



Application for **September** Certified Peer Specialist (CPS) Two Week Certification Training Program

*Applications accepted from **July 10 – July 28, 2017**. All applications and required documentation must be completed by applicant and received by mail, Email (DBHIDS.PeerCulture@phila.gov) or in person at 1101 Market St, 7th Floor*

No later than 3pm on July 28, 2017

**** INCOMPLETE OR LATE APPLICATIONS WILL NOT BE PROCESSED****

DEMOGRAPHIC INFORMATION:

Legal Name: _____ Name on Certificate: _____ Date of Birth: _____
MM/DD/YEAR

Street Address: _____ Apt: _____ Philadelphia, PA Zip: _____

Home #: _____ Cell #: _____ Email: _____

GENDER:

Male Female Transgender/Gender Variant

CULTURAL IDENTIFICATION (Optional) Check All that Apply:

Asian African American Continental African/African Caribbean Caucasian Latino/Hispanic

Native American/Pacific Islander Other _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Phone #: _____

Current Lives With Self Family Member Recovery/Half-way House My housing is unstable

Other _____

Have you participated in any DBHIDS system transformation efforts (i.e. Storytelling Training, First Friday Series , MH First Aid)?

Yes, my certificates are attached, and I have attended: _____ No

***NOTE: THE QUALIFICATIONS DESCRIBED IN THE NEXT THREE SECTIONS ARE SET BY THE STATE OF PENNSYLVANIA AND ARE MANDATED REQUIREMENTS FOR TRAINING AS A CERTIFIED PEER SPECIALIST FUNDED BY HEALTH CHOICES.**

QUALIFICATIONS FOR TRAINING

1.) BEHAVIORAL HEALTH INFORMATION :

I personally identify as someone who is a present or past recipient of mental health services for a **Serious Mental Illness**

OR

I personally identify as someone who is a present or past recipient of mental health services for a **Serious Mental Illness AND substance use challenge**

*****Please provide verification of your past or present mental health treatment.***
 (for example: copy of behavioral health evaluation, letter from clinician, discharge plan)**

Lived experience of Substance Use Treatment only is not sufficient to meet the requirement for CPS Training

2.) EDUCATIONAL INFORMATION:

Name of School/Educational Program: _____

Highest Grade Completed: Certificate Diploma GED College Trade Graduation Date _____

*****Submission of a copy of your high school or college diploma or proof of GED is required.*****

Have you received services from the Office of Vocational Rehabilitation (OVR) within the past 3 years? Yes No

Are you a Veteran of the United States Armed Forces? Yes No

Do you receive SSI and/or SSDI benefits? Yes No

3) EMPLOYMENT/INCOME INFORMATION: *Verification of employment activity from Employer and a Current Resume are required and must be attached on letterhead to application.*****

Please list any paid or volunteer work experience that you have maintained in the last 3 years for 12 months **OR** any earned post-secondary education credits totaling 24 credits (*need not be consecutive*).

Where _____ Position _____

Date: From _____ To _____ Supervisor Name _____ Telephone Number _____

Was it Paid or Volunteer How Many Hours a week _____

Where _____ Position _____

Date: From _____ To _____ Supervisor Name _____ Telephone Number _____ Was

it Paid or Volunteer How Many Hours a week _____

Where _____ Position _____

Date: From _____ To _____ Supervisor Name _____ Telephone Number _____ Was

it Paid or Volunteer How Many Hours a week _____

ADDITIONAL DOCUMENTATION REQUIRED *Please submit the following*****

Philadelphia residency verification

Professional letter of recommendation on letterhead

TRANSPORTATION

Do you rely on Public Transportation? Yes No If no, what is your means of transportation? _____

Do you have a valid PA Driver's License? Yes No

The following questions will assist the review committee with the selection from many applicants. Please answer each question to the best of your knowledge as thoroughly as you can.

1. What wellness tools are important in your own recovery?

2. Peer specialists are models of recovery for others. In what ways do you demonstrate your recovery goal of a full and meaningful life in the community? Please provide detail about activities and interests.

3. Peer Specialists are required to complete documentation on the job. Describe your computer skills.

AGREEMENT

The Certified Peer Specialist Certification Training Program is a 10-day training scholarship opportunity. You must be present and actively participate in order to complete the training and receive the CPS certificate. In order to receive the certification, **trainees are required to attend the training for the entire 10 days of certification;** trainees are required to be present on and participate in all of the scheduled days and to possess a cumulative score between 140-200 points (includes attendance, punctuality, participation, and 2 knowledge-based exams). Attendance is not a guarantee of certification. Applicants are applying for the March training. You will be notified if you are invited to interview.

Trainees will receive an additional certificate for the Wellness Recovery Action Plan (WRAP), which is covered for two days during the training. Full attendance on both days is required. The certificate can be used to register for the 5-day WRAP Facilitators' certification training, which is offered in the City of Philadelphia through DBHIDS.

This 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 behavioral health services in a professional setting. In addition to providing education to trainees, there will be skill building through role play, take home activities and sharing personal experiences of recovery from mental health challenges. Integrity is essential to this position. **if it is deemed that you are conducting yourself in an unethical way at any time during the application, interviews or training, you will be asked to halt the training process.**

Interviews will be scheduled with the CPS Planning team for a limited number of applicants the **Weeks of August 7, 2017 until August 22, 2017**. If you are selected, you will be notified of which day and time you have been invited to interview as part of a panel of other applicants. In addition, an orientation will take place one to two weeks before class.

Each trainee is responsible for adjusting his/her schedule in order to attend the entire 10 days of training.

This training is not open to individuals in special detention programs, e.g. work release, house arrest, etc.

Certification does not guarantee employment. While we anticipate that there will be many positions opening for Certified Peer Specialists in residential, day programs, case management and other behavior health programs in the upcoming months, **this certification is not a guarantee for employment.** You are responsible for applying for CPS positions for which you qualify in the system; however, we will assist you in identifying positions for which you qualify and in which you may be interested. We will also assist those who complete the training with continuing their education.

By signing below I acknowledge that I meet, understand and agree to all terms of this program; and that the responses to all questions on the application are my own.

Signature of Applicant: _____ **Date:** _____

PLEASE SUBMIT IN PERSON, MAIL OR EMAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

DBHIDS
Certified Peer Specialist Applications
1101 Market St, 7th Floor
Philadelphia, PA 19107

OR

Email
DBHIDS.PeerCulture@phila.gov

For questions, please send an email to DBHIDS.PeerCulture@phila.gov

Applications must be received by 3pm on July 28, 2017
(Please note that DBHIDS does not make copies of submitted documents)

Applicants **not** contacted for interviews will be notified about application status within **60 days** from the date of application closing. **Applicants have 45 days from the date of above notifications to review results.**

PEER CULTURE AND COMMUNITY INCLUSION UNIT

Model, Inspire, and Inform

DBHIDS CPS Application Checklist

Check all of the boxes and attach this document to your application. Thank you!

1. _____ **July 2017 CPS Application** (September Class)
2. _____ **Proof of Education** (Copy of High School Diploma, GED or official college transcript)
3. _____ **Proof of Philadelphia County Residency** (State ID, Utility Bill)
4. _____ **Proof of Mental Health/Co-Occurring Diagnosis** (Psychiatric or Psychological Evaluation, Discharge Summary, Letter from current clinician on letterhead)
5. _____ **Proof of Work or Volunteer Experience:** (Letter written by a former or present employer, teacher, or volunteer supervisor to verify 12 months' work or volunteer activity within the last 3 years on letter head stating hours worked and tasks performed)
6. _____ **Professional Resume**
7. _____ **Current Letter of Recommendation on Letterhead** (Written by a former or present employer, teacher or volunteer supervisor)
8. _____ **Story-Telling Training certificate** attached

For DBHIDS PCCI Use Only:

Applicant Name: _____ Application Complete: Yes _____ No _____

1st Review By: _____ (initials) Date: _____

Notes: _____

2nd Review By: _____ (initials) Date: _____

Notes: _____

Application Score: _____

Final Score: _____

Approval Date: _____

Interview Date: _____

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