**Application for December 2025 Certified Peer Specialist (CPS)
Two Week Certification Training Program**

\*Applications accepted from **Sept. 22 to Oct. 10**. All applications and

required documentation must be completed by applicant and received by

email DBHIDS.PeerCulture@phila.gov.

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| **Emergency Contact Information:**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Current Lives With **Self Family Member Recovery/Half-way House My housing is unstable**     **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Have you participated in anyDBHIDS system transformationefforts (i.e. Storytelling Training, Narcan Training,MH First Aid)? |
|  **Yes, my certificates are attached, and I have attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No**   |

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| **\*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*** |

**No later than COB Oct. 10.**

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

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| **Demographic Information:** |
| Legal Preferred Date ofName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 |
| **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**   |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| **ADDITIONAL DOCUMENTATION REQUIRED *\*\*\*Please submit the following\*\*\******Philadelphia residency verification Professional letter of recommendation on letterhead**  |

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| **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** |

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| **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 does recovery mean to you? What wellness tools are important in your own recovery?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Peer Specialists are required to complete documentation on the job. Describe your computer knowledge and skills.

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**AGREEMENT**

The CPS Certification Training Program is a 10-day scholarship program. To earn your CPS certificate, you must attend all 10 days and actively participate throughout the program. Successful completion is based on attendance, punctuality, participation, two knowledge-based tests, and the Pennsylvania Certification Board (PCB) exam. Passing the PCB exam is required to receive your certification.

The training includes lectures, group activities, role play, take-home exercises, and sharing personal recovery experiences. Respect, support, and integrity are essential. Anyone acting unethically during the application, interview, or training will be asked to leave.

**Interviews and Orientation**

Interviews will be scheduled by phone for a limited number of applicants between **Oct. 27 to Nov. 14**. If selected, you will be notified of your date and time. A virtual orientation will be held **Nov. 24 from 10 a.m. to noon.**, and all trainees must attend.

Each trainee must adjust their schedule to attend all 10 days of training. This program is not open to people in special detention programs, such as work release or house arrest.

**Important Notes**

Certification does not guarantee a job. Many CPS positions may open in residential programs, day programs, case management, and other behavioral health services, but you are responsible for applying. DBHIDS will help graduates identify opportunities and support continuing education.

 **By signing 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 BY EMAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

**DBHIDS.PeerCulture@phila.gov**

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

***Applications must be received by Oct. 10.***

***(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 the boxes and attach this document to your application. Thank you!

1.\_\_\_\_\_\_ **CPS Application**

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:**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_** |

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