



**APPLICATION  
2018 PEER SPECIALIST CERTIFICATION TRAINING**

Name (please print/type): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Best Phone Number(s) to Contact You: \_\_\_\_\_

Email: \_\_\_\_\_

**Class Schedule**

Please submit no more than two class options. *See full schedule for important dates.*

- Winter CPS Training:** January 29 to March 6, 2018; Monday - Friday 8:45am- 12:15 pm  
**Application Deadline:** January 12, 2018 at 12:00pm
  
- Saturday CPS Training:** March 17 to August 11, 2018; Saturday Only 10:00am-4:00pm  
**Application Deadline:** February 3, 2018 at 12:00pm
  
- Evening CPS Training:** April 2 to May 9, 2018; Monday - Friday 5:45pm- 9:15pm  
**Application Deadline:** March 2, 2018 at 12:00pm
  
- Summer CPS Training:** June 4 to July 18, 2018; Monday - Friday 8:45am- 12:15 pm  
**Application Deadline:** May 4, 2018 at 12:00pm

**Requirements for Participation**

Please submit proof of requirements 1 through 3 along with completed application.

1.  I am at least eighteen (18) years of age and able to work legally in the United States.
  
2.  I currently reside within the District of Columbia (D.C. resident).
  
3.  I have a high school diploma, GED (or equivalent) or degree from an accredited institution.

### Ranking Factors

Please submit proof of requirements 1 through 2 along with completed application.

1. Demonstrated successful completion of any training, workshop or class in mental health or co-occurring disorders. (e.g., BRIDGES, WRAP, MHFA, YMHFA, Recovery Coach, CAC).

Yes  No

*If yes, please **submit proof** of completion of training (e.g., letter, certificate, or diploma).*

2. Held a job(s) in the past or present as a Peer Specialist/Advocate.

Yes  No

*If yes, your resume should reflect this experience.*

*Application continues on next page.*

### DBH Application for PEER SPECIALIST CERTIFICATION

#### **My experience is with: (CHOOSE ALL THAT APPLY)**

- I am a current or former consumer of services within the Department of Behavioral Health (DBH).
- I am able to disclose that I am a person with a history of a mental health diagnosis and/or substance use disorder and am able to role model my own self-recovery.
- I am willing to create and follow a wellness recovery plan.
- I understand this certification process may require submission to periodic drug testing.
- I acknowledge that if I am accepted to the family or youth track, before the training starts I must submit to a criminal background check through the Department of Behavioral Health (DBH).

#### **My primary lived experience is with: (CHOOSE ALL THAT APPLY)**

- Personal Recovery from Mental Illness or Substance Use Disorder Personal
- Recovery from Co-Occurring (Mental Illness & Addictive Disease)
- Caregiver of a Child (ren) with an Emotional, Mental and/or Behavioral Disorder(s)

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**Personal Disclosure Statement: (Choose All That Apply)**

- YES, I agree to disclose my recovery history with mental illness and/or substance use disorder in keeping with policies and procedures of DBH.
- Yes, I agree to disclose my history with dealing with my child (ren)'s (or the child (ren) in my care, emotional, mental and/or behavioral disorder(s) and recovery in keeping with the policies and procedures of DBH
- NO, I do not want to disclose my history with mental illness and recovery at this time.

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**Statement of Accuracy: (Choose All That Apply)**

- I have been in recovery from a mental illness and/or substance use disorder for two years or longer.
- I completed this application and the required attachments with assistance.
- I completed this application and the required attachments on my own.
- I hold a high school diploma, GED equivalent, or higher.
- I can supply all documentation that has been requested for this application.
- All information I have supplied is true and accurate to the best of my knowledge.

*Application continues on next page.*

**APPLICATION ESSAYS**

You must complete all essays for your application to be considered.  
You may attach a separate sheet if needed. (150 words maximum for each question)

1. Why do you want to become a Certified Peer Specialist (CPS)?

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2. What makes you a good candidate to work with other consumers in the behavioral health field?

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3. What types of experiences have you had in advocating for consumers of behavioral health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, the work you are doing now, etc... Be specific.

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4. Describe your current employment or volunteer situation. If neither applies, how do you spend your time?

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**APPLICATION ESSAYS**

You must complete all essays for your application to be considered.  
You may attach a separate sheet if needed. (150 words maximum for each question)

5. How do you define recovery? What do people who know you are in recovery say about you?

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6. How do you give back to your family and friends since you have been in recovery?

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7. Why do you think it is important for Certified Peer Specialist to share their story?

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

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**APPLICATION ESSAYS**

You must complete all essays for your application to be considered.  
You may attach a separate sheet if needed. (150 words maximum for each question)

9. Is there anything else you would like us to know in considering you for the Peer Specialist Certification Program?

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**Statement of Information:**

- I understand that DBH will provide an opportunity to apply for a transportation scholarship not to exceed \$300.00, if available.
- I understand that I must make all travel arrangements to and from the place of training and examination. I will receive directions to the training and exam site once I have been officially accepted.
- I understand that the Peer Specialist Certification Training is not a job placement program.

**Items to be submitted along with this completed application**

1. Resume
2. Diplomas, certificates or other proof of education/experience
3. Two (2) recent, signed job/volunteer letter of reference with contact information.
4. Proof of D.C. residency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this application along with all supporting documentation via email (adrienne.lightfoot@dc.gov), regular postal mail or hand delivery to Consumer and Family Affairs Administration, DBH, 64 New York Avenue NE, 3<sup>rd</sup> Floor, Washington, DC 20002. **Faxes will not be accepted.** The contact person is Adrienne Lightfoot, OCFA, tel. # (202) 671-4089. Be sure to leave your name and phone number with your area code.

*Application continues on next page.*

**Only fully completed applications with all supporting documentation will be considered. All applications must be delivered either by post, e-mail ([adrienne.lightfoot@dc.gov](mailto:adrienne.lightfoot@dc.gov)) or hand delivered no later than 12:00 pm ET on the appropriate date. (see full schedule for details)**

**Optional Questions – the answers do not increase or decrease your chances of being accepted**

What ward do you live in?    1    2    3    4    5    6  
    7    8    Homeless

What is your age?    18 – 24             25 – 34             35 – 50             51 – 64             65 & Older

What is your gender?   Male              Female

What is your race/ethnicity? \_\_\_\_\_



**APPLICATION  
FAMILY PEER SPECIALIST**

**CHOOSE ALL THAT APPLY**

- I am a parent/caregiver who has cared for a child(ren) who has been diagnosed with an emotional, mental and/or behavioral disorder(s). (If you are not the biological parent or legal caregiver, you must be a significant non-paid caregiver).
- I am able to disclose that I am a parent/caregiver of a child(ren) who is a current or former consumer of services within the Department of Behavioral Health (DBH).
- I acknowledge that if I am accepted to the program, before the training starts I must submit to a criminal background check through the Department of Behavioral Health (DBH).

**APPLICATION ESSAYS**

You must complete all essays for your application to be considered.  
You may attach a separate sheet if needed. (150 words maximum for each question)

1. What strengths have you gained in caring for a child(ren) with emotional, mental and/or behavioral disorder(s) that you can share to help other parents and caregivers?

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2. Describe how you overcame challenges when you were trying to get services for your child(ren) with emotional, mental and/or behavioral disorder(s).

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Signature: \_\_\_\_\_ Date: \_

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**APPLICATION  
YOUTH PEER SPECIALIST**

**CHOOSE ALL THAT APPLY**

- I am able to disclose that I am a young adult who has received mental or behavioral health services within the child serving system in the Department of Behavioral Health (DBH).
- I acknowledge that if I am accepted to the program, before the training starts I must submit to a criminal background check through the Department of Behavioral Health (DBH).

**APPLICATION ESSAYS**

You must complete all essays for your application to be considered.  
You may attach a separate sheet if needed. (150 words maximum for each question)

1. What strengths have you gained from navigating the various system of care for youth and young adults with emotional, mental and/or behavioral disorder(s) that you can share to help other youth?

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2. Describe how you overcame challenges when you were seeking services for yourself and or supporting other youth in various system of care with emotional, mental and/or behavioral disorder(s).

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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