

# MHANKYSWOH 40-hour Online Certified Peer Support Training

## Training Guidelines and Participation Agreement

**Mental Health America of Northern Kentucky and Southwest Ohio's Certified Peer Support (CPS) Training is a 40-hour virtual course provided over five consecutive days for official certification in the states of both Kentucky and Ohio. Training provides equity, diversity, and inclusion for all people in recovery from mental illness and substance use disorders.**

*Please carefully review the information packet and guidelines to determine if **online** CPS training is the right option for you. If you cannot meet the pre-registration requirements, please wait to register or consider registering for **in-person** CPS training.*

**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 and enhance personal recovery

**Defining "Recovery"** - <https://www.samhsa.gov/>

In August 2010, a group of leaders in the behavioral health field, including people in recovery from mental illness and substance use disorders, met with the national agency called the Substance Abuse Mental Health Services Administration (SAMHSA). The team worked together to develop a working definition of recovery that would apply to both mental health and substance use populations.

**SAMHSA'S Definition:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

*Interested in training? Please see the Pre-Qualifications below.*

\_\_\_\_\_ I am eighteen (18) years of age or older. I can provide documentation of my high school diploma or GED Certificate. (This is a state requirement)

\_\_\_\_\_ 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 confirm that I have at least *one* year of recovery.

\_\_\_\_\_ 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 value and respect other pathways, providing positive support to others.

\_\_\_\_\_ I will be respectful to fellow trainees, instructors and to all personal experiences that are shared. I understand that improper conduct may result in dismissal from training.

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\_\_\_\_\_ I will actively participate in classroom learning, group discussion, and role-play activities while utilizing my personal experiences and sharing my recovery journey. I understand that non-participation will result in dismissal from training.

\_\_\_\_\_ I will be on time each morning, when returning from breaks, be on camera and attend the full length of the training (40 hours, Monday-Friday). There are NO makeup sessions.

\_\_\_\_\_ I understand that the Peer Specialist training is not a job placement program. Completion of the training does not guarantee that I will receive certification.

*Self-reflection: do I support the following:*

**SAMHSA'S (4) 4 Dimensions Supporting Recovery:** health, home, purpose, and community.

### **10 Principles of Recovery:**

1. *Recovery emerges from hope.*
2. *Recovery is person driven.*
3. *Recovery occurs via many pathways.*
4. *Recovery is holistic.*
5. *Recovery is supported by peers and allies.*
6. *Recovery is supported through relationship and social networks.*
7. *Recovery is culturally-based and influenced.*
8. *Recovery is supported by addressing trauma.*
9. *Recovery involves individual, family, community strengths, and responsibility.*
10. *Recovery is based on respect.*

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Please read the following information to see if you qualify.

Individuals pursuing a “Certified Peer 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.

Please read all parts of the application and training requirements carefully. Applications will be reviewed after all requirements are met and 2 qualified references are received. Incomplete applications or insufficient references will not be processed.

**\*Please note:** participants must comply with all training requirements to earn a state-approved training completion certificate. Please review the full training guidelines and requirements carefully. If training requirements are not met, participants will need to repeat the entire 40-hour training.

**Apply Online:** [mhankyswoh.org/peersupport/](http://mhankyswoh.org/peersupport/)

**Training Information:** Nicole Paul | [npaul@mhankyswoh.org](mailto:npaul@mhankyswoh.org) | 513-562-2590

**Mail:**

Mental Health America of Northern Kentucky and Southwest Ohio

Attn: Peer Support Training

11238 Cornell Park Dr.

Blue Ash, OH 45242

## MHANKYSWOH 40-hour Online Certified Peer Support Training

### KENTUCKY CERTIFICATION PROCESS: <https://dbhdid.ky.gov/sud/ebpi-recovery>

1. Review PRE-training criteria – Do you meet the requirements?
2. Sign Training Guidelines and Participant Agreement.
3. Complete Peer Support Training Application and obtain 2 qualified references.
4. Submit the application and 2 references.
  - a. Applicant: has minimum of **(1)** year sobriety (mental health/substance use disorder)
  - b. References: submit form from qualified individuals who attest to your recovery for a minimum of 1 year. You are responsible for submitting references; we will not request them for you.
  - c. After 2 qualified references and application have been received, you will be contacted for consideration into the training.
5. Attend virtual orientation (pre-class requirement)
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 Training 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. Once received by Kentucky (6-8 weeks), you will be prompted to create an account upon entry. Information is sent to the e-mail provided on the application.
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: <https://shorturl.at/AJFGg>

1. Review PRE-training criteria – Do you meet the requirements?
2. Sign Training Guidelines and Participant Agreement.
3. Submit the application and 2 references.
  - a. Applicant: has minimum of **(1)** year sobriety (mental health/substance use disorder)
  - b. References: submit form from qualified individuals who attest to your recovery for a minimum of 1 year. You are responsible for submitting references; we will not request them for you.
  - c. After 2 qualified references and application have been received, you will be contacted for consideration into the training.
4. Connections will be made to peer support services, supported employment, etc. based on options given in the application.
5. Attend the 40-hour training.
6. Take the training certification exam.
7. Have FBI and BCI criminal background checks sent directly to OHMAS.
8. Complete 16 hours (11 lessons) of required modules via ebasedacademy.com.
9. Apply for PRS certification using the eLicense web portal.
10. 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. Notifications will be sent to your e-mail provided on your application. You will receive your Ohio Certified Peer Support certification via email. Don't forget, you need 30 CEU's every (2) years to maintain your certification.

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*Please carefully read all items below. If you are unable to meet the guidelines and participation requirements for online CPS Training, please wait for an available in-person CPS Training.*

The MHANKYSWOH CPS 40-hour Online Training offers participants the opportunity to learn skills necessary to offer high quality peer support. To attend CPS training and be eligible to apply for CPS Certification in Ohio and/or Kentucky, you must be personally in recovery from a mental health and/or substance use issue. Having a friend or family member in recovery does not qualify you to attend CPS training.

MHANKYSWOH CPS Training facilitators may recommend dismissal for a training participant who does not help to create a safe and open training experience for everyone. Participants dismissed from a training may be given a timeframe for which they can retake the training.

To provide a safe open training experience for everyone, I agree to:

- Login on time each day (to include returning from breaks) and not logout early.
- Share my lived experience in an appropriate and respectful way.
- Honor multiple pathways of recovery.
- Value the opinions of others.
- Take turns speaking.
- Interact with others in a respectful way.
- Hear and incorporate constructive feedback by training facilitators.

It is important to MHANKYSWOH and facilitators that we elevate the role of the Certified Peer Support/Peer Support Specialist and help individuals practice for your role as a Peer in the work force. You are expected to participate in this training as if you are conducting a **professional telehealth meeting** with an individual you are serving in the Peer Support field.

### TECHNOLOGY REQUIREMENTS:

- You must have a strong, working internet connection. Internet connectivity/technological issues **will not** excuse you from missing training.
- The training must be completed on a **laptop or desktop computer** with a web camera and microphone. To view all classmates and facilitators and participate actively, you may not complete the training on a phone or tablet. Google Chromebooks are not permitted.
- Each participant must have their own computer (participants cannot share a computer/camera).
- You must be proficient in computer usage and be able to use the online training platform being used for your assigned training without assistance. If you have not previously used the online training platform, you must familiarize yourself with the program **before the first day of class**.
- You must complete the online training platform registration process and ensure that you are able to login without issues before the first day of class.
- You must login using your first and last name. Only participants on the attendance list will be admitted to the classroom.
- If you do not have experience using online training platforms, we strongly suggest that you search for training videos on these platforms (usually available on YouTube). We will be utilizing Zoom.

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- The lead facilitator will oversee all training practices. Facilitators will lead training exercises, monitor classroom attendance as well as participation. Individuals not following the guidelines below will receive 2 notices from facilitators (a facilitator will contact you using the chat box). ***If a facilitator must contact you a 3rd time, you will be dismissed from the virtual classroom, and you will be required to repeat the training*** (if you intend to apply for certification). Please note that some violations are grounds for immediate dismissal.

### ATTENDANCE & PARTICIPATION REQUIREMENTS:

- To be eligible for certification, ***Ohio Administrative Code (OAC)*** and ***Kentucky Administrative Regulations (KAR)*** requires that you are present for **ALL 40 HOURS OF THE CPS TRAINING**. As with in-person training, you will be held to firm attendance requirements. If you miss any portion of this training, or if any of the below attendance requirements are not met, you will not be eligible for CPS certification, and you will be required to repeat the entire training.
- Due to the varying pace and schedules of online CPS trainings, it is not possible for you to make up individual training days or modules at a future online training. If you miss training time for any reason, you may only repeat the entire 40 hours of training. You may not work outside of class to make-up missed time.
- Trainings will begin on time. You must login at least 15 minutes prior to the start of the training.
- You will receive a 1-hour break midway through each day. *Please remain logged in (camera/sound off) and be ready for training by the end of the break.* You may not return late from breaks.
- During training hours, you must be able to dedicate your time exclusively to the training. If you have prior obligations during any portion of this training, you must select a different training (this includes any type of prescheduled appointment, employment, childcare, etc.). If you are engaged in outside activities, you will not receive credit for attendance.
- This is a live, interactive video training. **You must have your video on throughout the entire training** (logging in with just audio will not count towards attendance). **You must have the camera centered on your face** (you may not position your camera underneath you, or to the side). *You will not receive credit for attendance if you leave multiple times, you are gone for an extended period or you are not visible to the camera.*
- All attendees are expected to participate actively during training. **Watching the training without participating in activities and discussions will not count towards attendance.**
- Facilitators and participants must be able to hear you clearly on your microphone. You must test your microphone before training. If you cannot be heard clearly using your computer microphone, you will need to use headphones with a microphone. **Technology challenges will not excuse you from training.**
- You are provided access to course materials electronically and in print form. Please use your participant guide to complete coursework and study guide. Facilitators may assign pre-work and post-work. Study guides are to be completed each day. Material from the modules will be discussed and reviewed during class to support successful exam completion and a passing grade of at least 70%. You will be given three opportunities to obtain a passing grade.

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## ONLINE GUIDELINES AND ETIQUETTE:

- You must have a quiet, private indoor space to participate in the training (you may not be outside or in a vehicle). If others are in your home, you must be in a room with a door that can be closed. There should be no background distractions during training, including music, television, etc.
- In this training, individuals share their personal lived experience. You may not have **any** individuals present in the same room during training (including family members, children, friends, etc.). You will be dismissed if an outside individual is present.
- When you are not speaking, always mute your microphone. Even in a quiet room, having your microphone unmuted will cause background disturbance.
- During the training, you will be visible to everyone in the class and the facilitators, both when you are sitting at your computer, and while standing anywhere in the range of your computer's camera. Make sure that you are dressed appropriately, and that there is nothing visible in the room that you are uncomfortable sharing with the class or that could be offensive to others.
- You may not record (audio or video) or take photos/screenshots during any portion of the training. Recording or photography of any kind will result in immediate dismissal.
- You may not use other electronic devices during class, such as a cell phone or tablet.

## QUESTIONS:

- The facilitator who is not speaking will be monitoring the chat box. If you have a comment or question about the material being presented, you can type the question for the entire class, utilize the "raise hand" feature, or send the message directly to the facilitator who is not speaking. There will also be time for open video discussion.
- To contact the lead facilitator, please e-mail: [npaul@mhankyswoh.org](mailto:npaul@mhankyswoh.org). Please note, during **live** training, the facilitator will have limited time to respond to inquiries. Short questions can be asked during training time, while longer questions can be discussed during break or a personal appointment time.

## 12-STEP GUIDELINES (including, but not limited to):

**1. Respect for Others:** Always show respect to your fellow participants, regardless of their backgrounds, ethnicity, or opinions. Avoid making any derogatory or discriminatory remarks.

**2. Active Listening:** Listen attentively when others are speaking. Do not interrupt or talk over others.

**3. Use of Raised Hand Emoji:** If you wish to speak, please use the raised hand emoji in Zoom to signal your intention. Wait for the facilitator to acknowledge and invite you to speak.

**4. No Saving People:** Understand that peer support is about listening and supporting, not solving problems for others. Refrain from trying to "save" or "fix" others during discussions.

**5. Time Management:** Limit your speaking time to a maximum of 5 minutes to ensure everyone has a chance to share and the class stays on schedule.

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**6. Confidentiality:** Respect the privacy and confidentiality of all participants. Do not share personal stories or information discussed during the training outside the group.

**7. Technical Etiquette:** Mute your microphone when you are not speaking to minimize background noise.

**8. Punctuality:** Join the session on time to respect everyone's schedule. If you need to leave early or arrive late, inform the facilitator beforehand.

**9. Participation:** Engage actively in discussions and activities. Complete any pre-assigned readings or tasks to contribute meaningfully to the session.

**10. Camera On (State-Mandated):** Your camera must remain on throughout the entire training session. This is a state-mandated requirement. Non-compliance may result in being removed from the class. Ensure you are in a private area free of distractions. No sleeping during the session.

**11. Environment and Presence:** You cannot attend the training while at work, school, driving (or riding) in a vehicle. You must be present and actively participating for the full 40-hour training.

**12. Adherence to Rules:** It is essential to follow all these guidelines as well as any additional instructions from the facilitator. Failure to comply with these rules may result in removal from the class at the facilitator's discretion. By following these guidelines, we can create a supportive, respectful, and productive learning environment for everyone. Thank you for your cooperation!

*By signing this **MHANKYSWOH 40-Hour Online Certified Peer Supporter Training Guidelines and Participation Agreement**, I am also stating that I understand and agree to all terms. I also understand that MHANKYSWOH reserves the right to modify, add, and/or make changes at any time to ensure the highest quality of training is provided and adhered to, according to state requirements.*

*For our companywide (full listing) of participant guidelines, please visit: <https://mhankyswoh.org/participant-agreement/>*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact information:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Thank you for your interest in attending our training.**



## **MHANKYSWOH 40-hour Online Certified Peer Support Training**

# MHANKYSWOH 40-hour Online Certified Peer Support Training

## 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: PRELIMINARY 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. (This is a state requirement)

\_\_\_\_\_ 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 confirm that I have at least one year of recovery.

\_\_\_\_\_ 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 value and respect other pathways, providing positive support to others.

\_\_\_\_\_ I will be respectful to fellow trainees, instructors and to all personal experiences that are shared. I understand that improper conduct may result in dismissal from training.

\_\_\_\_\_ I will actively participate in classroom learning, group discussion, and role-play activities while utilizing my personal experiences and sharing my recovery journey. I understand that non-participation will result in dismissal from training.

\_\_\_\_\_ I will be on time each morning, when returning from breaks, be on camera and attend the full length of the training (40 hours, Monday-Friday). There are NO makeup sessions.

\_\_\_\_\_ I understand that the Peer Specialist training is not a job placement program. Completion of the training does not guarantee that I will receive certification.

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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. Applicants will learn skills to support individuals in recovery with mental illness and substance use disorder. 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 thoroughly. You may also attach a separate sheet(s) of paper with your responses. The following short essay questions are intended to assess your basic skills, communication capability, and experiences in navigating recovery and working with peers.

1. Describe your mental health/substance recovery journey (include the length of time, daily routines/weekly practices)

2. What does “recovery” mean to you?

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

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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 need reasonable accommodation(s) for the training, please explain. We will do our best to accommodate. Since training is a virtual, live training experience (by Zoom), we do have limitations. If needed, we are happy to provide referrals for in-person training options.

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

# PERSONAL REFERENCE FORM



## PEER SUPPORT TRAINING PERSONAL REFERENCE FORM

*Educate, Advocate and Serve*

**Applicant:** two letters of recommendation, in addition to a completed application, are required to be considered for the training. These references have 1 year of active, working knowledge of your recovery and should come from members of your treatment team (i.e. healthcare provider, psychiatrist, therapist, group leader, employer if applicable). A reference from a sponsor is recommended. You are responsible for giving or emailing the attached personal reference request to the individuals speaking on your behalf. References from friends or family members will not be accepted. **Submit forms:** [npaul@mhankyswoh.org](mailto:npaul@mhankyswoh.org).

**Reference:** 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. References will have a minimum of 1 year working knowledge of applicant's demonstrated recovery, strengths, assets, and ability to support others in the profession.

**Applicant must possess a High School Diploma or GED Equivalent and meet the following criteria:**

1. Have a diagnosis of a behavioral health disorder which the applicant has received treatment and a strong desire to identify themselves as a person in recovery for mental health and/or substance use disorder
2. Demonstrate strong reading comprehension and written communication skills as indicated by their responses on the short-essay form.
3. Demonstrate experience, strength and leadership in the field of behavioral health/ substance use disorders, as well as the ability to demonstrate personal efforts at self-directed recovery.

**Name of the Applicant:** \_\_\_\_\_

How long have you known the applicant? \_\_ 1-year (minimum) \_\_ 2 years \_\_ 3 years \_\_ 5+ years

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

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

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## PERSONAL REFERENCE FORM

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

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.

## PERSONAL REFERENCE FORM