



Certified Peer Specialist Training Application

August 16-20, 2010 Houston, Texas

About This Training

Thank you for your interest in serving mental health consumers in the state of Texas! Via Hope Certified Peer Specialist training and certification prepares people living with mental illnesses to use their own experiences of personal growth and recovery to work with peers from a variety of populations and settings. The curriculum focuses on supporting the recovery and wellness of others through peer-delivered services and recovery principles.

All completed applications must be received by Via Hope on or before Friday, July 23, 2010.

Please *mail completed application to:*

Via Hope
c/o Mental Health America of Texas
1210 San Antonio Street, Suite 200
Austin, Texas 78701

**Applicants will be notified of their status by July 30, 2010.

Registration fee must be paid prior to the start of training.

Dates and Times:

- August 16-20, 2010
- Training begins at Monday at 8:30 a.m. and ends Friday approximately 5:00 p.m.

Location of Training:

- Location – SE MHMR Clinic, Room 312, 5901 Long Center Drive, Houston, TX, 77087

Registration Fees and Expenses:

- Registration **\$850**. Payable to Mental Health America of Texas.
- Candidates selected to participate in this training will be responsible for paying for their own expenses.
- Lunch and beverage and snack breaks will be provided each day of the training.
- Registration fee includes all course materials.

Eligible Candidates Must be:

- Individuals age 18 or older with personal experience as consumers of mental health services who have a desire to use their experiences to help others.
- Individuals willing to publicly identify as a person living with a mental illness in order to model the reality of recovery.
- High School graduates or have a GED.

Via Hope actively seeks a diverse group of training applicants with respect to race, gender, age, sexual orientation, diagnosis and disability.

Application and Participation Requirements:

- This application must be completed in its entirety.
- Class participants will attend and actively participate in five full days of training. Participants will participate in discussion and role-plays utilizing personal experiences as mental health consumers rather than clinical roles or training.
- Graduates will complete a written certification examination within four weeks of training completion.

Class Participant Selection Process:

Enrollment is limited by class size.

- Participants will be selected using a priority system that favors those applicants currently employed or volunteering in a peer position, followed by those seeking such positions.
 - Those currently employed or volunteering as a peer specialist and those actively seeking employment as a peer specialist are strongly encouraged to apply.
- Completing this application does not guarantee acceptance to the training.

Via Hope Texas
Certified Peer Specialist Training Application

August 16-20, 2010 Houston, Texas

CPS Application

Completed Applications must be received by July 23, 2010

Mail the completed application to:

Via Hope
c/o Mental Health America of Texas
1210 San Antonio Street, Suite 200
Austin, Texas 78701

Fax: 512-454-3725
Phone: 512-454-3706

***Application submission does not guarantee acceptance into training.

Please answer the following questions to the best of your ability. You may type in your answers and save this form or print the blank form and handwrite your answers. Answer all questions on the sheets provided. This is not a test, and there is no right or wrong answer. Please be sure to answer all questions and sign your application.

Contact Information

Application Date: _____ Primary Phone Number: _____

Full Name: _____

Home Address: _____ City: _____

State/Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Checklist and Signature

You must initial that all of the following apply to you:

Candidate Eligibility Checklist

- _____ I am 18 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 do not have a primary diagnosis of Substance Abuse.
- _____ I am able to manage my own wellness.
- _____ I agree to disclose that I have been diagnosed with a mental illness for the purpose of educating, role modeling and providing hope to others about the reality of recovery.

Participation Requirements Checklist

- _____ I will attend and actively participate in the full five days of training and will not miss more than 4 hours of the training for any reason. I will participate in discussion and role-plays utilizing my personal experiences as a mental health consumer.
- _____ I agree to take the certification exam given one to three weeks following training.
- _____ I understand that I am not guaranteed employment or a volunteer position as a result of participating in this training.

Please sign below if you have read and understand what is expected of all applicants, and to verify that all information is correct. Your application will not be considered if not signed and filled out completely.

Printed Name _____

Candidates will be notified of acceptance into the class by July 30, 2010

Recovery Experience

1. Do you currently hold a position at which you will use the skills learned through this peer specialist training? Yes No

If you are, do you receive pay for this position? Yes No Length of time employed: _____ Years _____ Months

Name/Address of Employer: _____

Supervisor Name/Title: _____

Phone: _____ E-Mail: _____

Tasks include: _____

2. Have you been offered a position requiring the skills gained through PS training? Yes No

If yes, will you receive pay for this position? Yes No If yes, when will you start? _____

Name/Address of Employer: _____

Supervisor Name/Title: _____

Phone: _____ E-Mail: _____

Tasks include: _____

3. Briefly, what is your concept of the role of a Certified Peer Specialist (CPS) and why do you want to become a CPS?

4. What personal qualities do you feel you possess that make you effective in working with other consumers in the mental health field?

5. What factors were/are important and helpful in your own recovery?

6. What specific experiences have you had in assisting mental health consumers (i.e. leading support groups, self-advocacy, program involvement, public testimony, etc)?

Reasonable Accommodations Needed? Yes No If yes, please describe: _____

Food Allergies or Diet type (i.e.: Vegan, Vegetarian)?

Optional Demographic Information - (Optional information to ensure diversity in the training environment)

Gender

Male Female

Age

18-25 26-39 40-55 56+

Physical Disability

Yes No

Ethnicity

Asian/Pacific Islander American Indian Black White Other