



**“PEER SUPPORT WITHIN THE CRIMINAL JUSTICE SYSTEM TRAINING”
APPLICATION FOR PARTICIPATION**

This **3-day training** opportunity is intended for Certified Peer Specialists (CPS) and/or Certified Recovery Specialists (CRS) with priority given to those who have lived experience in the criminal justice system.

Where: Wellspan Philhaven 283 S. Butler Road Lebanon, PA 17103 (717) 273-8871, July 30, 31 and August 1, 2018

The fee for this 3-day session is \$90.00. Lunch will be provided. You are responsible for your own travel, lodging and additional meals. *Attendance for all three days is required.* **Application Deadline: Friday, June 22, 2018**

SECTION 1: GENERAL INFORMATION

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City, Zip-Code & County: _____

Email: _____

Phone number(s): work _____ Home or Cell _____

Current Employer or volunteer work:

Job title (if applicable):

Is this a CPS position: _____ Yes _____ No

Is this a CRS position: _____ Yes _____ No

Check the primary population you work with:

_____ Veterans _____ Forensics _____ Transition Age Youth _____ Adults over the age of 55

SECTION 2: REQUIRED PREREQUISITE (*Please answer the following questions.*)

Are you a Certified Peer Specialist? _____ Yes _____ No

Date of certification: _____ (*Please attach a copy of your CPS Certificate*)

Are you a Certified Recovery Specialist? _____ Yes _____ No

Date of certification: _____ (*Please attach a copy of your CRS Certificate*)



SECTION 4: ADDITIONAL IMPORTANT INFORMATION

1. Accommodation Request:
 - a. Do you need a specific accommodation to enhance your participation during the training (including linguistic needs, dietary restrictions, access, etc.)? If so, please be specific when listing them here. (**Note:** *this has no bearing on the selection process.*)

2. In case of an emergency: (Please list two people we can call if you have an emergency occur during the training):
 - 1) Emergency Contact #1:
 - a. Name:

 - b. Relationship to you:

 - c. Phone number(s):

 - 2) Emergency Contact #2:
 - a. Name:

 - b. Relationship to you:

 - c. Phone number(s):

SECTION 5: SUBMISSION

Please print your name, sign, and date.

Printed name: _____

Signature: _____ Date: _____

Please fax (717-564-4708), or mail to:

PMHCA
4105 Derry St.
Harrisburg, PA 17111
Email: pmhca@pmhca.org
Phone: (717) 564-4930 | Fax: (717) 564-4708

- IMPORTANT APPLICATION POINTERS-

Completed Application **and** CPS and/or CRS certification verification must be **postmarked, faxed** or **submitted online** www.pmhca.org by designated deadlines. **Late applications will not be considered.**

If faxing your application, be sure to write your name at the top of each page and include a cover page to ensure that your entire application is kept together.

Specific information about building locations, parking, payment and training times will be sent upon notification of acceptance for training.

Applicants will be notified whether they were accepted into the training by June 29, 2018.