PEER SUPPORT PROFESSIONAL TRAINING APPLICATION

**INSTRUCTIONS**

Please review and fill out each section of this application. If you have any questions, please reach out to us via email. If you’ve downloaded this word document, it must be filled out on a computer as we cannot accept handwritten applications.

Once you’ve completed your application, email it directly to our Program Coordinator ([kristen@cmwn.org](mailto:kristen@cmwn.org))

In order for us to process your application, you must submit both your application and your letter of reference by the application deadline. Please check our [website](https://cmwn.org/recovery-education/peer-support-professional/faq/) for deadline dates. If we receive your application after the deadline, we can consider it for our next available training.

## PERSONAL INFORMATION

The following information is required so that we can contact you about your application status. If this information changes after you’ve submitted your application, please send us an email with your updated contact information.

Full Name:

Address:

City/State/Zip:

Phone:

Personal E-mail:

Work E-mail:

*I would prefer to be contacted about my application status via:* (Please select one)

Personal E-mail Work E-mail

Are you applying for the next available training?

Yes No

If no, please write in the date of the training you are applying for:

## QUALIFYING QUESTIONS

Please review and complete the Qualifying Questions before filling out the rest of the application to ensure you qualify for the training program at this time.

1. Do you have a high school diploma or GED?

Yes or No

* 1. Where:
  2. What year:

1. Do you identify as a person with lived experience with a mental health and/or substance use

condition? This means you yourself have experienced the condition(s).

Yes or No

1. Do you have at least 12 months in solid recovery from your condition(s)?

Yes or No

1. Do you feel grounded enough in your own recovery that you are ready to focus on assisting others?

Yes or No

1. Was your most recent hospitalization, inpatient, or residential treatment more than 12 months ago?

Yes or No or Not Applicable

1. Is your employment or volunteer goal to be a Peer Support Professional (examples: peer specialist, peer coach, peer navigator, peer supporter, etc.)

Yes or No

1. Are you ready and able to block out the time and energy for this training that requires attendance during all days of training, reading all course materials, completing all assignments and projects, and taking a final exam?

Yes or No

1. All course material and instruction will be delivered virtually over Zoom and Google Classroom. Do you have consistent access to a computer (including a webcam and microphone) and reliable internet connection?

Yes or No

**If you answered no to any of these questions, do not fill out the rest of the application.Please email our Program Coordinator (**[**kristen@cmwn.org**](mailto:kristen@cmwn.org)**) to discuss your qualifications.**

**EMPLOYMENT AND VOLUNTEER INFORMATION**

Please review the following employment/volunteer questions and answer them out as they apply to you. If you answer “no” to any of the questions, you can move on to the next section of the application.

**Are you currently working in a peer support role?**

*If yes, please fill out the following.*

Current job title:

Organization:

Address:

Supervisor:

Hours per week:

How long you’ve been working in your role:

**Have you been offered a job in a peer support role?**

*If yes, please fill out the following.*

Job title:

Organization:

Address:

Contact Information of Employer (email/phone):

Expected start date:

**Are you currently volunteering in a peer support capacity?**

*If yes, please fill out the following.*

Volunteer title:

Organization:

Address:

Hours per week:

How long you’ve been volunteering in your role:

## APPLICATION QUESTIONS

Please review and fill out the following application questions.

1. Why are you interested in working or volunteering as a Peer Support Professional?

1. Why are you interested in attending this specific Peer Support Professional Training through CMWN?
2. What does recovery mean to you in your own life?
3. Why do you think you are a good candidate to provide support to your peers in their recovery journey?
4. Do you have a written plan for your own wellness and recovery? Please write yes or no. If yes, please give details on how and when you developed your plan and how it has helped you.
5. How do you practice wellness in your daily life? Please provide examples of recovery and wellness tools, skills, resources, or strategies that you use.
6. What are your strengths and how will they help you as a Peer Support Professional?

1. What experience (if any) do you have providing peer support or advocating for peers with mental health and/or substance use conditions?
2. Please describe how you deal with stressors.
3. What skills would you like to improve through the Peer Support Professional training?

1. Peer Professional training is demanding. This is not a webinar. Class runs from 8:30 – 5 each day. Your participation is required. There are projects to complete as well as daily reading and homework. What will be your most difficult challenge(s) in attending this training AND how do you plan to deal with them?
2. Please list any social, religious, civic, fraternal, voluntary, or other organizations that you are affiliated with and any leadership positions you have held within them.
3. Please list any other education or training that you have that may assist you in a Peer Support Professional role.

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## TRAINING EXPECTATION AGREEMENT

If you are accepted into the Peer Support Specialist Training Program, we want you to know up front what is expected of you to make sure this training is a good fit. Please read over the expectations, and sign at the bottom.

***If I am accepted into this training program, I will:***

Prioritize the training over the three weeks. This means I will make arrangements with my employer, school, family, etc. to ensure that I can fully participate in sessions and complete all assignments.

Attend all scheduled session in full. I understand that training takes place for a 3-week period with both synchronous and nonsynchronous classwork, extensive classroom activities, discussion, and homework. If there is a legitimate emergency, I understand that I may be able to make up some hours, however it is more likely that I will be invited back to a later session to complete training. Missing any part of the first two full days of training (when foundational practices are establishes) will prohibit me from participating in this particular training session. I may be able to attend a future CMWN training, provided there is room in the course.

Respect other students’ confidentiality and differing opinions.

Create a welcoming and supportive learning environment by using strength-based language and refraining from the use of offensive, sexist, racist, ableist, homophobic, transphobic, agist, and other discriminatory and oppressive language.

Follow my personal wellness plan and do what I need to do to take care of myself during the training, understanding that I need to pay extra attention to rest and nutrition. I also understand that some of the material covered in class may be triggering and that I should have a plan in place to work through those triggers.

Provide any needed documentation to Network staff, communicate regularly, and if applicable, comply with the Department of Vocational Rehabilitation or sponsoring organizations, policies and procedures

Provide the Network in advance of class days with any needed accommodations because of physical, sensory, or learning disabilities. The Network will make every attempt to accommodate individuals when proper notice is given.

□ *I certify that I have completed this application on my own* ***(YES or NO)***

□ *I certify that everything I have written in this application is true at the time of this application, and that if any of these statements are no longer true, I will notify staff members at CMWN* ***(YES or NO)***

**SIGNATURE**:

**DATE**:

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**TUITION AND INVOICING**

Once accepted into the program, a tuition invoice will be sent to you or your sponsoring organization. The invoice includes a non-refundable deposit which is required to reserve your place in the training. This deposit is applied to your tuition. To see current tuition rates, please visit our [application page](https://cmwn.org/recovery-education/peer-support-specialist/apply-peer-support-training/).

**Please indicate who the tuition invoice should be sent to if accepted into the program.** If funding is coming from multiple sources, please select each source and fill out relevant information, as well as indicating how much each funding source is contributing to your tuition.

**Please mark each selection with an X**

**Self-Pay**

**Division of Vocational Rehabilitation**

Name of your DVR Counselor:

Phone:

E-mail:

Mailing Address:

City/State/Zip:

Contribution Amount:

**Employer or other Organization**

Organization Name:

Name of Contact Person at the Organization:

Contact Person’s Phone:

Contact Person’s Email:

Mailing Address:

City/State/Zip:

Contribution amount:

**TERMS**

***If accepted, I understand that:***

If I am paying for tuition myself, I will be required to place a non-refundable deposit to hold my place in the class once an invoice is received.

If I am being sponsored by an employer or other organization, they will be required to pay the tuition in full once an invoice is received.

If my tuition is partially paid via employer sponsorship, I am personally responsible for any remaining balance.

Tuition must be paid in full by the first day of training unless a payment plan arrangement has been establish through communication with CMWN.

Training certificates cannot be released until tuition is paid in full.

**I agree: (Please Enter Full Name)**

**NEXT STEPS**

In order to process your application, please obtain one letter of reference from a person who knows you well and can provide examples of why they feel you are a good candidate for this training. Family members and service providers (like therapists) are NOT acceptable references.

Please download the letter of reference form from the [Apply for Peer Training page](https://cmwn.org/recovery-education/peer-support-specialist/apply-peer-support-training/#apply) on our website. You can also access the letter of reference form from our [JotForm submission page](https://form.jotform.com/201834800865153).

Once you have submitted your application, you should receive an email confirmation. If you do not receive a confirmation within 3 days, please send an email to our Program Coordinator ([kristen@cmwn.org](mailto:kristen@cmwn.org)).

Once we have received your application, we will follow up in about 7-8 weeks before the training start date to update you on your application status.

**Thank you for applying!**