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| cid:image001.jpg@01D06C7D.E79BE5D0 | Southwest Behavioral & Health Services |

# Certified Peer Support Specialist Training Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |

 **Please check all of the following that apply to you:**

|  |  |  |
| --- | --- | --- |
| **Criteria Checklist**  |  |  |
| * I am 21 years or older
 |
| * I have a High School Diploma or GED
 |
| * I myself completed this application
 |
| * I identify myself as a person who has direct personal experience living with mental illness and recovery.
 |
| * I have had at least one year of experience working on recovery and I am able to manage my own wellness.
 |
| * I agree to discuss my experience with a mental illness for the purpose of education, role modeling and providing hope to others about the reality of recovery.
 |
|  **Participation Requirements Checklist**

|  |
| --- |
|  |
| * I will attend and actively participate in the full 8 days of training.
 |
| * I will participate in discussion and role-plays utilizing my personal experiences and sharing my recovery story.
 |
| * I understand that I am not guaranteed employment or a volunteer position as a result of participating in the training.
* A letter of recommendation is required
 |

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## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## References

Please list three references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

## Recovery Experience

1) Do you currently hold a position in which you will use the skills learned through this peer specialist training?

|  |  |
| --- | --- |
| Yes  | No  |

Length of time employed

|  |  |
| --- | --- |
| Years  | Months  |

|  |
| --- |
| Name of Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_ |
|  |  |  |  |

Responsibilities Include:

2) If no to item 1, have you been offered a paid position requiring the skills gained through peer training?

|  |  |
| --- | --- |
|  Yes  |  No  |

If yes when will you start: / / (mm/dd/yyyy)

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

## Feedback Questions

**For the following questions- attach a separate sheet if necessary.**

1. Briefly, what is your concept of the role of a Certified Peer Support Specialist (CPSS)?
2. Why do you want to become a CPSS?

3) Do you have experience developing a Personal Wellness Plan or a WRAP ?

|  |  |
| --- | --- |
|  Yes  |  No  |

4) What personal qualities do you possess that make you effective in working with other people in recovery from mental illness?

5) What factors were/are important and helpful in your own recovery? Who has played an important role in your recovery?

6) What prior peer recovery training have you had (for example, Intentional Peer Support, NAMI Peer to Peer, NAMI Connections, etc.)?

7) What specific experience have you had in assisting with a person’s mental health recovery (leading support groups, public testimony, NAMI - In Our Own Voice, other opportunities to share your recovery story)?

8) Are you fluent in any other language(s) besides English? If so, which ones?

9) Are Reasonable Accommodations for a disability needed?

|  |  |
| --- | --- |
| Yes  | No  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |