

# Institute for Recovery & Community Integration



Transforming Lives by Transforming Systems

## Application for Certified Peer Specialist (CPS) Training Program

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

Street name \_\_\_\_\_

City/State/Zipcode: \_\_\_\_\_

Email (recommended):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

How are you planning to pay for this training (*circle one*):

- Self
- Vocational Rehabilitation Office: \_\_\_\_\_ (describe district)
- Agency/ Company: \_\_\_\_\_ (print name)
- Other: \_\_\_\_\_ (describe)

Date of birth: \_\_\_\_\_

Gender (*circle one*): MALE FEMALE OTHER : \_\_\_\_\_

What is your race/ethnicity? *(check which best applies to you)*

Asian American \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_

African American \_\_\_\_\_ Native American \_\_\_\_\_

Caucasian \_\_\_\_\_ Other \_\_\_\_\_ (please describe)

**Emergency Contact Information:**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you have children?

Yes How many? \_\_\_\_\_

No

(CIRCLE ONE)

**Please check which one of the statements below best describes your current living situation:**

\_\_\_\_ I live with friends \_\_\_\_\_ I live alone

\_\_\_\_ I live in a boarding home \_\_\_\_\_ I live with family

\_\_\_\_ I am currently without a stable living arrangement

\_\_\_\_ I live in a community mental health residential living arrangement

**Do you rely upon public transportation to get around?**

Yes

No

(CIRCLE ONE)

**Qualifications are set by the Pennsylvania Office of Mental Health and Substance Abuse and are requirements for employment as a certified peer specialist in the state.**

- **Do you have proficiency in reading and writing**

*(Note: Employers may ask you do provide a writing sample as a part of the interview process?)*

Yes

No

(CIRCLE ONE)

- **Can you identify yourself as a person who has received or is receiving services for a serious mental illness (substance abuse only is not acceptable)?** *(Note: You may need to provide documentation of your psychiatric history prior to training or by an employer to meet State licensing criteria).*

**Yes**

**No**

(CIRCLE ONE)

Please Explain:

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- **Do you have a high school diploma or a GED?**

**Yes**

**No**

(CIRCLE ONE)

Please provide the date of graduation or the date upon which you received your GED.

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- **Do you have a resume?**

*(Note: If yes please attach to application. Having a resume will improve your employment potential.)*

**Yes**

**No**

(CIRCLE ONE)

- **Within the last three years have you had at least 12 months total of successful full or part time paid or voluntary work experience?**

**Yes**

**No**

(CIRCLE ONE)

Please give:

- a. the DATES of this employment or volunteer experience,
- b. the name(s) of the organizations.
- c. The number of hours volunteered or worked per week.
- d. What your responsibilities there were.

OR....

Indicate that you have 24 credit hours of post secondary education in the past three years.

Please provide any additional information about your educational level:

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**PLEASE NOTE, THE ABOVE QUESTIONS MUST BE RESPONDED TO IN THE DETAIL REQUESTED IN ORDER FOR YOU TO MEET THE BASIC REQUIREMENTS FOR THE CERTIFIED PEER SPECIALIST TRAINING.**

These next two questions help County and State Offices of Behavioral Health in future planning:

Have you received services from an Office or Department of Vocational Rehabilitation within the past three years?

Do you receive SSI and/or SSDI benefits?

*(note: If you receive SSI benefits the Department of Behavioral Health will arrange for you to meet with a benefits counselor to learn more about working and SSI benefits).*

**The questions below will help the review committee to choose between multiple applicants so please answer as well as you can.**

What does recovery mean to you? What factors were important in your own recovery?

Cont'd....

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?

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?

Describe what strengths you'd bring to the position and what skills you feel you need to develop.

The CPS training is an intensive two-week training course built on interaction and sharing of behavioral health experiences. What will be your greatest challenge in attending the CPS training and how will you address this challenge?

Are there any accommodations that you might need in order to participate in the training? i.e. seeing eye dog, note taker, sign language interpreter

We strongly encourage you to provide at least one letter of recommendation that you feel would be helpful. Please note your relationship to the person who wrote the letter. Such letters may be written by: former or present employers, teachers, volunteer supervisors, clergy, or staff who have provided your services or treatment who might testify to your qualifications.

The Peer Specialist Certification Program is a 10-day training. *In order to receive the certification trainees need to be present and participate on all of the scheduled days.* The training involves both lectures and group activities. The group activities are a place in which respect and support are very important. The trainers will utilize two tests, class participation, involvement in group activity and general attendance to assess readiness to provide peer support services in a professional setting. In addition to providing education to participants there will be skill building through role playing, take home activities and sharing of personal experiences of recovery from mental health challenges.

While we anticipate that there will be many positions opening up for certified peer specialists in the coming years and this course will provide you with the certification needed for those positions taking the course is no guarantee of employment. Once you have received your certification you will need to apply for positions that are available.

Notification of training is based on availability of training location, having a minimum of 20 participants identified and participants funded to attend. When you are accepted into the training program you may need to participate in a follow up phone call from the Institute for Recovery and Community Integration.

I understand the above information and I am looking forward to being present and actively participating in the Certified Peer Specialist Training Program.

Applicant's Signature: \_\_\_\_\_

*Thank you for your application.* Program participants will be chosen based upon meeting the program's selection criteria; their responses to application questions; and on timely submission of their applications.

Please submit your completed application to:

Matthew R. Federici  
C/o Institute for Recovery & Community Integration  
700 East Main Street  
2 North  
Norristown, PA 19401

Fax 610-292-0388  
Phone: 610-292-9922 ext 114  
Email [mfederici@mhasp.org](mailto:mfederici@mhasp.org)