

PART I. TIMETABLE FOR APPLICATION PROCESS

Thank you for your interest in this Peer Specialist Training. This training is available to consumers only.

This application has 6 parts. All parts must be completed in order for your application to be considered. In part V, please answer all questions on a separate sheet of paper. Once your application is reviewed, you will be called for a required personal interview.

Application Due : **November 18th, 2019 by 5:00 PM**

Course Begins: **December 2nd - 6th, 2019 9:00 Am continues December 9th -13th, 2019 at 5:00 PM**

Course Location: **Recovering Hands, 4067 Beulah Road, Nathalie, Virginia 24577**

E-mail applications to: Kim Adams at kim@recoveringhands.com or

Mike Ellyson at mike@prseducation.com

*Please note: If emailing application, you **MUST send in your signed page 3** of application scan or send via regular mail.

PART II. PERSONAL INFORMATION: PLEASE TYPE OR PRINT CLEARLY

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: (____) _____

Home Address: _____ Home Email: _____

County in which you work /volunteer/or receive services: _____

Current status: (Check all that apply): ___ I work here. ___ I volunteer here. ___ Other _____

Employer: _____ Work Phone: (____) _____

Current job title: _____ Work Email: _____

Work address: _____

Volunteer organization (if different than work): _____

___ High School Grad/GED ___ Some College ___ College Graduate ___ Post Graduate Education

___ Certifications e.g., WRAP, CELT, NAMI Peer To Peer

Specify _____

(If you wish, attach a separate sheet with additional work or volunteer experience or certifications.)

Ethnicity - I am (check one – optional)

___ African American ___ Asian ___ Caucasian ___ American Indian/Alaskan Native

___ Multiracial ___ Other (please specify) _____ ___ Hispanic ___ Non Hispanic

- I have been told by an organization or agency that I will be hired as a Peer Support Specialist once I complete this course.
- I am currently receiving services from the agency that is paying for my training.
Name of agency paying for my training: _____
- I am a self-pay participant.
- I am requesting a partial scholarship.

PART III. UNDERSTANDINGS: INITIAL ONLY THOSE THAT APPLY

I understand that Peer Specialists work from *the perspective of their lived experience with mental illness & recovery*. I agree to be open about the fact that I have been diagnosed with a mental illness and/or substance use disorder. I understand that in doing so I help educate others about the reality of recovery.

- _____ I have lived experience in recovery from a mental illness or dual diagnosis (mental illness & addictive disease).
- _____ I have mental health challenges
- _____ I am a family supporter of someone with substance use or mental health challenges
- _____ I openly identify and agree to openly disclose my history with mental illness & recovery.
- _____ I am in active recovery and am using a WRAP or similar recovery plan.
- _____ I will participate fully in the whole training, and attend all the training modules.
- _____ I understand that if I am a **scholarship recipient** that I must volunteer or have a paid position as a Peer Specialist for twenty hours a month over a six-month period. This may be through employment as a Peer Specialist or by volunteering as a support group co-facilitator or other peer support role.
- _____ I understand that this Peer Specialist training is not a job placement program and that no guarantee of job placement is included as part of this training.
- _____ I have completed this application on my own.
- _____ I have considered how working as a PRS may affect other parts of my life, including family, self-care, and benefits.
- _____ I have supportive friends, family, or other supporters.

PART IV. SIGNATURE

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge.

Your signature: _____ Date: _____

Please also **print** your name:

PART V. ESSAY QUESTIONS: COMPLETE ON A SEPARATE PIECE OF PAPER

Answer all questions on your own. Your answers can be brief but please use complete sentences. *This is not about right & wrong answers.* It is to assess your understanding of the requirements to be a participant in this Peer Specialist training and your lived experience with recovery. Peer Specialists assist consumers they serve in many activities requiring these skills.

1. What difference do you anticipate in your life as a result of participating in Peer Specialist Training?

2. What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

3. What does recovery mean to you?

4. Is there anything else you would like us to know in considering you for the Peer Specialist Training?

PART VI. PERSONAL REFERENCES

Include two (2) References - See next page for form.

PART VI. PERSONAL REFERENCE FORM

I am making application to attend the DBHDS Peer Recovery Specialist Training. Complete this form and email *to be received* **no later than November 18th, 2019 by 5:00 PM.**

E-mail reference to: mike@prseducation.com

Phone: 434-247-0420

Mail reference to: MPRT: Attention Michael Ellyson

206 Campbell Street, Apt B

Danville, VA 24540

Name of Applicant _____

1. Please describe your relationship with the applicant.

2. Please describe your experience with the applicant that indicates his/her demonstrated recovery.

3. Please describe strengths or assets this applicant will offer as a Peer Support Specialist.

Signature (email signature acceptable)

Date

Contact Information Name: _____

Phone: (____) _____

Email: _____

Address: _____

CODE OF ETHICAL CONDUCT FOR CPRS

Principle: Recovery First

My primary obligation and responsibility is my recovery. I will immediately seek outside counsel and if applicable, notify my supervisor if alcohol, drug use, mental illness or anything else gets in the way of my recovery.

Principle: Sharing Personal Recovery Story

I will share my lived experiences to help others identify resources and supports that promote recovery and resilience.

Principle: Service Approach

I affirm the rights and dignity of each person that I serve.

The services I provide will be guided by the principle of self-determination to assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.

I will advocate for the right of peers to self-select their own recovery pathways and recovery communities and will promote the individual's inherent value to those communities and pathways.

Principle: Confidentiality

I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.

Principle: Non-Discrimination

I provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make referral to another Certified Peer Recovery Specialist.

Principle: Conduct

I act in accordance with the law.

I never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.

I will fairly and accurately represent myself and my capabilities to the peer and the community.

I will not accept money or items of significant value from people that I serve.

I will not lend or borrow from the peers that I serve.

I will not engage in sexual activities or intimate relations with peers that I serve.

I will not engage in sexual activities or sexual contact with former clients within a minimum of two years after terminating services.

I will not provide services to individuals with whom I have had a prior sexual or intimate relationship.

Principle: Integrity

I will not discontinue services to a peer without his or her knowledge and will make a referral for continued services when appropriate.

I will report violations of the Code of Ethics by other Certified Peer Recovery Specialists to the appropriate certifying entity.

Principle: Conflict of Interest

I will not use my role as a CPRS to promote any treatment, procedure, product or service, which would result in my personal gain.

Principle: Scope of Practice

I will not perform services outside of my area of training, expertise, competence, or scope of practice.

Principle: Personal Development

I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

My signature below affirms that I have read and promise to uphold the Certified Peer Recovery Specialist Code of Ethics in the performance of my role as a Certified Peer Recovery Specialist.

Signature

Date



Criminal Background Acknowledgement Form

Before beginning the process of becoming a Certified Peer Recovery Specialist (CPRS), the Office of Recovery Services (ORS) wants you to be informed about the impact that a criminal history may have on your ability to secure employment in the behavioral health field. There are certain crimes (called barrier crimes) that prevent individuals from being employed in the behavioral health field. It is important to understand this before making the decision to enter the CPRS profession. ORS strongly recommends that if you have a criminal history, you make the determination whether the criminal conviction will prevent you from gaining employment in the behavioral health field. This can be done by obtaining an FBI criminal background check and comparing it to the list of barrier crimes in the Code of Virginia.

Please write your initials acknowledging your understanding of the following statements and sign your name at the bottom.

_____ I understand that a criminal background may impact my ability to find employment in the behavioral health field.

_____ I have received information on how to request an FBI background check.

_____ I have received information regarding what are considered barrier crimes (crimes that may prevent employment in the behavioral health field) in the Code of Virginia.

_____ I understand that it is my decision/responsibility whether to request a background check.

Signature

Date

CPRS TRAINING Week One 30 Classroom Hours with 6 Hours Homework = 36 hours

	Day 1	Day 2	Day 3	Day 4	Day 5
9:00	Welcome/Instructor Introduction	Welcome and Aha Moments	Welcome and Aha Moments	Welcome and Aha Moments	Welcome and Aha Moments
9:15					
9:30	Introductions of Students	Quiz # 1 Quiz Review	Understanding Peer Support	Knowing Yourself and Others	Stages of Change
9:45					
10:00					
10:15	Course Orientation	Definition of Recovery	Break	Break	Break
10:30					
10:45	Break	Break	Understanding Peer Support	Knowing Yourself and Others	Stages of Change
11:00					
11:15	Learning Agreements	Break	Understanding Peer Support	Knowing Yourself and Others	Stages of Change
11:30					
11:45		Recovery Pathways			
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
12:15					
12:30					
12:45					
1:00	History of Recovery Movement	Recovery Pathways	Understanding Peer Support	Knowing Yourself and Others	Evidence Based and Emerging Best Practice
1:15					
1:30					
1:45					
2:00	Break	Break	Break	Break	Break
2:15	Virginia Behavioral Health System	Recovery Language	Understanding Peer Support	Quiz # 2 Quiz Review	Overview Advance Directives
2:30					
2:45					
3:00	Break	Break	Break	Break	Break
3:15	Definition of Recovery	Understanding Peer Support	Understanding Peer Support	Exploring Behavioral Health Challenges	Overview Advance Directives
3:30					
3:45					
4:00					
4:15	Closing	Closing	Closing	Closing	Closing
4:30					
5:00	Homework	Homework	Homework	Homework	Homework

CPRS TRAINING Week Two 30 Classroom Hours with 6 Hours Homework = 36 hours

	Day 6	Day 7	Day 8	Day 9	Day 10	
9:00	Welcome and Aha Moments	Welcome and Aha Moments	Welcome	Welcome and Aha Moments	Welcome and Review Final Exam	
9:15			Review Sharing Guidelines			
9:30			Share # 1 Instructor			
9:45	Motivational Interviewing	All about the Relationship	Share # 2	Trauma Informed Care	Self Advocacy	
10:00			Break			
10:15			Share # 3			
10:30			Share # 4			
10:45	Break	Break	Break	Break	Break	
11:00	Motivational Interviewing	All about the Relationship	Share # 5	Trauma Informed Care	Self Care	
11:15			Share # 6			
11:30			Break			
11:45			Share # 6			
12:00	Lunch	Lunch	Share # 7	Lunch	Lunch	
12:15			Lunch			
12:30			Lunch			
12:45			Lunch			
1:00	Quiz # 3 Quiz Review	Dealing With Challenging Situations	Share # 9	Individual Advocacy	In the Workplace	
1:15			Share # 10			
1:30			Share # 10			
1:45			Break			
2:00	Break	Break	Share # 11	Break	Break	
2:15	Communication	Dealing With Challenging Situations	Share # 12	System Advocacy	In the Workplace	
2:30			Break			
2:45			Share # 13			
3:00			Share # 14 Instructor			
3:15	Break	Break	Break	Break	Break	
3:30	Communication	The Art of Sharing Your Story	Debrief	Final Exam	Celebration	
3:45						
4:00						
4:15						
4:30	Closing	Closing	Closing	Closing	Closing	
5:00	Homework	Homework	Homework	Homework	Homework	