

## **THREE CPS CERTIFICATION TRAININGS SCHEDULED!**

**Southwest Behavioral Health Management, Inc. is sponsoring 3 training events for CPS (Certified Peer Specialist) Certification in 2019!**

**Training is provided at NO COST for Residents of Armstrong, Indiana, Butler, Lawrence, Washington, Westmoreland, Crawford, Mercer or Venango Counties with prior County approval. Seats are limited!**

**(Participants from other Counties are welcome; space permitted, but will incur a cost)**

**Specific dates, times and locations are included in the attached application packet.**

**Overnight accommodations and three meals per day plus snacks are included in the spring event.**

**No overnight accommodations, but two meals per day and afternoon snacks are provided daily for the summer and fall events.**

**Please complete all information in the application and return on or before the application deadline to:**

**Southwest Behavioral Health Management, Inc.  
Attn: Certified Peer Specialist - Training  
C/O Cindy Smith  
2520 New Butler Road  
New Castle, PA 16101**

**(724-657-3470)**

**or**

**Email: [csmith@swsix.com](mailto:csmith@swsix.com)**

**or**

**FAX to 724-657-3461**

**Questions may be addressed to:**

**Angie Henry  
724-657-3470, ext. 132  
Or by email: [ahenry@swsix.com](mailto:ahenry@swsix.com)**

**Certified Peer Specialist (CPS) Training Program Application-2019**  
*Sponsored by Southwest Behavioral Health Management, Inc.*

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

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

**Spring Session:** April 8 - 12 and April 22 - 26 \_\_\_\_\_

(Antiochian Village

140 Church Camp Trail

Bolivar PA 15923

(overnight stay)

**APPLICATION DEADLINE \*Mar 1, 2019\***

**Summer session:** July 15 – 19 and July 29 – August 2 \_\_\_\_\_

Conley Resort

740 Pittsburgh Road

Butler, PA 16002

(9 a.m. – 5 p.m. daily, no overnight stay required)

**APPLICATION DEADLINE: \*June 10, 2019\***

**Fall session: October** 5/6, 12/13, 19/20, 26/27 and November 2/3 \_\_\_\_\_

Camp Lutherlyn

500 Lutherlyn Lane

Butler, PA 16001

(9 a.m. – 5 p.m. Saturday/Sunday, 5 consecutive weekends /no overnight stay)

**APPLICATION DEADLINE: \*August 30, 2019\***

**Applicant Name:** \_\_\_\_\_

**County of residence:** \_\_\_\_\_

**(PLEASE COMPLETE ALL INFORMATION IN FULL!)**

Name: \_\_\_\_\_

Street Address, City, State, Zip Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person/Agency who referred you to the training:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you 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 must be met before becoming employed as a Certified Peer Specialist. **PLEASE NOTE:** The following questions and requirements must be responded to, **in detail**, in order for you to be approved for the Certified Peer Specialist Training. We are unable to review your application if you do not 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\_\_\_\_\_

Are you 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 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. These 12 months can be several experiences, added together. This work experience does not have to be all at one time, it simply needs to equal 12 months 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:

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

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c. Your responsibilities at your work or volunteer job:

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**OR...**

**4. If you do not have work or volunteer experience, you must have 24 credit hours of post-secondary education (college, trade school, or other education beyond a high school diploma) 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: \_\_\_\_\_

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**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.**

**Please include these two letters with this application.**

**THE QUESTIONS BELOW WILL BE USED TO ASSESS YOUR PROFICIENCY IN READING AND WRITING (Please HAND WRITE answers). 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, for 10 days) 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, environmental sensitivities: lights, sounds, etc. walking distances, 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 ~**



**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:

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Allergies:

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

Special needs for lodging – **(if applicable)**:

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

**Please submit your completed application and letters of reference to:**

**Southwest Behavioral Health Management, Inc.**

**Attn: Certified Peer Specialist - Training**

**C/O Cindy Smith**

**2520 New Butler Road**

**New Castle, PA 16101**

**(724-657-3470)**

**or**

**[Email: csmith@swsix.com](mailto:csmith@swsix.com)**

**or**

**FAX to 724-657-3461**

**NOTE: Please return APPLICATION by specific session deadline date**

All applicants will be notified of acceptance or denial of admission approximately two weeks after application deadline by email or U. S. Postal mail.

**\*\*\*Questions regarding this training opportunity may be directed to:\*\*\***

**Angie Henry**

**724-657-3470, ext. 132**

**Or by email: [ahenry@swsix.com](mailto:ahenry@swsix.com)**