Peer Support Alliance of North Dakota (PSAND)
Advisory Board Member Information, Acceptance, and Certification Form

Thank you for your willingness to serve on the Peer Support Alliance of North Dakota (PSAND) Advisory Board.

The Advisory Board serves as the voice of peer support specialists across North Dakota. Advisors represent their Human Services region, Indigenous Nation, or the statewide membership by sharing information between local peer support communities and PSAND, advising the Board of Directors on issues affecting the peer support profession, participating in committees and workgroups, and serving as ambassadors for peer support throughout the state.

Please review the Advisory Board Member Position Description before completing this application. Then, fill out the application, completing all applicable sections. Applications should be submitted to the PSAND Board of Directors at info@peersupportnd.com.

Applicant Information

Full Name: _____

Preferred Name (if applicable): _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

Eligibility

Peer Support Certification Status

☐ I am a Certified Peer Specialist credentialed in the State of North Dakota.

☐ I have successfully completed a North Dakota Behavioral Health Division-approved Peer Support Specialist training program and intend to become certified in North Dakota.

☐ I am a member of the Peer Support Alliance of North Dakota, or am willing to become one to pursue my role on the Advisory Board.

Certification Number (if applicable): _____

Date Certified or Training Completed: _____

North Dakota Connection

☐ I reside in North Dakota.

☐ I work in a peer support-related capacity in North Dakota.

Employer/Organization (if applicable):

_____

Position/Role:

_____

_____

_____

Peer Support Background

Please summarize your experience as a Peer Support Specialist.

_____

_____

_____

_____

_____

Areas of Experience (Check all that apply)

☐ Mental Health

☐ Substance Use Recovery

☐ Brain Injury

☐ Veteran Peer Support

☐ Family Peer Support

☐ Criminal Justice/Reentry

☐ Crisis Services

☐ Other:

_____

Community Involvement

Please describe your involvement in peer support organizations, recovery organizations, advocacy efforts, committees, or community leadership.

Representative Statement

Why are you interested in serving on the PSAND Advisory Board?

What strengths or experiences will you bring to the Advisory Board?

One of the primary responsibilities of an Advisor is to represent peer specialists within your region or professional network. How will you gather feedback from those you represent and communicate information from PSAND back to them?

In your opinion, what are the greatest opportunities or challenges facing peer support in North Dakota?

Advisor Commitment

I understand that Advisory Board members are expected to:

☐ Attend a minimum of 75% of Advisory Board meetings.

☐ Participate in committees or workgroups as appropriate.

☐ Maintain communication with peer support specialists in my region or professional network.

☐ Respond to communications in a timely manner.

☐ Serve as an ambassador for peer support and the Peer Support Alliance of North Dakota.

☐ Support the Mission, Vision, Values, and *Member Commitment to Ethical and Collaborative Participation* of PSAND.

Conflict of Interest

Do you have any actual or potential conflicts of interest that should be disclosed?

☐ No

☐ Yes

If yes, please explain.

Representation

I am applying to serve as:

☐ Representative of a Human Services Region Specify Region: _____

☐ Representative of an Indigenous Nation Specify Nation: _____

Were you recommended by an organization or other entity? If so, who recommended you?

_____

Letters of Recommendation

As your application advances, you will be required to provide two letters of recommendation from individuals who are familiar with your work as a peer support specialist and who can provide the Board with additional information about your fit for the Advisory Board role.

_____

Applicant Acceptance

I certify that the information provided in this form is accurate to the best of my knowledge. If selected or elected to serve on the PSAND Advisory Board, I agree to fulfill the responsibilities of an Advisory Board member, support the mission, vision, and values of the Peer Support Alliance of North Dakota, and adhere to the *Member Commitment to Ethical and Collaborative Participation*.

Applicant Signature:

_____

Printed Name:

_____

Date:

_____

For PSAND Administrative Use

Date Received: _____

☐ Eligibility Verified

☐ Certification/Training Verified

☐ Member in Good Standing

Representative Type:

☐ Regional

☐ Indigenous Nation

☐ At-Large

Term Begins: _____

Term Expires: _____

☐ Completing an Unexpired Term

If completing an unexpired term vacated by another individual, original term expiration date: _____

Recorded By: _____

Date Entered into Membership Records: