

CERTIFIED PEER SUPPORT TRAINING (OHIO & KENTUCKY)

Mental Health America of Northern Kentucky and Southwest Ohio's Certified Peer Support Specialist Training is a 40-hour 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

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.**

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 \$250.00, 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. Once your application has been processed, you will be contacted regarding next steps and payment.

Upcoming Training Information

The next training will be held virtually the week of **Monday, May 17 through Friday, May 21, 2021 from 8:00 AM- 4:30 PM EST** through the HD Meeting platform (extremely similar to Zoom). The deadline for applications, references, and payment is May 7, 2021. You are expected to attend the ENTIRE LENGTH (40 hours) of the training or you will be asked to make up missed time in the next available training session.

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.

CERTIFIED PEER SUPPORT TRAINING APPLICATION

Section 1: Applicant Information

Name: First Middle Last

Address: Street City State Zip Code

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? _____

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

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.

CERTIFIED PEER SUPPORT TRAINING APPLICATION

_____ 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.

Signature

Date

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?

CERTIFIED PEER SUPPORT TRAINING APPLICATION

PERSONAL REFERENCE FORM

The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. Peer Specialists 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. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past year. After completing the reference form below, please place the completed form in an envelope, seal it, and place your signature across the seal. Reference forms can be emailed to katwell@mhankyswoh.org OR mailed to the address listed below:

Mental Health America of Northern Kentucky and Southwest Ohio
Attn: Kiana Pugh
912 Scott Blvd.
Covington, KY 41011

Name of the Applicant: _____

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.

CERTIFIED PEER SUPPORT TRAINING APPLICATION

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.

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