

2023 CPS TRAINING APPLICATION

Southwest Behavioral Health Management, Inc. has scheduled the first of two In-Person training events for CPS (Certified Peer Specialist) Credentialing in 2023!

Training scholarships are available 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 when space is permitted, but will incur a cost)

The dates for this first training are April 17-21 AND May 1-5

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 expected to participate in ALL scheduled class sessions and complete assigned work for the course.

IF YOU DO NOT COMPLETE ALL SECTIONS OF THIS FORM, YOUR APPLICATION MAY BE REJECTED. DO NOT LEAVE BLANKS!

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

Please complete ALL information in the application and return by EMAIL or U.S. Postal Mail, on or before the application deadline to:

ahenry@swsix.com

OR

msallmen@swsix.com

Angie Henry OR
Michelle Sallmen
Southwest Behavioral Health Management, Inc.
2520 New Butler Road
New Castle, PA 16101

Questions may be addressed to:

Angie Henry

724-657-3470 ext. 132 or via email

Certified Peer Specialist (CPS) Training Program Application-2023

Sponsored by Southwest Behavioral Health Management, Inc.

Spring Session: April 17-21 AND May 1-5 **APPLICATION DEADLINE** ***March 17, 2023***

Antiochian Village
140 Church Camp Trail
Bolivar PA 15923

(OVERNIGHT Accommodations Included)

Monday-Friday: two full weeks, separated by one week off between sessions

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 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.

- ❖ *I 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, as supported by SBHM/NWBHP staff. This examination will be scheduled 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.*

Please initial each and complete signed affidavit below

_____ I WILL COMPLETE THE REQUIRED PA CERTIFICATION BOARD APPLICATION AND EXAMINATION, AS DIRECTED, ON SUCCESSFUL COMPLETION OF THIS TRAINING PROGRAM.

- ❖ *I understand that I am responsible for my own transportation to and from the training location each week.*

_____ I HAVE RELIABLE TRANSPORTATION AVAILABLE TO ME FOR ACCESSING THE TRAINING LOCATION FOR THE DURATION OF THIS COURSE, AND COMMIT TO THE ATTENDANCE POLICY EXPECTATION.

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 credentialing examination.

Signature: _____

Date: _____

Applicant Name: _____

County of residence: _____

(PLEASE COMPLETE ALL INFORMATION IN FULL. Type or Print Legibly!)

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 (2019-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 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 or US Postal Mail to:

ahenry@swsix.com

OR

msallmen@swsix.com

**Angie Henry OR Michelle Sallmen
Southwest Behavioral Health Management, Inc.
2520 New Butler Road
New Castle, PA 16101**

All applicants will be notified of acceptance or denial of admission approximately 10-12 business days after application deadline by email ONLY.

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

Angie Henry

724-657-3470, ext. 132

Or by email: ahenry@swsix.com