



Application for Certified Peer Specialists

Next Steps – Recovery to Practice March 20-23, 2017

Applicant Information

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: TX Zip: _____

Personal Phone: (_____) _____ - _____ Email Address: _____

Work Phone: (_____) _____ - _____ Email Address: _____

Are you currently a *Via Hope Certified Peer Specialist (CPS)*? Yes No

If yes, when did you receive your CPS training? Month: _____ Year: _____

Since becoming Certified, how long have you worked or volunteered as a CPS in total? Years _____ Months _____

Employment Information

Note: You must be volunteering or working at least 20hrs/week to apply for this particular endorsement training.

How long have you had your *current* position as a Certified Peer Specialist? Years _____ Months _____

How many hours/week do you typically work? _____

Organization Name: _____

Address1: _____ Address2: _____

City: _____ State: TX Zip: _____

Supervisor's Last Name: _____ First name: _____

Supervisor's Work Email: _____

Phone: (_____) _____ - _____ Cell Phone (optional): (_____) _____ - _____

Your Position Title: _____



What knowledge and/or skills do you hope to learn by attending RTP Next Steps? What are you most excited about by attending this training? *Please be specific.*

Will you need hotel accommodations for the training? Yes No

Are Reasonable Accommodations for a disability needed? Yes No

Explain: _____

Do you have food allergy or require a special diet (i.e.: Vegetarian, Gluten-free?) Yes No

Explain: _____

Please e-mail completed applications by **Monday, February 6, 2017** to:

info@viahope.org

or Fax to:

512-953-8199