

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:

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
kay.baker@mh.alabama.gov