

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.

No later than COB Oct. 10.

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



DBHIDS.ORG

DEMOGRAPHIC INFORMATION:

Legal Name: _____ Preferred Name: _____ 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, Narcan Training, 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

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 ☐ NoAre you a Veteran of the United States Armed Forces? ☐ Yes ☐ NoDo 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 itPaid ☐ or Volunteer ☐ How Many Hours a week _____

Where _____ Position _____

Date: From _____ To _____ Supervisor Name _____ Telephone Number _____ Wasit Paid ☐ or Volunteer ☐ How Many Hours a week _____

Where _____ Position _____

Date: From _____ To _____ Supervisor Name _____ Telephone Number _____ Wasit 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 does recovery mean to you? 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 knowledge and skills.

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:

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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