



**“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: Montgomery County Public Safety Training Campus, 1175 Conshohocken Rd. Conshohocken, PA 19428 (610) 278-3500, June 13-15, 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, May 11, 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](mailto: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](http://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 May 18, 2018.**