



Massachusetts Certified Peer Specialist Training Application, 2009-2010

Name:				Date:		
Address:	Street	City	State	Zip		
Phone:	Numbers we can use to contact you		Home	Work	Cell	
E-Mail:						
Is there a back-up contact for you if we're unable to reach you with the above contact information?						
Name:				Phone:		
Training Location*	Circle your first choice		Spring – Lawrence	Spring – Brockton		

Will you need any special accommodations during the training - Physical, dietary, etc.? (All accommodations must be pre-arranged)

N Y What accommodations:

I am currently (check all that apply):

- A Paid Peer Specialist or other paid peer employee (recovery coach, etc.).
- A Volunteer Peer employee (unpaid peer position).
- A Paid Non-Peer employee in a mental health setting.
- I was hired with the understanding that I would complete the CPS course and pass the exam within 6 months to a year of being employed.
- I have been told I will be hired as a Paid Certified Peer Specialist if I complete the CPS Training Program and pass the exam. (Provide agency information below).

If you checked any of the above, please complete the following:

Agency _____ Contact Person _____

Tel No: _____(for verification) Hours: _____

- None of the above. (Please describe your current situation:

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A. Applicant Requirements:

- ◆ Applicants must have experienced being diagnosed with a mental health condition, and identify themselves as a person who has used, or uses, mental health services in their own recovery process.
- ◆ Applicants may have a secondary, **but not primary**, experience with substance abuse issues.
- ◆ Applicants must have a high school diploma or a GED certificate.
- ◆ Applicants must demonstrate strong reading comprehension and written communication skills.
- ◆ Applicants must have demonstrated experience with leadership or advocacy.
- ◆ Applicants must be well grounded in their own recovery *with at least one years experience working on their own recovery.*

B. Instructions:

- ◆ The application and **two (2) Recommendations** (see recommendation forms on pages 9 & 10) are due by the identified application deadline. It's up to you to ensure that your recommendations are submitted on time.
 - If mailed, post-mark must be on or before the due date.
 - If faxed, forms must be received no later than 4 pm on the due date. You are responsible for confirming that the fax was received.
- ◆ The application form **must be completed by the applicant only**. You may type or handwrite the form.
- ◆ If you choose to type your application, do NOT type your name or initials when you are asked to "sign."
- ◆ Complete the self-assessment (this does not need to be submitted with the application).
- ◆ Answer each question completely. Due to our limited resources, we're not able to contact you to get missing information. As incomplete applications are frequently removed from consideration, be sure to check it over before sending.

Mail applications to:

CPS Training Program, ATTN: Applications
The Transformation Center
98 Magazine St., Roxbury, MA 02119

Or fax application to: 617-442-4005 If your application or recommendation is faxed, you should confirm that it was received!

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C. Answer the Following Questions: If you need extra space, please use the space provided on page 6. Do not write on the back or attach extra pages.

1. *What does recovery mean to you?*

2. *What did you learn about your readiness for this course from the self-assessment?*

3. Have you had any experiences sharing your “recovery story?” Yes _____ No _____
If “yes,” please describe the situation(s) and what it was like for you to share your story. If “no,” how would you feel about sharing your experiences in recovery?

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4. If you are currently working in a peer position (paid or unpaid), please describe the work you are doing and how your work contributes to others' recovery journey. If you are not working, please describe your vision of a CPS.

5. Have you ever participated in a
- | | | |
|-------------------------------|----------|----------|
| a. WRAP training? | Yes_____ | No _____ |
| b. Peer Facilitator training? | Yes_____ | No _____ |
| c. Mass. Leadership Academy? | Yes_____ | No _____ |
| d. Peer support group? | Yes_____ | No _____ |

6. If yes to any of the above, please describe (for each) who sponsored the training, what you gained from this experience, and how you might use this experience as a Certified Peer Specialist?

7. Why do you want to participate in the CPS training course? How are you hoping to use the information and skills gained in the CPS training course?

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11. The CPS training includes listening to and sharing experiences that may evoke painful feelings for you. What self-care skills and coping strategies will you bring with you to assist in these times?

12. USE THIS SPACE TO COMPLETE ANY EARLIER ANSWERS. PLEASE IDENTIFY WHICH QUESTIONS YOU ARE CONTINUING.

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The following questions are voluntary. Your acceptance will not be influenced by whether or not you complete this section.

We ask this information for two specific reasons. First, we are conducting ongoing research on the CPS training course, including demographic statistics. Second, we are committed to strengthening the learning environment by creating classes that are balanced and diverse.

GENDER

- Male
- Female
- Transgender

AGE

- Under 20
- 20–29
- 30–39
- 40–49
- 50–59
- 60 and over

SEXUAL ORIENTATION

- Homosexual - Gay
- Homosexual - Lesbian
- Transgendered
- Bisexual
- Heterosexual

RACE/ETHNICITY

- African American
- Asian
- Caucasian
 - Hispanic
 - Non Hispanic
- Native American/Alaskan
- Multiracial
- Other: _____

EDUCATION

- High school or GED
- Some college
- College degree
- Postgraduate degree
- Other: _____

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Read each of the following statements thoroughly!! Initial each statement that you agree with.

Recommendation Process (*Recommendation Forms are on pages 9 and 10*)

- _____ I understand that recommendation forms may not be completed by family members. Peers, employers, volunteer supervisors, educators, or other individuals that have a good understanding of my characteristics and skills may complete recommendations.
- _____ I understand that it is my responsibility to ensure that the recommendations are submitted on time. The recommendations are due on the same date as the application.
- _____ I have known at least one of those providing a recommendation *for at least one year.*
- _____ I understand that the people filling out the recommendations will mail them directly to CPS program staff. (If FAXED, you must confirm that it was received)
- _____ I agree to and understand that I will not be permitted to see the completed recommendations.
- _____ I have read and signed the designated area on the recommendation form myself.

Agreements for Participation (DO NOT TYPE). Initial each statement that you agree with.

- _____ I completed this application on my own.
- _____ I understand that the Mass. CPS program is not a job placement program.
- _____ Yes, I agree to share my recovery experiences in my work.
- _____ I intend to seek paid employment as a CPS.
- _____ I have a high school diploma or hold a GED certificate. (If requested, I can provide documentation)
- _____ I have been involved in recovery for less than one year.
- _____ No, I do not wish to disclose my mental health history in my work as a CPS.
- _____ I have read the schedule for classes and can fully commit to each class day and the overnight retreat.
- _____ My primary experience is with **substance abuse** issues, not mental health issues.
- _____ I understand that the training program has been funded for the purpose of enhancing the peer work force in Massachusetts. If accepted, I agree to take the certification exam following completion of the training.
- _____ If accepted, I understand **that I am responsible for all travel expenses and arrangements*** and that the CPS program staff will not provide assistance in making these arrangements or covering related costs.

*If you are traveling by bus or train, we will try to arrange to pick you up at the nearest station provided that you make such arrangements in advance.

Signature: _____ Print your name: _____

If you have additional questions please contact CPS program staff at 617-442-4111 or toll free at 1-877-769-7693. You will be notified about the status of your application shortly before the beginning of the training at the location you selected.

2009-2010 Massachusetts Certified Peer Specialist Training Reference Form

↻ Confidential ↻

TO BE COMPLETED BY APPLICANT	
PRINT NAME:	
WAIVER: As required for consideration of acceptance into the Fall 2009 Certified Peer Specialist Training, I give permission for this form to be submitted directly to the CPS program without my review, and understand that I will at no time see its contents. Both the referrer and I understand that this form must be faxed or post-marked by the application deadline, and that late submission may disqualify me from acceptance to the training.	
APPLICANT SIGNATURE:	DATE:

THE FOLLOWING ITEMS TO BE COMPLETED BY REFERRING INDIVIDUAL:

1. How long have you known the applicant and in what capacity?
2. Please rate the applicant in the following areas and provide additional comments in # 7.
(Check only one box for each item):

		Poor	Fair	Average	Good	Excellent	Not Observed
1.	Leadership Skills						
2.	Socializes Comfortably						
3.	Communicates Effectively						
4.	Self Motivation						
5.	Reliability						
7.	Integrity						
8	Recovery Foundation						

4. Would you hire this person to work as a Peer Specialist? Why or why not?
5. What will be this person's greatest challenge?
6. What do you see as this person's greatest strength?
7. Any further comments: (Continue on back if needed)

Print Name:
Date:

Signature:

If you have any questions regarding this form, the application process, or the CPS training itself, feel free to contact the CPS program staff at 617-442-4111.

Reference must be post-marked or faxed by application deadline.

Mail to: CPS Program/Refs

Or fax to: 617-442-4005 (Call to confirm full transmission)

The Transformation Center
98 Magazine St.
Roxbury, MA 02119

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