

Certified Peer Support Specialist Training Application



Please send completed application to: [\(ASL\)](#)

Marnie Fougere
 Coordinator for the Deaf and Hard of Hearing Peer Support Project
 The Transformation Center
 100 Magazine Street
 Roxbury, MA 02119
DeafCPSS@transformation-center.org

After sending in your application, you may be contacted for an interview. The training is free of charge, but food, hotel, and transportation are on your own. Applications will be accepted on a rolling basis, so get your application in as soon as possible. [\(ASL\)](#)

Contact Information:

Full Name: _____

Home Address: _____

City, State _____

Email Address: _____

Phone (Home) VP, TTY, Voice, ext _____

(Work) VP, TTY, Voice, Text _____

Please read each statement. If your answer is “yes,” please check and initial. If your answer is “no,” leave the spaces blank. [\(ASL\)](#)

Check	Initial	
		I am 21 years or older. (ASL)
		I have a High School Diploma or equivalent. (ASL)
		All the answers on this application are my own. (ASL)
		I have personal experience with mental health challenges and recovery. (ASL)
		I have been working on the quality of my life, despite my mental health challenges, and am able to practice self-care most of the time. (ASL)
		I agree to share about my mental health issues and recovery so that I can be a role model to others who are also working on coping with their mental health issues. (ASL)
		I will show up for the full 6 days of training. I will not miss more than 4 hours of the training. (ASL)
		I will participate in the discussions and role-playing. I will share examples from my own personal experiences with mental health challenges and recovery. (ASL)
		I understand that taking the Deaf CPSS class doesn't guarantee I will get a job (ASL)

Your Recovery Experience:

If you want to give your responses in ASL, via vlog, please email DeafCPSS@transformation-center.org

1. What does “Certified Peer Support Specialist” (CPSS) mean to you? What do you think a CPSS does? [\(ASL\)](#)
2. Why do you want to be a CPSS? [\(ASL\)](#)
3. What skills do you have that make you good at working with other people who are recovering from mental health challenges? [\(ASL\)](#)
4. What are some things that helped you with your own recovery? Who supported you in your recovery? [\(ASL\)](#)

Optional Demographic Information

You don't have to fill this out. This information is used to help us make sure that there is a diverse pool of peer specialists available [\(ASL\)](#)

Gender [\(ASL\)](#)

	Female
	Male
	Other

Age Group [\(ASL\)](#)

	18 - 25
	26 - 35
	36 - 45
	46 - 58
	59 +

Do you have any physical disabilities? [\(ASL\)](#)

Race/Ethnicity [\(ASL\)](#)