

CERTIFIED PEER SPECIALIST TRAINING APPLICATION

CPS Training: The Royal Inn - 17089 Boot Jack Road - Ridgway, PA 15853

Dates: April 24, 2023 – April 28, 2023 & May 1, 2023 – May 5, 2023

Application Deadline: April 5, 2023

Cost: Agencies are responsible to pay 25% of the cost (\$450.00) per employee/participant in the following counties (Elk/Cameron, Potter, Forest, Warren, McKean, Clearfield, Jefferson). 75% of the training and fees are provided by the North Central PA Healthcare and Social Assistance Industry Partnership implemented by Workforce Solution.

To qualify for Certified Peer Specialist Training, you must:

- (a) Have a high school diploma or a general equivalency degree.
- (b) Identify as a Peer or person with lived experience.
- (c) Within the last (3) years, has maintained at least 12 months of successful full or part-time paid or voluntary work experience or obtained at least 24 credit hours of post-secondary education.
- (d) Work in either Elk, Cameron, Potter, Forest, Warren, McKean, Clearfield, or Jefferson counties.

Please fax the application to Tracey Williams at 814-772-4348, or scan and email it to twilliams@dickinsoncenter.org.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

DEMOGRAPHICS

Race

Hispanic Non-Hispanic Black/African American Caucasian/White
Asian Native American Prefer Not to Answer

Gender

Female Male Transgender Gender Non-Conforming Other
Prefer Not to Answer

CPS TRAINING ELIGIBILITY

Do you work in either Elk, Cameron, Potter, Forest, Warren, McKean, Clearfield, or Jefferson counties? YES NO*

High School Diploma/GED YES NO

I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance. YES* NO

I personally identify as someone who is a present or past recipient of mental health services for a serious mental illness or serious emotional disturbance, and substance abuse.
 YES* NO

The organization that is hiring me – OR -- the organization that I am currently employed with is sponsoring me for CPS Training (Sponsoring means paying for CPS Training on your behalf).
 YES* NO

*IF YES, what organization is sponsoring you?

In the past 3 years (look back 3 years from today), have you either maintained at least 12 months of successful work -OR- earned at least 24 credit hours at a college/post-secondary institution? (Does not need to be CPS related) YES* NO

*IF YES, Where and when have you worked or attended school?

SPONSORING ORGANIZATION INFORMATION

ORGANIZATION NAME: _____

SUPERVISOR/CONTACT: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code County

E-MAIL: _____ **PHONE:** _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Emergency Contact email Address: _____

ACCOMMODATIONS

What accommodations do you need to help you be successful in CPS Training? (Check all that apply).

More testing time More frequent breaks Breaks during testing time

Larger print for the visually impaired Audio Recording None Other

SHORT ESSAYS

Describe your recovery process by providing a brief story or narrative of your life and recovery. Share how your recovery journey led you to understand recovery. Please include and resources, coping skills or supports that helped you understand your recovery and your wellness today _____

Describe how taking the Certified Peer Specialist Training fits into your life plans and goals.

Please describe your strengths and challenges as they relate to the delivery of peer support _____

What are the skills and strengths that you would be able to provide to a possible employer?

SIGNATURE

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If the sponsoring organization information that I provided is false and/or not sponsoring me, I am financially responsible for CPS Training in the amount of \$450 to the Dickinson Center.

SIGNATURE _____ **DATE** _____

PRINT NAME _____