**Peer Support Specialist Training**

**Monday March 11th through Friday March 15th, 2019 and Monday April 15th through Friday April 19th**

**8:00 am to 5:00 pm**

**SECTION 1: GENERAL INFORMATION**

**Cost:**

There are no costs to participants for attendance or training materials. Participants are individually responsible for any other expenses.

**Eligibility:**

To be considered for the training, you will need to:

1. Self-identify as an individual with lived experience of mental health and/or substance use challenges **or** a family member of such an individual.
2. Be available to attend the full 40 hour program
3. Be able to dedicate additional time in the amount of:
   * 20 Hours of online trainings sent to you by training facilitators prior to first day of training. **\*Please provide certificates for each training to the facilitators on the first day of training.\***

**Selection Process:**

The training capacity is limited to a maximum of 18 participants. *All interested and eligible persons are encouraged to apply*. All applications are reviewed and scored based upon your responses to the questions in Section 3 of this document.

**Additionally, preference in the selection process is given to:**

1. Applicants who live in the Region 5.

2. Applicants who are currently employed providing Peer Support Services and will be able to put the training into use in the immediate future.

**Section 2: APPLICANT INFORMATION**

**Please write legibly and write your name as you would want it presented on your certificate.**

***Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***City\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**SECTION 3: Interest, Experience, and Next Steps**

1) Why would you like to attend this training?

2) Briefly describe what “peer support” means to you. How would you describe it?

3) How do you define recovery (or wellness) for yourself? What have been important factors in your recovery/wellness journey?

4) Peer support involves sharing personal lived experience with mental health and/or substance use challenges. Please provide an example of a time when you have done so in the past.

5) If accepted to the training, how and where will you use the skills gained from it in the future?

6) Is there any additional information you would like us to know in considering you for this training?

7) Are you required to have a state certification for your current position at your job?

**Section 4: Acknowledgements**

\_\_\_\_\_\_\_ I understand that I must make all transportation and food for this training on my own, unless otherwise specified by the organizers.

**\_\_\_\_\_\_** I attest that I have lived experience with mental health and/or substance use disorders, or am a family member of such a person.

\_\_\_\_\_\_\_ I attest that I am willing to self-identify my lived experience with a behavioral health condition and/or trauma while in the role of a Peer Support Specialist when appropriate.

**Once you have completed the application please sign and date below.**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Training will be held at:**

**March**

**CenterPointe Administrative Offices**

**2633 P St.**

**Lincoln, Ne 68503**

**April**

**Lutheran Family Services**

**2301 O St.**

**Lincoln, Ne 68510**

***Registration Information Due to Danielle Smith or Sadie Thompson by 02/28/2019. 18 spots are available for each training.***

***Attendance is required all 5 days to receive certification.***

***Please email the completed form to***

***Danielle Smith peeriodical19@gmail.com (402)405.6190 at Nebraska Coalition for Peer Delivered Services or***

***Sadie Thompson*** [***peeriodical19@gmail.com***](mailto:peeriodical19@gmail.com) ***(402)475.5161 ext 352 at CenterPointe***