

**ONE SESSION ONLY! ONE SESSION ONLY! ONE SESSION ONLY!**

**CPS VIRTUAL TRAINING**

**Southwest Behavioral Health Management, Inc. is sponsoring ONE virtual training event for CPS (Certified Peer Specialist) Certification in 2021!**

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

(Participants from other Counties are welcome ONLY if space is permitted, but will incur a cost)

**The dates for this training are MAY 17, 2021-JUNE 30, 2021**

Details of participation expectations, along with requirements for completion, are included on page 2 of this application.

Those who are accepted for this training are REQUIRED to participate in 100% of the scheduled dates AND complete ALL assigned work outside of the scheduled sessions.

**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 by EMAIL ONLY, on or before the application deadline to:**

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

**Southwest Behavioral Health Management, Inc.  
2520 New Butler Road  
New Castle, PA 16101**

**Questions may be addressed to:**

**Cindy Smith**

**724-657-3470 ext. 150 or via email**

# Certified Peer Specialist (CPS) Virtual Training Program Application-2021

Sponsored by Southwest Behavioral Health Management, Inc.

**Spring Session:** May 17-June 30, 2021

**APPLICATION DEADLINE \*May 3, 2021\***

## **STATE OF PA REQUIREMENTS FOR OBTAINING THE CPS CREDENTIAL:**

- ❖ Be at least 18 years old
- ❖ Have received or are receiving mental health services for serious mental illness
- ❖ Have a GED or High School Diploma
- ❖ Within the last three (3) years, have either maintained at least 12 months of successful work or volunteer experience, OR earned at least 24 credit hours at a college or post-secondary educational institution.

## **REQUIREMENTS FOR VIRTUAL TRAINING PARTICIPANTS**

- ❖ **I have access to a reliable internet connection and a computer with speakers and a microphone. USE OF YOUR SMART PHONE TO PARTICIPATE IN THIS COURSE IS NOT ACCEPTABLE.**
- ❖ **I am committed to attending 100% of the scheduled online sessions AND agree to complete assigned homework and skills development activities. 18, 3 HOUR, LIVE INSTRUCTION SESSIONS WILL BE SCHEDULED OVER THE SIX WEEK CLASS LENGTH.**
- ❖ **I am committed to participating in the 5-day, in -person booster session, to be scheduled within one year of my completion of this virtual training session. I UNDERSTAND THAT THIS COURSE IS REQUIRED TO MAINTAIN MY CERTIFICATION.**
- ❖ **I further understand that if I am receiving a scholarship for participation in this course, my county will also provide the PA Certification Board examination fee and expects me to sit for this examination to obtain the credential, THIS EXAMINATION WILL BE SCHEDULED IN-PERSON AT A FUTURE DATE. PARTICIPANTS WILL RECEIVE ADVANCE NOTICE OF THE EXAM DATE AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR TESTING AFTER THE COURSE BEGINS.**

I have reviewed the above requirements and agree that I am willing and able to meet the minimum State of PA requirements for obtaining this credential as well as the requirements for participating in the virtual course.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

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.

**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 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 training course 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 virtual training?

**The Peer Specialist Certification Program is an extremely intensive training. *In order to receive the certification trainees must be present and participate on all of the scheduled days and assignments provided in this course.***

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 ~**



**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 via email ONLY to:**

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

**Southwest Behavioral Health Management, Inc.**

**2520 New Butler Road**

**New Castle, PA 16101**

**(724-657-3470)**

**NOTE: Please return APPLICATION before Close of Business on May 3, 2021.**

All applicants will be notified of acceptance or denial of admission approximately 7-10 days after application deadline by email ONLY.

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

**Cindy Smith**

**724-657-3470, ext. 150**

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