

Certified Peer Specialist (CPS) Training Program Application-2017

Sponsored by Southwest Behavioral Health Management, Inc.

Place an X beside the session you are interested in attending:

*(Please choose **ONE** session)*

Spring Session: March 13-17 and March 27 -31

(Antiochian Village, 140 Church Camp Trail, Bolivar PA 15923 (overnight stay))

APPLICATION DEADLINE *Feb 10, 2017*

Summer session: July 10 - 14 and July 24 - 28

(9 a.m. - 5p.m. daily, no overnight stay) **LOCATION TO BE DETERMINED**

APPLICATION DEADLINE: *June 10, 2017*

Fall session: Sept 9/10; 16/17; 23/24; Sept 30/Oct 1; Oct 7/8

(5 consecutive weekends /no overnight stay –Sat/Sun 9-5pm) **LOCATION TO BE DETERMINED**

APPLICATION DEADLINE: *July 31, 2017*

Applicant Name: _____

Street Address, City, State, Zip Code

Email: _____

Telephone Number: _____ Date of Birth: _____

County where you reside: _____

Person/Agency who referred you to the training:

Name _____ Phone Number _____

I am currently working as a peer support person: Yes _____ No _____

If yes, where: _____

Will you be using OVR funding for the CPS training? (Office of Vocational Rehabilitation) Yes _____ No _____

If yes, Name of Contact: _____ Phone Number _____

***NOTE:** Most employers require that clearances (Child Abuse CY113, State Police Record SP-4-164, FBI and MA Exclusionary List) be submitted prior to hire. Please be sure to check with your prospective employer for their specific requirements before submitting application for CPS training.*

IMPORTANT: Qualifications are set by the state and are required for taking the course and becoming employed as a Certified Peer Specialist. **PLEASE NOTE:** The following questions and requirements must be responded to in the detail requested in order for you to meet the basic requirements for the Certified Peer Specialist Training. Your application for training will not be reviewed if you are unable to meet these requirements.

The Qualifications include:

1. You must be able to identify yourself as a person who has received or is receiving services for a serious mental illness.

Can you identify yourself as a person who has received or is receiving services for a serious mental illness or co-occurring disorder? Yes _____ No _____

Would you be willing to share with people that you will be working with, your lived experience as a person with a serious mental illness? Yes _____ No _____

2. You must have a high school diploma or a GED.

Do you have at least a high school diploma or a GED? Yes _____ No _____
Please provide your date of high school graduation or the date that you received
your GED: _____

**3. You must have at least 12 months total full or part-time paid employment or
volunteer work experience within the last three years.**

Within the last three years, have you had at least 12 months total of full or part
time paid or voluntary work experience?

Yes _____

No _____

Please provide the following information:

A. The names AND dates of the organizations at which you worked or
volunteered:

B. The number of hours per week that you volunteered or worked at each
location:

D. Your responsibilities at your work or volunteer job:

OR...

4. If you do not have work or volunteer experience, you must have 24 credit hours of post-secondary education within the past three years.

Do you have 24 credit hours of post-secondary education in the past three years?

Yes _____

No _____

Please state the name of the school(s) and dates attended: _____

5. Two letters of reference are required: one from a professional who can speak to your work and/or volunteer experience and one non-family personal reference.

THE QUESTIONS BELOW WILL BE USED TO ASSESS YOUR PROFICIENCY IN READING AND WRITING. PLEASE ANSWER EACH QUESTION IN A CLEAR AND CONCISE MANNER (additional pages may be added if needed).

1. What does recovery mean to you? What factors were important in your own recovery?

2. Peer specialists are models of recovery for others. In what ways do you demonstrate recovery and its goal of a full and meaningful life in the community?

3. Please share why you are interested in peer support services and the possibility of working as a Certified Peer Specialist. Also discuss where work fits in to your current plans. Is it something that you are looking to do right now, or are you interested in the training as an early step on your path into the workforce?

4. Describe what strengths you would bring to the position and what skills you feel you need to develop.

5. The CPS training is an intensive two-week training course (eight hours per day, 5 days per week) which is built on interaction and sharing of personal mental health and/or alcohol and addiction experiences. What will be your greatest challenge in attending the CPS training and how will you address this challenge?

6. Are there any accommodations that you might need in order to participate in the training? i.e. seeing eye dog, note taker, sign language interpreter, special diet, etc.?

The Peer Specialist Certification Program is a full day extremely intensive, 10-day training. In order to receive the certification trainees must be present and participate on all of the scheduled days.

The training involves both lectures and group activities. The group activities are a place in which respect and support are very important. The trainers will utilize two tests, class participation, involvement in group activity, and general attendance to assess readiness to provide peer support services in a professional setting. In addition to providing education to participants, there will be skill building through role playing, take home activities, and sharing of personal experiences of recovery from mental health challenges.

While this course will provide you with the certification needed for peer support positions, **taking the course is no guarantee of employment.** Once you have received your certification you will need to apply for positions as they become available.

The CPS training is an intensive two-week training course built on interaction and sharing of personal mental health and/or alcohol and addiction experiences. The expectation is that all interactions will adhere to appropriate workplace behavior.

I understand the above information and verify that I am capable of completing the intensive training program. I am looking forward to being present and actively participating in the Certified Peer Specialist Training Program.

Applicant's Signature: _____

Program participants will be chosen based upon meeting the program's selection criteria; responses to application questions; timely submission of applications as well as available county slots and approval.

~ Thank you for your application ~

Please submit your completed application and letters of reference to:

Southwest Behavioral health Management, Inc.

Attn: Certified Peer Specialist - Training

C/O Tracy Auell

2520 New Butler Road

New Castle, PA 16101

Or FAX to 724-657-3461

NOTE: Please return APPLICATION by specific session deadline date

All applicants will be notified approximately two weeks after application deadline via email or by mail if accepted into the program.

The following information is needed to make arrangements for the lunches, breaks, and overnight accommodations (if applicable).

Applicant Name:

If we have questions, what is the best way to contact you?

Telephone _____ Email _____

Special dietary needs:

Allergies:

Special needs for training material (large print, etc.):

Special needs for lodging – (if applicable):

For the overnight session (FALL only) ALL ROOMS ARE NONSMOKING AND SINGLE OCCUPANCY WITHIN A CABIN. EACH CABIN HAS A LIVING ROOM AND BATHROOM THAT IS SHARED WITH THE OCCUPANTS. ALL ROOMS ARE HANDICAP ACCESSIBLE. VISITORS ARE NOT PERMITTED IN THE CABINS DURING THE TRAINING.

Who should we contact for you in case of an emergency?

Name _____ Relationship _____

Address _____

Telephone _____ Cellular Phone _____