



Date: _____

Certified Peer Specialist Training Application

We are so glad you have chosen to explore CPS Training! Please fill out all pages of this application and send it by **mail or fax** to:

Ohio Empowerment Coalition
ATTN: Mona Duffy
6797 North High Street, Suite 238
Columbus, Ohio 43085-2533
FAX: 614-310-8966

We encourage you to keep a copy for your records. If you have questions, feel free to contact Mona at mduffy@ohioempowerment.org

Name: _____ I prefer to be called: _____

Address: _____ City: _____ County: _____ Zip: _____

Email Address: _____ Primary Phone: _____

Please attach a copy of your High School Diploma, GED, or equivalent to application (Advanced degrees fulfill this requirement)

Certification Recommendations

1. Completing a Wellness Recovery Action Plan (WRAP with certificate) within two years after completion of the training.
2. Completing Certified Peer Specialist Orientation for a review of the content, structure, and purpose of the training or review of the Ohio Certified Peer Specialist Overview document.

Name: _____

CPS Training Prerequisites

1. Being dedicated to promoting recovery opportunities in the lives of Peers.
2. Being able to utilize his or her own lived experience of recovery (as defined by that person) to inspire recovery in the lives of Peers.
3. Having a goal of going to work or volunteer as a Certified Peer Specialist or related position.
4. Having a GED, High School Diploma, or equivalent.
5. Having the reading and writing skills needed to complete the academic work in training or the ability to utilize reasonable accommodations to do the same.
6. Being committed to actively participating in training and meeting all attendance and course requirements.
7. Submission and approval of completed application for Certified Peer Specialist training.

Certification Requirements

- | | |
|--|---|
| 1. Completion of all "CPS Training Prerequisites." | 5. Earning a final grade of 70% or higher based on test scores, participation and attendance. |
| 2. Completion of application. | 6. Completion of all assignments, including an Ethics Training. |
| 3. Completion of 40-hr Classroom portion of the Program | 7. Sign an Ohio Certified Peer Specialist Code of Ethics and understand the repercussions of violating this code. |
| 4. Achieving consistent attendance -- missing no scheduled class hours or completing make-up work for classroom time missed. | |

By signing below, I am...

- Stating that I have read the Prerequisites and Requirements for CPS Training and the Ohio Certified Peer Specialist Overview.
- Making a commitment to meet all of these CPS Prerequisites and Certification Requirements to the best of my ability.
- Stating that I understand that successful completion of the training program requires excellent attendance and that, in order to earn a certificate of completion, *I need to have no more than 8 hours of absence during the classroom training portion of the program.*

Signature

Date

Name: _____

Part 1: Short Essays

1) We'd like to know a little bit about why you are interested in promoting recovery opportunities in the lives of Peers. Please briefly describe why you are interested in becoming a Certified Peer Specialist.

2) As Certified Peer Specialists, we sometimes share parts of our personal recovery story with the people we support. As Certified Peer Specialists, it is up to us to decide how much of our story to share.

a) If you obtain employment as a Certified Peer Specialist, how would you feel about sharing/disclosing parts of your personal recovery story with the people you support? (Please describe your comfort level.)

b) When a Certified Peer Specialist shares parts of his or her recovery story with a person receiving services, what are some positive things that can come out of this?

Name: _____

3) People learn in diverse ways. What have you found is the best approach for you to learn?

4) In a learning setting, what can an instructor, a facilitator, or other people do in order to support you in your learning process?

5) According to your lived experience, in what setting would your skills be best suited for?

Part 3: Lived Experience

What positive programming have you participated in that aided in self-improvement, strategies and decision making? For example: Youth to Youth, YouthMove, WRAP, BRIDGES, Prevention Services, etc?

Imagine that you are attending a conference or training in a hotel for 5 days or more, where you will also be staying. What are the necessary steps you would take to ensure a safe, responsible, and comfortable stay?

Upon check-in: _____

Name: _____

During your stay: _____

Upon check-out: _____

Are you currently employed? (circle one)

Y

N

Agency/Place of employment: _____

(check applicable) ACT ☐ COS ☐ PSS ☐ Crisis Response ☐ Other ☐ _____ (hospital, jail, etc)

Length of employment: _____

Job Title: _____ Part-Time ☐ Full-Time ☐ Other ☐

Supervisor's Name and Title: _____ Phone: _____

After you complete the Certified Peer Specialist Training, what type of employment are you interested in?

_____ Part-Time (Less than 32 hours a week)

_____ Full-Time (32 or more hours a week)

_____ I would consider Part-Time or Full-Time (open to either)

_____ Volunteer position

Part 4: Strengths, Challenges, Solutions

Instructions for completing the following chart:

For each of the skill-sets listed in the first column of the chart, go across and please speak to your strengths/skills and challenges/obstacles in those areas, as well as any solutions or supports you can utilize, in light of your challenges/obstacles, in order to succeed in your goals.

Notes on challenges/supports/solutions:

Many of us who are in recovery have great **self-awareness** and an attitude of **resilience**. These things help us keep moving forward even when something seems to be getting in our way. As human beings, most of us experience a challenge occasionally. Many of us learn to recognize when something “could get in our way.” We learn how to **be prepared** in case those things show up. We learn that we can **take action** to prevent a “challenge” from becoming a “roadblock” that prevents us from reaching our goals.

Fill in the boxes below with your answers to the questions in the first column, number 1 through 7.

	What are your Strengths/Skills?	What are your Challenges/Obstacles?	What are your Supports/Solutions?
1) Regarding completing the CPS training: Speak to your ability to commit to the 5 day training, <u>being a part of a group</u> , as well as your personal goals			

Name: _____

<p>2) Regarding reliability in class attendance: Attendance is very important – any training modules that are missed must be made up at the discretion of the CPS facilitator</p>			
<p>Your abilities to...</p>	<p>Strengths/Skills</p>	<p>Challenges/Obstacles</p>	<p>Supports/Solutions</p>
<p>3) Regarding completion of coursework: Includes listening to facilitators, taking notes, reviewing/studying material on your own time, taking the CPS Test</p>			
<p>4) Regarding your active participation in the training: Your experience brings value to the training - things to think about: do you consider yourself to be shy/nervous? A good listener? An interrupter? Someone who enjoys group work?</p>			

Name: _____

<p>5) Regarding you becoming a successful CPS:</p> <p>Think about what a successful CPS looks like to you. How do you fit this description? What can you work on to fit this description?</p>			
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Your abilities to...	Strengths/Skills	Challenges/Obstacles	Supports/Solutions
<p>6) Regarding you attaining employment:</p> <p>Use your past and current experiences and skills, as well as future personal goals, as a basis for your self-assessment.</p>			
<p>7) Regarding you retaining employment:</p> <p>Use your past and current experiences and skills, as well as future personal goals, as a basis for your self-assessment.</p>			

Name: _____

Part 5: Needs and Supports

1) What supports do you currently have that will help you succeed in Certified Peer Specialist Training? (Feel free to list individual support people as well as supportive services.)

Person/service: _____

What they provide: _____

Person/service: _____

What they provide: _____

Person/service: _____

What they provide: _____

2) Are there any “practical” things you may need to help you succeed in Certified Peer Specialist Training? (For example, eyeglasses, etc.)

Practical Needs	How I can obtain what I need

Name: _____

Part 6: Action Plan

We encourage prospective students to be thinking about ways to “clear the path” for excellent attendance at training. Most of the time students have great attendance, but it is helpful to have a Back-Up Plan for Transportation in case something unforeseen arises. If you have child care needs, having a Back-Up Plan for child care is helpful too! Feel free to write down your Plan A and Plan B below.

Plan A:	Plan B:
My main Means of Transportation	My Back Up Plan

Plan A:	Plan B:
My main Child Care Plan (if applicable)	My Back Up Plan

Questions???

Feel free to contact Mona Duffy at mduffy@ohioempowerment.org
Office: 614.310.8054

Financial Aid Application

Check the appropriate item:

☒ I am applying for financial assistance

☐ I am responsible for financing my CPS Training

Please answer the following questions to assist us in determining your qualifying status:

What type of assistance are you seeking?

Name: _____

- ☐ Partial training fee assistance (for example, you or your organization can contribute a portion)
How much can you contribute? _____ How much can your organization contribute? _____
- ☐ Total training fee assistance
What is your monthly income? (After taxes) _____
How many hours a week do you work? _____
- ☐ Travel expenses (ie: mileage reimbursement, bus fare, hotel, etc) Specify: _____

☐ **My CPS Training is being financially sponsored by my organization.**

For those organizations financing their staff's CPS training, below is the sliding fee scale indicating the scholarship amount the OEC can grant. Please have your organization mail or fax us a copy of their annual budget for the present year. This supporting material does not have to accompany this application, but we would require it before the first day of training.

Annual Budget Range of Non-Profit Employer	Percentage of Scholarship	Cost of the Training
0 - \$49,999	100%	0
\$50,000- \$99,999	90%	\$80
\$100,000 - \$499,999	80%	\$160
\$500,000 - \$999,999	50%	\$400
\$1,000,000 - \$4,999,999	30%	\$560
\$5,000,000 - \$9,999,999	20%	\$640
\$10,000,000 – and over	0%	\$800