

THREE CPS CERTIFICATION TRAININGS SCHEDULED!

Southwest Behavioral Health Management, Inc. is sponsoring 3 training events for CPS (Certified Peer Specialist) Certification in 2020!

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.

Those who are accepted for this training are expected to participate in 100% of the scheduled dates. Please arrange your schedule accordingly.

IF YOU DO NOT COMPLETE ALL SECTIONS OF THIS FORM, YOUR APPLICATION WILL BE REJECTED.

*** WRITE LEGIBLY * ANSWER EVERY QUESTION * REVIEW CAREFULLY**

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**

Questions may be addressed to:

**Cindy Smith
(724-657-3470)**

or

Email: csmith@swsix.com

or

FAX to 724-657-3461

Certified Peer Specialist (CPS) Training Program Application-2020

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 20-24 and May 4-8 _____

(Antiochian Village

140 Church Camp Trail

Bolivar PA 15923

(overnight stay included)

APPLICATION DEADLINE *Mar 13, 2020*

Summer session: July 20-24 and August 3-7 _____

Conley Resort

740 Pittsburgh Road

Butler, PA 16002

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

APPLICATION DEADLINE: *June 17, 2020*

Fall session: October 10/11, 17/18, 24/25, 31/November 1, 7/8 _____

Camp Lutherlyn

500 Lutherlyn Lane

Butler, PA 16001

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

APPLICATION DEADLINE: *September 4, 2020

Applicant Name: _____

County of residence: _____

(PLEASE COMPLETE ALL INFORMATION IN FULL!)

Name: _____

Street Address, City, State, Zip Code:

In order to receive updated information regarding the training, you must maintain a current email address.

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, nor does it have to be in a human services capacity, it simply needs to equal 12 months of employment and/or volunteer work 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 for EACH Volunteer site or Employer within the last 3 years only (2016-current):

| Volunteer Organization or Company Name of Employer | Beginning Date of service or employment (month/year) | End Date of service or employment (month/year) | List your Work/Volunteer Responsibilities at each location/job. | Number of hours worked/volunteer each week. |
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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 _____

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 information needed to become a Certified Peer Specialist, **taking the course is no guarantee of success in passing the state certification examination or of future employment.** Once you have completed the course, you will need to successfully complete the state certification examination with the PA Certification Board and 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. I am committed to participating in all scheduled days of this course.

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 seats and approval.

~ Thank you for your application ~

The following information is needed to arrange 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*):

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

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 and U. S. Postal mail.

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

Cindy Smith

724-657-3470, ext. 150

Or by email: csmith@swsix.com