

Application for Certified Peer Specialist (CPS) Training Program

Berks County Community Foundation (BCCF) 237 Court St, Community Meeting Room A Reading, PA 19601 (Berks County) Dates: June 12-16 & 26-30, 2017

9am-5pm
Application Deadline: May 30, 2017

Cost: \$1375.00

Information about the Training

The Peer Specialist Certification Training is a ten day course. The curriculum focuses on education, skill building, and providing an experiential group process for training participants.

By participating in the training, participants will:

- Gain new knowledge and understanding of recovery, the peer support movement, trauma informed care, Wellness Recovery Action Plan (WRAP), Whole Health Action Management (WHAM),;
- develop new skills around engagement, outreach, ethics and boundaries, disclosure, documentation;
- increase personal awareness;
- enhance personal recovery.

Qualification for certification includes successfully completing a written test at the end of each week, full engagement in classroom discussions and participation in class activities. Attendance and punctuality are also part of the assessment for certification.

Trainees will receive an additional certificate of completion for the Wellness Recovery Action Plan (WRAP $^{\circ}$), which is covered during the training for two days. Full attendance on both days is required.

Notification of training is based on availability of training location, having 20 participants identified and funded to attend. If you are accepted into the training program you will be contacted by the Institute for Recovery and Community Integration to confirm your attendance.

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Who Should Attend /Criteria

The most recent Bulletin, OMHSAS-16-12 identifies the following criteria to be trained as CPS: (a) Be self-identified individuals who have received or are receiving mental health services for a serious emotional disturbance or serious mental illness.

- (b) Eighteen (18) years of age and older.
- (c) Have a high school diploma or general equivalency diploma and
- (d) 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.

Definitions:

<u>Serious Emotional Disturbance (SED)</u> – A condition experienced by a person under 18 years of age who currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual; and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

<u>Serious Mental Illness (SMI)</u> - A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria within the current DSM and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders and developmental disorders are not included.

I. CONTACT INFORMATION

Full N			
	Please print name as you wish it to ap		of Completion.
Mailin	g Address		
CityState		Zip Code	
	(recommended)		
LIIIaii	(recommended)		
II.	DEMOGRAPHIC AND IDENTIFICATION INFORMA	ATION	
Date o	of birth		
	is your race/ethnicity? (Please check all African American/Black Asian American/Pacific Islander/East A Caucasian/White Indigenous/American Indian Latino(a)/Hispanic Other racial/ethnicity descriptor Prefer Not to Answer	sian	
	er Identification Female Male Transgender Gender-Non-Conforming Other gender descriptor Prefer Not to Answer		
Do yo	u have a valid Pennsylvania Driver's Lice	nse?	Yes □ no □
Are yo	ou a veteran of the United States Armed If yes, dates served Branch		YES □ NO □ — —
Are yo	ou a family member of someone who ha	s served or is currently	serving in the United
States	Armed Forces?		YES □ NO □
Have	you received services from the Office of	Vocational Rehabilitat	ion within the past three
years			Yes □ no □
Do yo	u receive SSI and/or SSDI benefits?		Yes □ no □

NOTE: The information requested in the next three sections are set by Office of Mental Health and Substance Abuse Services (OMHSAS) and are mandated criteria for certification as a Certified Peer Specialist.

111	. EDUCATION	IAI HISTORY		
		oly and provide the years you at	tonded (ov. 1005 1000):	
J116	High Scho		Years Attended	
	☐ Associate		Years Attended	
	☐ Bachelor'	•		
		_	Years Attended	
		Degree or beyond	Years Attended	
	□ Other Edi	ucation or Training Programs	Years Attended	
IV	EMDLOVME	NT HISTORY		
		ork or volunteer experience tha	t you have had in the nast 3	vears If there is
	•	e, please continue on the back o	•	years. If there is
100	. chough space	e, pieuse commue on the buck c	in this sheet.	
1.	Where			
	Date - From	to		-
		Was it paid \square or volunteer \square	」(check one)	
_				
2.	Where			-
	Date - From	to		
		Was it paid ☐ or volunteer ☐	\Box (check one)	
		•	,	
3.	Where			
	Date - From	to		-
		<u></u>		
		Was it paid \square or volunteer \square	」(check one)	
4.	Where			=
	Date - From	to		
		Was it paid ☐ or volunteer ☐	(chack one)	
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V	•	MENTAL HEALTH CONSUMER HISTORY*: Please select the response that reflects your lived experience.
		*Lived experience of Substance Use Treatment by itself is not sufficient to meet the requirement for CPS Training.
		I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance. OR
		I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance AND substance use abuse
	the	Accommodations ere any accommodations that you need in order to participate in the training? (i.e. eye dog, note taker, sign language, interpreter, etc.)? Please describe.
VII.		Emergency Contact Information
		nship to you
		Number
Otr	ier i	Phone Number
VIII	•	Short Essays: Please think about and answer the following questions. Each answer should be about 50 words.
1.		e key to recovery is the use of natural supports in your life. Please describe the definition I role natural supports play in your life?
2.		at makes a CPS unique and how does their role differ from other positions in Behavioral alth?

3.	A key role for the CPS is to situation where you had t	o minimize stigma and be an ambassador for recovery. o confront stigma.	Describe a
4.	Describe how working as	a Certified Peer Specialist fits into your current life pla	ns/goals?
5.		t challenge in attending the CPS training from 9am-5p ? What is your plan for addressing the challenge? Plea	
tra	Certified Peer Specialist tr	ired prior to training. Please indicate how you will be raining. An invoice will be sent once accepted into the Recovery & Community Integration may share informations/entities.	1.0
	Self : Invoice will be mailed	d to mailing address listed on application.	
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Sei Na Ag Ad	Sponsoring Agency or Condinvoice to: me of Agency/Company ency Contact Name dress one	mpany	
	Other		

end invoice to:
lame
ddress
hone/Email
By signing this application I am confirming that I understand, meet and agree to all of the criteric participate in this training program. In addition, I fully intend to be present and an active participant in the Certified Peer Specialist Training Program for the entire 10 day program. Responses to all questions on the application are my own. Finally, I understand that MHASP/Institute for Recovery & Community Integration may share information with ponsoring agencies/organizations/entities.
Applicant Signature:
Thank you for your application.
Please submit any questions and your completed application to by May 30, 2017:
Sarah Perez Hernandez de Conkin
Administrative Assistant
Institute for Recovery & Community
Integration
1211 Chestnut Street, 10 th floor
Philadelphia, PA 19107
Phone: 267-507-3888
Email: sperezhernandez@mhasp.org
Fax: 215-636-6328

Please include the following to ensure timely processing of your application: Completed Application (REQUIRED): Fully answer every question asked on this

ш	application.
	Payment (REQUIRED): Full payment is required prior to training. Kindly remember to completely fill out section IV with information about payment. An invoice will be sent once accepted into the training.
	Signature (REQUIRED): Remember to sign the application
	Recommendation Letter (REQUIRED): Please provide at least one letter of recommendation from someone who knows your potential as a peer supporter. Ask the person to indicate their relationship to you and how they know you in the letter. Recommendation letters may be written by former or present employers, teachers, volunteer supervisors, clergy, or staff who has provided services or treatment with you.
	Current Resume (Optional)

Cancellation/refund policy:

Refund requests received 30 days or more prior to the course start date will be honored. Refund requests made less than 30 days prior to the course start date will incur a \$50 processing fee. No refunds will be made on or after the course start date.