

**Peer Support and Advocacy Network in affiliation with
The Mental Health Association of SE PA**

Application for the Certified Peer Specialist Supervisor’s Training

Dates: March 7-8, 2019

Location:

**New Horizons
616 Lincoln Ave
Bellevue, PA 15202**

Times: 9-5

Cost: \$450

According to Peer Supervisor Standards as determined by OMHSAS, individuals applying to the CPS Supervisor’s Training **must:** *

1. Complete the training **within 6 months** of assuming a position as peer specialist supervisor;
2. Have a **bachelor’s degree**; and
3. Have **two years of mental health direct care experience**, which may include experience in peer support services; **OR**
 1. Complete the training **within 6 months** of assuming a position as peer specialist supervisor;
 2. A **high school diploma or general equivalency degree**; and
 3. **Four years of mental health direct care experience**, which may include experience in peer support services

***Please submit a current resume with your application**

Name: _____

Your Job Title: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Cell Phone: _____

Home Phone: _____ Business Phone: _____

Email: (personal) _____ Business _____

DOB: _____ Gender: _____

Have you served or are you currently serving in the United States Armed Forces?
 _____Yes _____No

Are you a family member of someone who has served or is currently serving in the United States Armed Forces?
_____ Yes _____ No

What is your race/ethnicity? *(Optional, please check which best applies to you)*

Asian American _____ Latino/Hispanic _____
African American _____ Native American _____
Caucasian _____ Other _____ (please describe)

Emergency Contact Information:

Name: _____
Address: _____
Telephone Number: _____

How did you hear about the CPS Supervisor's training program?

Are there any accommodations that you might need in order to participate in the training? (i.e. seeing eye dog, note taker, sign language interpreter, etc.)

Who recommended you for this training? _____

The signature of your immediate supervisor signature verifies that you are currently supervising or will be supervising peer specialists within the next six months.

Print name of immediate Supervisor or Manager: _____

Signature of immediate Supervisor or Manager: _____

Full payment is required prior to training. Please indicate how you are planning to pay for this training? *(Check one):*

_____ Self
_____ Sponsoring Agency or Company: _____ (print Agency name)

_____ Invoice is to be sent to:

Name _____

Address _____

Phone number _____ Email _____

Is your agency Medicaid billable?

_____ Yes

_____ No

By signing this application, I certify that I am currently or will be supervising Certified Peer Specialists within the next 6 months. I also agree to make arrangements in advance to be available for the full training.

Applicant's Signature: _____

Please submit your completed application via fax to 412.227.0849, or email it to: ktrenney@peer-support.org



THIS PROGRAM IS APPROVED BY THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (PROVIDER #: 886566365-9635) FOR SOCIAL WORK CONTINUING EDUCATION CONTACT HOURS.