

# Alabama Certified Peer Specialist Training Application

Full Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** Training is open to individuals who are interested in and willing to pursue employment as a Certified Peer Specialist. Priority is given to individuals already employed as peer specialists, peer bridgers, and those who have employment commitments pending certification.

**Qualifications to Become a Certified Peer Specialist:** Must be at least 18 years old. Must have a mental illness diagnosis, must be in recovery, must be open minded, and must be willing to share personal experiences with mental illness publicly. Must be a High School Graduate or have GED. Must have good communication skills, both written and oral. Must have successfully completed Certified Peer Specialist training and exam.

**Required knowledge and skills:** An understanding of recovery from mental illness. Basic understanding of mental illness and the mental health system. Basic knowledge of empowerment and the goals and objectives of the consumer movement. Ability to work with individuals or groups. Basic knowledge of consumer rights and advocacy. Ability to communicate effectively. Ability to work a set schedule. Ability to connect with individuals in treatment for mental illness. Ability to understand the unique experience of mental illness. Ability to serve as a role model, showing by example that recovery is possible. Ability to relay coping skills, positive attitude skills and self- esteem. Ability to assist in establishing support systems and interface with agencies, organizations, and groups. Ability to facilitate peer support/self-help groups.

## **Note: Applicant must complete application**

\_\_\_ I have a mental illness diagnosis

\_\_\_ I am currently employed

\_\_\_ I have applied for employment as a peer specialist

\_\_\_ I am presently conditionally employed as a peer specialist pending successful completion of certification training

\_\_\_ I want to apply for employment as a Certified Peer Specialist

\_\_\_ I want to use the training in pursuing my own recovery

Are you currently receiving Disability/SSI Yes\_\_\_No\_\_\_

Are you now employed or have you in the past been employed as a peer specialist: Yes\_\_\_No\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

In addition to mental illness are you also in recovery from substance abuse? Yes\_\_\_No\_\_\_

Have you been involved in the criminal justice system as a result of your mental illness? Yes\_\_\_No\_\_\_

Have you served in the military? Yes\_\_\_No\_\_\_

Have you ever been homeless? Yes\_\_\_No\_\_\_

Do you have a valid Alabama Driver's License? Yes\_\_\_No\_\_\_

### **Optional: Race/Ethnicity**

\_\_\_ African-American

\_\_\_ Native American

\_\_\_ Hispanic

\_\_\_ Asian

\_\_\_ Caucasian

\_\_\_ Multiracial

\_\_\_ Other

### **Special populations that you have interest in working with**

\_\_\_ Veterans

\_\_\_ African-American

\_\_\_ Native American

\_\_\_ Hispanic

\_\_\_ Asian

\_\_\_ Deaf/Hard of Hearing

\_\_\_ Forensic

\_\_\_ Youth

\_\_\_ Gay/Lesbian/Transgender,

\_\_\_ Caucasian

\_\_\_ Multiracial

\_\_\_ Other \_\_\_\_\_

### **What consumer organizations, peer support, and advocacy organizations have you participated in?**

\_\_\_ Peer support group

\_\_\_ Wings Across Alabama

\_\_\_ WRAP training

\_\_\_ NAMI

\_\_\_ NAMI Connections

\_\_\_ In Our Own Voice

\_\_\_ Recovery Conference

\_\_\_ Drop-in Center

\_\_\_ The Visionary Guild

\_\_\_ Alabama Minority Consumer Council    Other \_\_\_\_\_

### **Describe any additional consumer or mental health activities you participate in:**

### **Why are you interested in becoming a Certified Peer Specialist?**

What does recovery from mental illness mean to you?

Are you comfortable with sharing your mental illness with others?

What strengths do you have that you feel will be beneficial to providing peer support?

What factors are key to your continued recovery?

Other reasons you believe you will make a good peer specialist:

## Education

School	Dates attended	Graduate? (y/n)	Date
High School			
GED Yes__ No__ N/A__			
College/Voc _____			
_____			
_____			
_____			
_____			

## Employment

### Current or Last Employer:

\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

Type of Business:\_\_\_\_\_

Supervisor:\_\_\_\_\_

Dates of Employment\_\_\_\_\_to\_\_\_\_\_Full time\_\_Part time\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor: Yes\_\_No\_\_

Describe your duties:

**Last Employer:**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your duties:

**Other Employment Experience:**

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**Note:**

Participation in the Alabama Certified Specialist Training Program requires a significant and long term commitment of time and energy. You are expected to participate in the full five days of training, including evening sessions, complete assigned homework, and you are expected to take the final exam.

Successful completion of Certified Peer Specialist training and exam does not guarantee you a job as a Certified Peer Specialist. Securing employment is the responsibility of each attendee.

Additional information may be requested

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applications should be submitted to:**

Office of Consumer Relations  
Alabama Department of Mental Health  
100 N. Union Street  
P.O. Box 301410  
Montgomery, AL 36130-1410

**For additional Information Contact:**

Office of Consumer Relations  
(334) 242-3456  
1-800-832-0952  
(334) 242-3025 Fax  
[michael.autrey@mh.alabama.gov](mailto:michael.autrey@mh.alabama.gov)  
[kay.baker@mh.alabama.gov](mailto:kay.baker@mh.alabama.gov)