

Peer Certification Transition FAQ

1. Do I need to do anything at this time?

No, there is no action that you will need to take at this time.

2. Why is this change happening?

Although peer certification has fallen under OhioMHAS' purview since 2016, the credentialing process would be more appropriately managed by a professional licensing board that is equipped to provide the necessary professional applications, renewals, protections, benefits, and continued ethical oversight.

The Ohio Chemical Dependency Professionals Board has agreed to be a partner in this exploration process because of their established infrastructure and experience managing and administering multiple licenses and endorsements.

3. When will the Peer Certification transition take place?

The planning process will take place over the next 12-18 months.

No changes will be made to the management of the peer certification process until Fiscal Year 2026 (July 2025).

4. Who will be assisting with this transition?

During this exploratory phase, OhioMHAS will engage a consultant to help us identify the opportunities, challenges, and needed requirements to facilitate such a change. The transition will include regular engagement and feedback sessions with you and other stakeholders, the Governor's office, the Ohio Department of Medicaid, and other state agencies as needed, current certified peers, and the General Assembly.

5. Will this change impact the peer support rule and/or the cost of peer support certification?

During this transition, the exploration process will include a review of any needed legislative and rule changes, as well as fiscal impacts.

6. How can I engage in the transition process?

Once a consultant is on board, we will reach out to begin scheduling informational and discussion sessions.

7. How will I be notified of any changes?

Once a consultant is on board, we will reach out to begin scheduling informational and discussion sessions.

Certified Peer Supporters should keep email addresses in the eLicense system current. To change an email address please follow the steps below:

Have a licensing question? Contact your licensing board or check their website. Help desk representatives are not trained to answer licensing questions.
Technical Support - Help desk representatives are available to answer login or registration questions by calling (855) 405-5514 weekdays from 8:00 am to 5:00 pm EST.
Callers may experience extended wait times due to the high number of calls. If you're unable to wait for a representative, you can leave a call back number.
If you're experiencing technical issues with the eLicense website, make sure you are using Google Chrome or Mozilla Firefox as your browser.

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Desiree Bell

abcd@mha.ohio.gov

Personal Information

To add or revise your personal information, click the **EDIT THIS INFORMATION** link. Once you have made the desired updates, click the **SAVE** button. Note that fields with (*) are required.

Please be advised, should you change your email address this will also become your user ID. On future attempts to log into the eLicense portal the new email address will need to be entered into the Email field under the Existing User Login section.

When an email address change is saved, you will be prompted to complete the change by clicking on a link that will be sent to your NEW email inbox. You must click on the link within the next 72 hours for the email change to be processed.

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[RESET YOUR PASSWORD](#)

Title	First Name	Last Name	Suffix
Mrs.	Desiree	Bell	-
Middle Name	Maiden Name		
Regina	-		
Email	abcd@mha.ohio.gov		
Phone Number	Alt. Phone Number	Fax	
1234567890	-	-	
Social Security Number	*****1263		
Birth Date	01/01/1900		
Birth City	Birth State or Province	Birth Country	
ABCDE	Alaska	United States	
Gender	Female		
Ethnicity	Black or African American		
Aliases	-		



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EDIT THIS INFORMATION

RESET YOUR PASSWORD

First Name	Middle Name	Last Name
<input type="text" value="Desiree"/>	<input type="text" value="Regina"/>	<input type="text" value="Bell"/>
Suffix <input type="text"/>		Maiden Name <input type="text"/>
Title <input type="text" value="Mrs."/>		
* Email <input type="text" value="abcd@mha.ohio.gov"/>		
* Phone <input type="text" value="1234567890"/>	Alt. Phone Number <input type="text"/>	Fax <input type="text"/>
* Birth Date <input type="text" value="01/01/1900"/>		
* Birth City <input type="text" value="ABCDE"/>	* Birth State or Province <input type="text" value="Alaska"/>	* Birth Country <input type="text" value="United States"/>
* Gender <input type="text" value="Female"/>		
* Ethnicity <input type="text" value="Black or African American"/>		
Aliases <input type="text"/>		
<input type="button" value="CANCEL"/>	<input type="button" value="SAVE"/>	

Thank you,

The Peer Certification Transition Team

PeerTransition@mha.ohio.gov

