**Public Safety Peer Counseling Certification Program**
**AGENCY CERTIFICATION REQUEST**

**SAMPLE FORM ONLY**

*This document is a sample template for use to review the questions and requirements for completing the online application. Questions may be directed to the Peer Certification Program staff at peercertification@wisdoj.gov.

Select which type of team you are requesting to be certified. If you are seeking to certify both a Peer Support Team and a CISM Team, you will need to submit a separate request for each team.

Team Type:

- Peer Support Team Certification
- Critical Incident Stress Management (CISM)

Is this a Single Agency or Multi-Agency Team?

- Single Agency Team
  - Select this option if team members serving your agency only provide support to staff at your agency.
- Regional/Multi-Agency Team Membership
  - Select this option if at least one member of your team serves as a team member of a regional team that serves more than one agency.

Enter information for the agency's administrator/executive/chief official who is the signatory on this request.

- Agency Name

## Agency Executive or Chief Official Contact Information

- First Name
- Last Name
- Middle Initial
- Title
- Agency Mailing Address Required
- Phone Number
- Email Address
- Team Name (for multi-agency team)

## Peer Support Team Leader Contact Information

First Name
Last Name
Middle Initial
Agency (if different)
Agency Mailing Address Required
Mobile Number
Email Address

## Agency Verification

Provide a letter from the agency administrator (identified in Section 2) verifying that all members have met the training requirements outlined in Administrative Rule Jus Chapter 22. See JUS 22.03 for qualifications for membership on a peer support or CISM team.

**Training requirements**: To qualify as a peer support team member or CISM team member, an individual shall do all of the following:

- Complete a peer support training course that meets the DOJ approved 16-hour curriculum and is taught by an instructor approved by DOJ or a training program of at least 16 hours provided by a credentialed health care provider.
- Provide to the leadership of their agency a copy of the certification of completing either a training course that meets the DOJ approved curriculum or training by a credentialed health care provider.

**Alternative ways of meeting training requirements**: An individual may meet the requirements if the individual's agency verifies that, prior to November 1, 2026, the individual completed a training course that meets DOJ approved curriculum or peer support training program of at least 16 hours provided by a health care provider. If a member or members received training requirements through an alternative to the DOJ approved basic peer support training, provide the verification your agency used in letter uploaded in this section.

Please note, an agency may have additional requirements for team membership in their agency guidelines, which must be fulfilled for membership eligibility beyond these training requirements.

Membership on a peer support team or CISM team is not limited to current employees of an agency and may include other individuals who have been trained in peer support

or CISM, such as individuals who have retired from active service. Non-staff team members such as retired individuals need to be certified by one of the participating agencies in the multi-agency/regional team.
Also provide a copy of the agency guidelines for the peer support team or critical incident stress management team for which the agency is seeking certification.
Administrative Rule Jus Chapter 22 outlines requirements to guidelines:

- Available to the public and members of the team(s).
- Address the selection and removal of members, the maintenance of confidentiality, and the training requirements for team membership.
- If a member of a regional team, the guidelines are consistent with the regional team's written guidelines.

**Letter from Agency Administrator** – Upload Document Required
**Team Guidelines** – Upload Document is Required

## Signature

By typing my name below, I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.