



Massachusetts Certified Peer Specialist Training Application Packet

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Massachusetts Certified Peer Specialist Training Application

The CPS application process has CHANGED !! **Please read carefully.**

We are glad to announce that we will be able to interview people this year as part of the CPS application process. The Interview Meetings will be a time to meet and share information, ask questions about the training, and ensure that your application is complete. To accomplish this, the format for CPS applications is as follows:

1. Download the application and self-assessment

on the Transformation Center website, www.transformation-center.org/training/cps. (If you do not have internet access, please use your local library, RLC, or ask a friend to download it for you. Be sure that all parts, including the self-assessment, are downloaded.)

2. Schedule an Interview Meeting.

E-mail cps@transformation-center.org and let us know your top two choices. You should choose a date and let us know if you prefer morning or afternoon. (For example: 1st choice - 8/31 morning, 2nd choice, 9/7 afternoon). We will e-mail you a confirmation of your Interview time.

Interview Meeting choices are:

August 31, 2010, Morning
August 31, 2010, Afternoon
September 1, 2010, Morning
September 1, 2010, Afternoon
September 7, 2010, Morning
September 7, 2010, Afternoon

Interview Sessions will be held at the Central Massachusetts RLC, 91 Stafford Road, Worcester, MA. 508-751-9600.

3. Complete the Self-Assessment & Application

4. Ask 2 people to complete a Reference for you.

The instructions for the references are in the application package. The Reference Deadline has been extended to September 3, 2010.

5. Come to your Interview with your completed Application

We look forward to seeing you !!

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CPS Course Self-Assessment

These questions are meant to assist you when weighing the pro's and con's of participating in the CPS course. These questions address the knowledge foundation and overall supports that have contributed to success in the class for past CPS participants.

This is for your use alone and **does not have to be submitted with your application.**

Circle One

1	I have easy access to transportation to get to and from classes.	Yes	No
2	I have taken and completed formal schooling or adult education classes in the last 5 years.	Yes	No
3	I make the final decision about my medication and/or my treatment choices.	Yes	No
4	I have successfully worked in the last 5 years.	Yes	No
5	I have read many articles by Pat Deegan and other people with lived experience.	Yes	No
6	I am active in my local RLC.	Yes	No
7	I have taken the Massachusetts Leadership Academy course.	Yes	No
8	My family and/or friends are very supportive.	Yes	No
9	I am able to be away from my home for a three-day training.	Yes	No
10	I feel ready to be an active participant in a group class.	Yes	No
11	I have supportive friends (not family or treatment providers).	Yes	No
12	I have taken and completed a WRAP training.	Yes	No
13	I have taken and completed the Peer Facilitator Course.	Yes	No
14	I have worked or volunteered as a peer facilitator.	Yes	No
15	I have attended peer support groups.	Yes	No
16	I have a personal wellness plan that I use daily.	Yes	No
17	I'm comfortable talking about my own story and experience.	Yes	No
18	I can listen to others' stories calmly, even when it parallels painful places from my past.	Yes	No
19	I'm able to organize my needs for a full day of training (transportation to and from training, lunch, etc.)	Yes	No
20	I am able to participate for a full 8-hour training day.	Yes	No

Scoring:

Enter the number of questions (Q1 - Q 10) you marked "yes" _____ (Score A)

Enter the number of questions (Q11 - Q 20) you marked "yes" _____ (Score B)

Multiply Score B by 2 = _____ (Score C)

Add Score A and Score C to get your Total Score = _____

(See next page for information on Total Score)

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What your Total Score means:

<i>If you scored...</i>	<i>Then you are...</i>
25 - 30	Well-prepared! You have a solid foundation in place to support your participation in the CPS course.
20 - 25	Probably ready to start the CPS course. While not as strong a foundation as possible, you have the basics to support your participation.
15 - 20	Probably going to have trouble completing the CPS course. Participation in the CPS course will present you with a significant learning curve as you will need to create a personal foundation.
Below 15	Not ready to start the CPS course. While you are still welcome to apply for the CPS course at this time, if you think you are ready, you may want to consider building a stronger foundation and applying for a later course.

The guide above is only a general guide. This survey has not been tested to determine whether these scores really do predict completion. However, the survey items were selected based on factors that have contributed to the success or difficulties of past CPS course participants.

If you would like to strengthen your foundation in order to be better prepared for the CPS course, review the questions where you answered “no,” and develop a personal plan that will help you change those answers to “yes.”

Here are some specific strategies that may be helpful:

- Participate in your local Recovery Learning Community (RLC). Information can be found at www.transformation-center.org
- Learn more about peer work and peer supports on the internet.
- Get involved in a peer support group.
- Read first-person stories of recovery by people such as Pat Deegan, Judi Chamberlin, Dan Fisher and Others.
- Some helpful links -

National Empowerment Center - www.power2u.org

BU Repository of Recovery Resources: <http://www.bu.edu/cpr/repository/index.html>

The Copeland Center – WRAP – www.mentalhealthrecovery.org

Institute for Recovery and Community Integration - <http://www.mhrecovery.org>

SAMHSA Consumer Survivor Information -

<http://mentalhealth.samhsa.gov/consumersurvivor/recovery.asp>

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Massachusetts Certified Peer Specialist Training Application, 2010-2011

Name:				Date:		
Address:						
	Street	City	State	Zip		
Phone:						
Numbers we can use to contact you	Home	Work	Cell			
E-Mail:						
Is there a back-up contact for you if we're unable to reach you with the above contact information?						
Name:				Phone:		
Training Location*	Circle your first choice	Fall – Framingham	Fall – Acushnet/New Bedford			

A. Applicant Requirements:

- ◆ Applicants must have experienced being diagnosed with a mental health condition, and identify themselves as a person who has used, or uses, mental health services in their own recovery process.
- ◆ Applicants must have a high school diploma or a GED certificate.
- ◆ Applicants must demonstrate strong reading comprehension and written communication skills.
- ◆ Applicants must have demonstrated experience with leadership or advocacy.
- ◆ Applicants must be well grounded in their own recovery *with at least one years experience working on their own recovery.*

B. Instructions:

- ◆ The application form **must be completed by the applicant only.** You may type or handwrite the form.
- ◆ If you choose to type your application, do NOT type your name or initials in the places that ask you to initial or "sign."
- ◆ You should download and complete the self-assessment form. This does not need to be submitted with the application, but you will need to discuss the process in your application.
- ◆ Answer each question completely. Due to limited resources, we are not able to contact you to get missing information. As incomplete applications are frequently removed from consideration, be sure to check that you've completely answered all questions.

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- ♦ The application process includes **two (2) Recommendations** that are on pages 11 & 12 of the application package. The recommendations are due by the identified Reference Deadline. It's up to you to ensure that your recommendations are submitted on time.
 - If mailed, post-mark must be on or before the due date.
 - If faxed, forms must be received no later than 4 pm on the due date. You are responsible for confirming that the fax was received.
 - ♦ All applicants must attend an **"Interview Meeting"** where applications are received and applicants are interviewed by members of the CPS training team. Dates for the Interview Meetings will be posted, and all applicants should bring their completed application (excluding references). (Please call Karen at the TC if you are unable to come during any of the posted times.)
-

Please complete all sections fully.

C. Answer the Following Questions: If you need extra space, please use the space provided on page 7. Do not write on the back or attach extra pages.

1. Will you need any special accommodations during the training - Physical, dietary, etc.? (All accommodations must be pre-arranged)

N Y What accommodations:

2. Working Status: I am currently (*check all that apply*):

- Working for Pay as a Peer (peer specialist, recovery coach, etc.).
 - On a CBFS Team
 - In an ESP program
- Working in a non-paid Volunteer Peer Position
- Working for Pay in a non-peer position in a mental health setting.
- Working for Pay in a job that is NOT in a mental health setting.
- I am not working

If you are working (paid or volunteer), please complete the following:

Agency _____ Contact Person _____

Tel No: _____(for verification) Hours: _____

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3. *What does recovery mean to you?*

4. *What did you learn about your readiness for this course from the self-assessment?*

5. *Have you had any experiences sharing your “recovery story?” Yes ___ No ___
If “yes,” please describe the situation(s) and what it was like for you to share your story. If “no,” how would you feel about sharing your experiences in recovery?*

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6. *If you are currently working in a peer position (paid or unpaid), please describe the work you are doing and how your work contributes to others' recovery journey. If you are not working, please describe your vision of a CPS.*

7. *Have you ever participated in a*

- | | | |
|--------------------------------------|-----------|----------|
| a. <i>WRAP training?</i> | Yes _____ | No _____ |
| b. <i>Peer Facilitator training?</i> | Yes _____ | No _____ |
| c. <i>Mass. Leadership Academy?</i> | Yes _____ | No _____ |
| d. <i>Peer support group?</i> | Yes _____ | No _____ |
| e. <i>Clubhouse Leadership</i> | Yes _____ | No _____ |
| f. <i>Trainings/Conferences</i> | Yes _____ | No _____ |
| ♦ <i>Name</i> _____ | | |
| ♦ <i>Name</i> _____ | | |
| ♦ <i>Name</i> _____ | | |
| g. <i>Other Recovery Activities</i> | Yes _____ | No _____ |
| ♦ <i>Name</i> _____ | | |
| ♦ <i>Name</i> _____ | | |
| ♦ <i>Name</i> _____ | | |

8. *If yes to any of the above, please describe (for each) who sponsored the training, what you gained from this experience, and how you might use this experience as a Certified Peer Specialist?*

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9. *Why do you want to participate in the CPS training course? How are you hoping to use the information and skills gained in the CPS training course?*

10. *Who has played an important role in your recovery, and in what ways? (This can include professionals, family, peers and/or friends.)*

11. *Please describe any specific **leadership** roles have you taken to support the needs of people receiving services in the mental health system? Briefly describe what you've done, with whom (groups/agencies), when, and what you've learned from these activities.*

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12. Please describe any specific **advocacy** roles have you taken to support the needs of people receiving services in the mental health system? Briefly describe what you've done, with whom (groups/agencies), when, and what you've learned from these activities.

13. What will be your most difficult **personal** challenge in attending this training? How will you deal with this challenge?

14. The CPS training includes listening to and sharing experiences that may evoke painful feelings for you. What self-care skills and coping strategies will you bring with you to assist in these times?

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15. *How do you envision using your lived experience within the mental health system in your work as a CPS?*

16. USE THIS SPACE TO COMPLETE ANY EARLIER ANSWERS. PLEASE IDENTIFY WHICH QUESTIONS YOU ARE CONTINUING.

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The following questions are voluntary. Your acceptance will not be influenced by whether or not you complete this section.

We ask this information for two specific reasons. First, we are conducting ongoing research on the CPS training course, including demographic statistics. Second, we are committed to strengthening the learning environment by creating classes that are balanced and diverse.

GENDER

- Male
- Female
- Transgender

AGE

- Under 20
- 20–29
- 30–39
- 40–49
- 50–59
- 60 and over

EDUCATION

- High school or GED
- Some college
- College degree
- Postgraduate degree
- Other: _____

SEXUAL ORIENTATION

- Homosexual - Gay
- Homosexual - Lesbian
- Transgendered
- Bisexual
- Heterosexual

RACE/ETHNICITY

- African American
- Asian
- Caucasian
 - Hispanic
 - Non Hispanic
- Native American/Alaskan
- Multiracial
- Other: _____

Read each of the following statements thoroughly!! Initial each statement that you agree with.

Recommendation Process (*Recommendation Forms are on pages 10 and 11*)

- _____ I understand that recommendation forms may not be completed by family members. Peers, employers, volunteer supervisors, educators, or other individuals that have a good understanding of my characteristics and skills may complete recommendations.
- _____ I understand that it is my responsibility to ensure that the recommendations are submitted on time. The recommendations are due on the Reference Due Date.
- _____ I have known at least one of those providing a recommendation *for at least one year*.
- _____ I understand that the people filling out the recommendations will mail them directly to CPS program staff. (If FAXED, you must confirm that it was received)
- _____ I agree to and understand that I will not be permitted to see the completed recommendations.
- _____ I have read and signed the designated area on the recommendation form myself.

Agreements for Participation (DO NOT TYPE). Initial each statement that you agree with.

- _____ I completed this application on my own.
- _____ I understand that the Mass. CPS program is not a job placement program.
- _____ Yes, I agree to share my recovery experiences in my work.
- _____ I intend to seek paid employment as a CPS.
- _____ I have a high school diploma or hold a GED certificate. (If requested, I can provide documentation)
- _____ I have been involved in recovery for less than one year.
- _____ No, I do not wish to disclose my recovery experiences in my work as a CPS.
- _____ I have read the schedule for classes and can fully commit to each class day and the overnight retreat.
- _____ My primary experience is with **substance abuse** issues, not mental health issues.
- _____ I understand that the training program has been funded for the purpose of enhancing the peer work force in Massachusetts. If accepted, I agree to take the certification exam following completion of the training.
- _____ If accepted, I understand that I am **responsible for all travel expenses and arrangements*** and that the CPS program staff will not provide assistance in making these arrangements or covering related costs.

*If you are traveling by bus or train, we will try to arrange to pick you up at the nearest station provided that you make such arrangements in advance.

Signature: _____ Print your name: _____

2010-2011 Massachusetts Certified Peer Specialist Training Reference Form

Confidential

TO BE COMPLETED BY APPLICANT	
PRINT NAME:	
WAIVER: As required for consideration of acceptance into the Certified Peer Specialist Training, I give permission for this form to be submitted directly to the CPS program without my review, and understand that I will not see the contents. Both the referrer and I understand that this form must be faxed or post-marked by the application deadline, and that late submission may disqualify me from acceptance to the training.	
APPLICANT SIGNATURE:	DATE:

TO BE COMPLETED BY REFERRING INDIVIDUAL

Please Mail to: The Transformation Center, 98 Magazine St, Roxbury MA 02119 OR Fax to 617-442-4005 by the Reference Due Date. Call 617-442-4111 w/questions

Name: _____ Relationship to Applicant: _____

1. How long have you known the applicant?
2. Why do you believe this person would be an effective peer specialist?
3. What do you see as this person's greatest strength?
4. What will be this person's greatest challenge?
5. Please rate the applicant in the following areas and provide additional comments in # 6.
(Check only one box for each item):

		Poor	Fair	Average	Good	Excellent	Not Observed
1.	Leadership Skills						
2.	Socializes Comfortably						
3.	Communicates Effectively						
4.	Self Motivation						
5.	Reliability						
7.	Integrity						
8.	Recovery Foundation						

6. Any further comments: (Continue on back if needed)

Print Name:
Date:

Signature:

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 **Confidential** 

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4.	Self Motivation						
5.	Reliability						
7.	Integrity						
8.	Recovery Foundation						

6. Any further comments: (Continue on back if needed)

Print Name:
Date:

Signature: