

Alabama Certified Peer Specialist Training Application

2023 Adult

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 with an agency Certified by the Alabama Department of Mental Health. Certification is required to bill Medicaid for peer services.

Qualifications to Become a Certified Peer Specialist: Must be at least 18 years old. Must have a primary 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

(Please feel free to use back of pages if necessary)

___ I have a mental illness diagnosis

___ I have applied for employment as a peer specialist

Agency _____

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

Agency _____

Outpatient

Inpatient

Residential

Crisis/Mobile Crisis Team

Other _____

Supervisor _____

Date of Employment: _____

I want to apply for employment as a Certified Peer Specialist

Agency _____

I am currently employed as a Certified Recovery Support Specialist (CRSS)

Agency: _____

Outpatient

Inpatient

Residential

Crisis/Mobile Crisis Team

Other _____

In addition to mental illness are you also in recovery from Substance Use Disorder

Have you been involved in the criminal justice system because of your mental illness?

Have you served in the military?

I have experienced homelessness.

I have a valid Alabama Driver's License.

I speak a second language, Specify _____

Special populations that you have interest in working with

African American

Native American

Hispanic

Asian

Deaf/Hard of Hearing

Forensic

Youth

LGBTQ

Caucasian

Multiracial

Cooccurring

Veterans

Other _____

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

Peer support group

NAMI

AIR Conference

Alabama RESPECT Initiative

ROSS

Wings Across Alabama

NAMI Connections

Drop-in Center

PEIR

WRAP/APPR training

In Our Own Voice

Mental Health First Aid

AMCC

Other _____

Describe any additional consumer, advocacy, or mental health activities you participate in:

**Please provide a short summary of your mental illness experience and treatment.
(specify inpatient, outpatient, hospitalizations etc.)**

Why are you interested in becoming a Certified Peer Specialist?

What does recovery from mental illness mean to you?

Are you comfortable being identified as a person diagnosed with a mental illness

**Have you shared you mental illness experience with others and are you comfortable
doing so as a part of you job?**

**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 | Name of 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:

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. Quarterly Continuing Education Training attendance is required to maintain certification

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

Signature: _____

Name (Print): _____

Date: _____

Applications should be submitted to:

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

For additional Information Contact:

Office of Peer Programs
(334) 242-3456
1-800-832-0952
(334) 242-0796 fax
nicholas.snead@mh.alabama.gov