (No. 22)**
- \_\_\_6. Evaluation Process- Please attach examples of evaluation if you have them. (No. 23)**  
**Process**

**Perception/Impact**

**Outcome**

**Thank you for your time to complete the application.**