

PEER SUPPORT TRAINING APPLICATION

Mental Health America of Northern Kentucky and Southwest Ohio's Certified Peer Support Specialist Training is a 40-hour virtual course provided over five consecutive days for official certification in the states of both Kentucky and Ohio. In attending the training, participants will:

- Gain new knowledge and understanding of the stages and principles of the recovery process, the shift from maintenance to recovery, behavioral health, spiritual and cultural awareness, trauma-informed services, the Wellness Recovery Action Plan, self-care, and much more.
- Develop new skills to assist in effective listening and communication, problem solving, exploring dissatisfaction and fears, establishing goals, combating negative messages/self-talk, suicide prevention, developing and sticking to ethical boundaries, and more.
- Increase personal awareness
- Enhance personal recovery

Individuals pursuing a "Certified Peer Recovery Supporter" certification must be an individual, with a direct lived experience, who has self-identified as being in recovery from a mental health or substance use disorder. Two letters of recommendation are required to be considered for the training. These references should come from members of your treatment team (i.e. healthcare provider, psychiatrist, therapist, group leader, employer if applicable). If you are recovering from a mental illness, a reference from a psychiatrist or therapist is recommended. If you are recovering from a substance use disorder, a reference from a sponsor is recommended. References from family members will not be accepted. You are responsible for giving the attached personal reference forms to the individuals speaking on your behalf.

The cost of the training is \$350.00, which includes: registration, training manual, written/oral exams, and certification with the State of Kentucky. A limited number of scholarships are available upon request (located on page 5) and are awarded based on need and class size. At the current time, Ohio residents will be able to go through the training *at no cost*. Once your application has been processed, you will be contacted regarding next steps and payment. You must have a tablet, laptop or PC to complete the training virtually—cell phones do not have the capabilities necessary to participate in activities. All course materials will be sent to you via mail at the address listed on your application.

Peer support is governed at a state level, which means there are varying qualifications and requirements pertaining to each state. Certification with the State of Kentucky does not carry over into Ohio or vice versa—the two must be done separately, although you will only need to take the training once to obtain both certifications. The processes are outlined on the following page.

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KENTUCKY CERTIFICATION PROCESS:

1. Complete Peer Support Training Application pages 3-5.
2. Send the application or scan a copy to the address listed at the bottom of page 5.
3. Give reference letters to two appropriate individuals who can attest to your recovery and wellness over the past year, as outlined on page 1.
4. Have references send their reference forms as listed at the top of the reference form page.
5. Once the two references have been received, you will be notified of your acceptance to the training.
6. Connections will be made to peer support services, supported employment, etc. based on options given in the application.
7. Attend the 40-hour training.
8. Take the certification exam. You will receive your Adult Peer Support Specialist Certification within 7 days of passing the exam.
9. The facilitator will send your information to DBHDID-TRIS, Kentucky's operating system for tracking peers. You will be prompted to create an account upon entry.
10. You're officially certified! Don't forget, you need 6 CEU's each year to maintain your certification. These need to be uploaded to DBHDID-TRIS

OHIO CERTIFICATION PROCESS:

1. Complete Peer Support Training Application pages 3-5.
2. Send the application or scan a copy to the address listed at the bottom of page 5.
3. Give reference letters to two appropriate individuals who can attest to your recovery and wellness over the past year, as outlined on page 1.
4. Have references send their reference forms as listed at the top of the reference form page.
5. Once the two references have been received, you will be notified of your acceptance to the training.
6. Connections will be made to peer support services, supported employment, etc. based on options given in the application.
7. Attend the 40-hour training.
8. Take the certification exam.
9. Have FBI and BCI criminal background checks sent directly to OHMAS.
10. Complete 11 required modules via ebasedacademy.com.
11. Apply for PRS certification using the eLicense web portal.
12. Once you have successfully applied for certification and your BCI and FBI background checks have been received, you will complete the online PRS certification exam. You will receive your Ohio Peer Recovery Supporter certification via email through the eLicense portal within 14 business days after you have passed your PRS exam.

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Section 1: Applicant Information

Name (First Middle Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____ Phone Number: _____ Email Address: _____

Employer (if applicable): _____ Job Title: _____

Date of Application: _____ Requesting certification in: Ohio Kentucky

How did you hear about MHA's Certified Peer Support Training? _____

Upon acceptance, who will be funding your attendance to the training? _____

Would you prefer a physical manual or a PDF copy? _____

Are you interested in receiving peer support services to guide you through this process? _____

Are you interested in job connections and job readiness assistance, including resume building and interview support? _____

Section 2: Qualifications

Please confirm the following information by initialing each qualification.

_____ I am eighteen (18) years of age or older. I can provide documentation of my high school diploma or GED Certificate.

_____ I have a current or past diagnosis of mental health, substance use, or co-occurring mental health and substance use disorders, and I have received or am receiving treatment.

_____ I understand that Peer Support Professionals work from the perspective of their own lived experience.

_____ I agree to be open about the fact that I have been diagnosed with a mental illness and/or have a history of substance use. I understand that in doing so I help educate others about the reality of recovery.

_____ I will be respectful to fellow trainees, instructors and to all personal experiences that are shared.

_____ I will actively participate in classroom learning, group discussion, and role-play activities while utilizing my personal experiences and sharing my recovery journey.

_____ I will be on time each morning, when returning from breaks, and attend the full length of the training (40 hours, Monday-Friday).

_____ I understand that the Peer Specialist training is not a job placement program. Completion of the training does not guarantee that I will be hired as a Peer Support Specialist.

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Section 3: Working in Recovery

While the Certified Peer Support Training is not a job placement program, those completing the training often pursue employment in peer support positions. Please complete the following questions about your plans upon successful completion of training.

1. Do you currently hold a peer support position? Yes ____ No ____
2. If no to question 1, have you been offered a paid position in which you will use the information and skills gained through this peer support training? Yes ____ No ____
3. If no to question 1, do you have plans to actively search for a position that requires a Peer Support certification following the completion of this training? Yes ____ No ____
4. Upon completion of this training with a successful exam score, how would you like to use your Peer Support certification?

Section 4: Short Answer

Please answer all questions. Your answers may be brief and answered on this form, or you may attach a separate sheet(s) of paper with your responses. The following short essay questions are intended to assess your basic skill set and experiences in navigating recovery and working with peers.

1. Describe your recovery, including length of time in recovery.

2. What does “recovery” mean to you?

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3. Why do you want to become a Certified Peer Support professional?

4. What makes you a good candidate to work with other peers with mental health/substance use challenges?

5. What specific experience(s) have you had in assisting with a person's mental health and/or substance use recovery?

6. If you are applying for a scholarship, please describe your circumstances and why you should be awarded financial aid.

Thank you for your application! Please submit pages 2-5 to:

Mental Health America of Northern Kentucky and Southwest Ohio Attn: Peer Support Training
11238 Cornell Park Dr. | Blue Ash, OH 45242 OR email to npaul@mhankyswoh.org

PERSONAL REFERENCE FORM



Educate, Advocate and Serve

PEER SUPPORT TRAINING PERSONAL REFERENCE FORM

The individual named below is completing an application to be trained as an Ohio or Kentucky Certified Peer Support professional. Peers utilize their own personal experiences and knowledge gained through mental illness and/or substance use recovery to empower others, assist and advocate for consumers, and develop new skills while enhancing their own personal recovery.

Two letters of recommendation are required to be considered for the training. These references should come from members of a treatment team (i.e. healthcare provider, psychiatrist, therapist, group leader, employer if applicable). If recovering from a mental illness, a reference from a psychiatrist or therapist is recommended. If recovering from a substance use disorder, a reference from a sponsor or treatment team member is recommended. References from family members will not be accepted.

Name of the Applicant: _____

How long have you known the applicant? __ 0-3 months __ 6-9 months __ 1-year __ 2 years __ 3+ years

1. Please describe the nature of your relationship with the applicant.

2. Describe your experience with the individual that indicates his/her demonstrated recovery over the past year.

3. Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

PERSONAL REFERENCE FORM

4. Do you believe this individual is well-equipped to share his/her recovery experiences in a manner that will empower and assist fellow consumers? Please explain.

5. If you were in the role of hiring Peer Support Specialists or placing them in a volunteer position, would you consider this person to be a viable candidate, given what you know about their recovery?

Signature: _____

Date: _____

Contact information:

Name: _____

Phone: _____

E-mail: _____

Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.

Reference forms can be faxed/scanned/emailed to Nicole Paul npaul@mhankyswoh.org or sent to the address listed below:

**Mental Health America of Northern Kentucky and Southwest Ohio
Attn: Peer Support Training
11238 Cornell Park Drive | Blue Ash, OH 45242**

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