

Application for
Philadelphia County Certified Peer Specialist (CPS)
Training Program

Name: _____

Street name _____

City/State/Zipcode: _____

Email (optional): _____

Telephone Number: _____

Qualifications are set by the state and are requirements for employment as a peer specialist.

1. Can you identify yourself as a person who has received or is receiving services for a serious mental illness?

2. Do you have a high school diploma or a GED? Please provide the date of graduation or the date upon which you received your GED.

3. Within the last three years have you had at least 12 months total of successful full or part time paid or voluntary work experience? Please give:
 - a. the DATES of this employment or volunteer experience,
 - b. the name(s) of the organizations,
 - c. the number of hours volunteered or worked per week, and
 - d. what your responsibilities there were.

OR....

Indicate that you have 24 credit hours of post secondary education in the past three years.

PLEASE NOTE, THE ABOVE QUESTIONS MUST BE RESPONDED TO IN THE DETAIL REQUESTED IN ORDER FOR YOU TO MEET THE BASIC REQUIREMENTS FOR THE CERTIFIED PEER SPECIALIST TRAINING.

The questions below will help the review committee to choose between multiple applicants, so please answer as well as you can.

What does recovery mean to you? What factors were important in your own recovery?

Peer specialists are models of recovery for others. In what ways do you demonstrate recovery and its goal of a full and meaningful life in the community?

Please share why you are interested in peer support services and the possibility of working as a Certified Peer Specialist. Also discuss where work fits in to your current plans. Is it something that you are looking to do right now, or are you interested in the training as an early step on your path into the workforce?

Describe what strengths you would bring to the position and what skills you feel you need to develop.

The CPS training is an intensive two-week training course built on interaction and sharing of behavioral health experiences. What will be your greatest challenge in attending the CPS training and how will you address this challenge?

Are there any accommodations that you might need in order to participate in the training? i.e. seeing eye dog, note taker, sign language interpreter

Please feel free to supply any letters of recommendation that you feel would be helpful. Please note your relationship to the person who wrote the letter.

The Peer Specialist Certification Program is a free 10-day training. In order to receive the certification trainees need to be present and participate on all of the scheduled days.

Certified Peer Specialist training involves both lectures and group activities. The group activities are a place in which respect and support are very important. The trainers will use two tests, class participation, involvement in group activity and general attendance to assess readiness to provide peer support services in a professional setting. In addition to providing education to participants, there will be skill building through role playing, take home activities and sharing of personal experiences of recovery from mental health challenges.

When you are accepted into the training program, you will need to participate in a follow up phone call from DBH. The purpose of this phone call is to obtain additional information that the Department needs to complete its required paperwork. This phone call is required both to confirm your participation in the class and to complete this required paperwork.

While we expect that there will be many positions opening up for certified peer specialists in the coming years and this course will provide you with the certification needed for those positions, taking the course is no guarantee of employment. Once you have received your certification you will need to apply for positions that are available.

I understand the above information and I am looking forward to being present and actively participating in the Philadelphia County Certified Peer Specialist Training Program.

Applicant's Signature: _____

Thank you for your application. Program participants will be chosen based upon meeting the program's selection criteria; their responses to application questions; and on timely submission of their applications.

**Please submit your completed application to:
Michelle Davis
C/o DBH
1101 Market Street, 7th Floor
Philadelphia PA 19107**

**Questions?
Contact Michelle Davis at 215-685-5464
or e-mail her at Michelle.Davis@phila.gov**