

Montgomery County
Certified Peer Specialist (CPS) Training Application
9/17/18 – 9/28/18
Must attend all 10 days

Name: _____

Address: _____

City/State/Zip code: _____

Email: _____

Telephone Numbers (Home) _____

(Cell) _____

Date of birth: _____

Alternate Contact Information:

Name: _____

Address: _____

Telephone Number: _____

This Certified Peer Specialist Training awards certification to provide credentials to work either full or part-time. Please state your interest in becoming employed as a CPS in Montgomery County upon graduation.is targeted for individuals who will be working in Montgomery County.

Full Time	Yes	Maybe	No
Part Time	Yes	Maybe	No
Montgomery County	Yes	Maybe	No

Please explain any maybe or no answers:

Qualifications / Requirements:

Parts A and B must be met to be trained as a CPS. If Parts A and B are met then the Montgomery County Office of Behavioral Health will select candidates based on Parts C, D and E.

Part A

The state requires that people employed as peer specialists be individuals who self-identify with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED), and who have received or are receiving mental health services in some form. Please check:

SMI ____ SED ____ Experience in MH Services ____ Co-Occurring ____

Please provide a brief synopsis about your mental health life experience: How you self-identify with an SMI and/or SED AND your experiences in using mental health services. (Please disclose what you feel comfortable sharing) Lived experience of substance abuse only is not sufficient to meet the standard.

Part B

The qualifications described in parts 1-3 are set by the State and are requirements for employment as a Certified Peer Specialist funded by HealthChoices. They are also State requirements for acceptance into the Certified Peer Specialist Training.

1. Eighteen (18) years of age and older.
2. Have a high school diploma or general equivalency diploma.
3. **Within the last three years*** have maintained at least 12 months of successful work or volunteer experience, or earned at least 24 credit hours at a college or post-secondary educational institution.

*** Time frame for the three years is 9/17/15 – 9/17/18**

4. Please give detailed information regarding the following on your **ATTACHED RESUME**.
 - a. the DATES of this employment or volunteer experience,
 - b. the name(s) of the organizations or workplace,
 - c. the number of hours volunteered or worked per week
 - d. a description of your responsibilities

Part C

Please attach at least one **current dated** letter of recommendation (within the last year), excluding any family members, **describing how they see your capacity for gaining peer support knowledge and skills to support others' journeys.** 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 a staff member who has provided your services or treatment **in the past**, who might testify to your qualifications.

Part D

The questions below will help the review committee choose among many qualified applicants, so please answer as well as you can.

1. Write YOUR “Story of Hope”

Describe your recovery process. This would include a brief story or narrative of your life and recovery: 1. How was your life experience before recovery? 2. Explain how you came to understand recovery 3. What is your life like now that you understand recovery? Please include any resources, coping skills or supports that helped you understand your recovery and your wellness today.

2. Sharing your experiences are important because you can give or revive hope to help others find meaning and purpose in their life and wellness.

Peer specialists are models of recovery for others. They inspire hope that recovery is possible for all. They are often “the light at the end of the tunnel” for the peers they serve. How would your story of hope help others get the feeling that they can make changes in their lives? What about your life story might inspire someone who is still struggling?

3. What are the activities and interest you enjoy, and how do they help your own recovery?

Reason: Recovery happens in community by engaging in work, in having fun and in loving and being loved. In other words recovery happens in living life, “just like everybody else”. Please tell us how your life is full of meaning and purpose and include details about your activities and interests, including community involvement.

4. Tell us about the people who support or supported you, (in addition to MH providers and peers), how they provided support and what support they provided that was helpful and meaningful in your recovery.

Reason: Peer Specialists understand that recovery can be achieved by traveling many paths. Sometimes our greatest supports and resources have been neighbors, church, friends, and family-- people just like us. The people we know through living life are often called natural supports. Tell us how in recovery you have grown the quality of your supports.

5. Describe your experience with peer support and mutual aid groups, whether it's been received or provided by you. And, describe any participation in self-help or mutual aid groups. How have you benefitted from these experiences?

6. What do you see as special about peer support, in comparison to other services or supports you may have experienced?

7. What have been your experiences, successes and challenges, with employment / school in the past?

8. Why are you choosing a career as a certified peer specialist and what have you done to prepare yourself to embark upon this career?

9. Please describe your strengths and challenges as they relate to the delivery of peer support. This can include personal obstacles that you will need to overcome as well as system challenges that you anticipate.

Part E

10. Do you have basic computer skills? The job does require this skill.
11. Are there any accommodations that you need in order to participate in the training?
12. Do you have a valid driver's license? (*This is not a requirement for the training, although it may be a requirement for the employer.*)
13. Have you applied to Montgomery County CPS trainings previously? If so, when?
14. Are you certified in Wellness Recovery Action Plan Seminar I or Seminar II?
Yes No
15. As a peer specialist, are you interested in working with youth and young adults or adults?

The Peer Specialist Certification Program is 10-day training. In order to receive the certification, trainees need to plan to be present and participate on all of the scheduled days.

Those applicants accepted into the training will be required to take the two trainings below:

WRAP Seminar One	Date to be determined
Storytelling	Date to be determined

Please contact Creating Increased Connections (CIC) at 484-681-9432 or www.ciconnections.org for information.

What to expect: 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 (day five is a take home test and the day ten test will be done in class). In addition, class participation, involvement in group activities and general attendance will be used 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 play; take home activities, and sharing of personal experiences of recovery from mental health challenges.

About the CPS: Montgomery County is committed to the growth and development of professional peer support. This course will provide you with the certification needed for those positions. Taking the course is no guarantee of employment. In addition, some employers do not hire individuals who have had a felony conviction or poor driving records. Once you have received your certification you will need to apply for positions that are available or utilize the necessary community supports for the job seeking skills you may need. Montgomery County has developed a Certified Peer Specialist Professional Development and Networking group, through which further technical assistance and employment leads can be obtained.

When you are accepted into the training, you will be asked to participate in follow-up contact to obtain additional information needed to assess program effectiveness, and to track information for outcomes measurement.

I understand the above information and I am looking forward to being present and actively participating in the 2018 Montgomery County Certified Peer Specialist Training.

Applicant's Signature: _____

Thank you for your application. Training 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 no later than May 1, 2018 to:

**Maureen Feeny-Byrnes, Certified Peer Specialist
Montgomery County BH/DD Programs
Human Services Center
1430 DeKalb St.
P. O. Box 311
Norristown, Pa. 19404-0311**

**If you have any questions, please contact
Maureen Feeny-Byrnes, CPS
610-278-3626 or mfeenyby@montcopa.org**