



Peer Support Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Employment Status

<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed Part-Time
<input type="checkbox"/> Employed Full-Time	<input type="checkbox"/> Student
<input type="checkbox"/> Volunteer	

Education Level

<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> Technical School	<input type="checkbox"/> Some College
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate

If Degreed, certified, or licensed, please list field of study: _____

Have you applied for a peer support specialist training in the past?

Yes

No

If yes, please provide the program and date you applied.

Tuition for this course offered in Mountain Home is \$200, which reflects a 50% discount from the usual fee of \$400. Payment is due in full a week before class starts. Applicants may request a refund up until the first day of class. No refunds will be granted after class begins for any reason.

Please answer the following questions below to the best of your ability. Feel free to type into the form. These questions not only provide an opportunity to get to know you, but also assist us in assessing your preparedness for taking the Certified Peer Support Training course.

What makes you want to become a Certified Peer Support Specialist?

Talk about your Recovery Story. Please include diagnosis, services received and what has helped you move from where you were to where you are now. What did you do? What did others do?

Can you describe some of the things that you do on a regular basis to help yourself feel well? How do these tasks ground you in Recovery?

Describe how you have dealt with difficult setbacks?

Sharing your story is an important factor when supporting others; why do you think it is so beneficial?

Do you have any other experiences working in the behavioral health field? If so, please describe what you have done.

How do you know you are in Recovery? How do you stay in Recovery?

What skills you have gained that help you know you are in Recovery?

How does hearing other people's behavioral health issues, trauma history and/or substance abuse issues impact you? Is there any work situation or client situation that would be difficult for you?

What does having a Code of Ethics mean to you?

What challenges might you face while attending this training? How will you deal with these challenges?
(ex. Work/school schedule, childcare, pet care, etc.)

Do you know what a billable hour is? Do you understand that most paid work in this field is paid in billable hours, and that your hours will fluctuate due to cancellations, etc.?

How did you hear about this training?

Qualifications

Initial all items that apply to you.

- I am at least 18 years of age.
- I have lived experience as someone who has a mental illness or co-occurring disorder of mental illness and substance abuse.
- I have read the training readiness guide.
- I have one year of continuous mental health recovery.
- If employed as a Certified Peer Support Specialist I agree to disclose my experience with mental health and my recovery story with staff and peers as appropriate.
- I understand that the completion of Recovery Ways of Idaho Peer Support Training does not guarantee me employment as a peer support specialist.
- I have a high school Diploma, GED or higher education and can provide documentation.
- I can use a computer, email and basic software and am comfortable reading and writing.
- I understand I must provide 2 Letters of Reference from individuals who witnessed my recovery.
- I have access to reliable transportation
- I understand the fee for this training course is \$200 which reflects a 50% discount and must be paid a week before the first day of class.
- I have completed all the answers on this application on my own.

___ I understand that completing Recovery Ways of Idaho's Peer Support Training does not guarantee me certification and I will need to proceed with the certification process through BPA Health, Inc. (www.bpahealth.com).

___ I understand that passing a criminal background check is required to work with vulnerable adults and will likely be a condition of employment with employers in Idaho.

___ I understand that I must sign up for my phone interview after I submit this application.

___ I understand that Recovery Ways of Idaho's Peer Support Training is registered with the State Board of Education in accordance with Section 33-2403, Idaho Code. I also understand that the State Board of Education has not accredited or endorsed any course of study being offered by Recovery Ways of Idaho's Peer Support Training, and that these courses may not be accepted for transfer into any Idaho public postsecondary institution.

___ I understand that applicants may cancel up to the day before training is scheduled to start. There is no canceling once the class begins for any reason. A student may withdraw from training, but no refund will be issued. Students who withdraw are eligible to take the class again at a discounted rate of 75% of the normal course fee of \$400. Students must re-apply with a new application, new references, and sit for a 30–45-minute interview. Re-admittance is not guaranteed and is entirely at the discretion of Recovery Ways of Idaho.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as into the training, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the training.

Print Name _____

Date _____

Idaho Certified Peer Support Specialist Code of Ethic and Professional Conduct

Peer Support is a helping relationship between mental health client and Certified Peer Support Specialist. The primary responsibility of Certified Peer Support Specialist is to help those they serve achieve self-directed recovery. They believe that every individual has strengths and the ability to learn and grow. As such, Certified Peer Support Specialist are committed to providing and advocating for effective recovery-based services for the people they serve in order for them to meet their own needs, desires and goals.

1. Certified Peer Support Specialist seek to role-model recovery.
2. Certified Peer Support Specialist respect the rights and dignity of those they serve.
3. Certified Peer Support Specialist respect the privacy and confidentiality of those they serve.
4. Certified Peer Support Specialist openly share their personal recovery stories with colleagues and those they serve.
5. Certified Peer Support Specialist maintain high standards of personal conduct and conduct themselves in a manner that fosters their own recovery.
6. Certified Peer Support Specialist never intimidate, threaten, or harass those they serve; never use undue influence, physical force, or verbal abuse with those they serve; and never make unwarranted promises of benefit to those they serve.
7. Certified Peer Support Specialist do not practice, condone, facilitate or collaborate with any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical disability.
8. Certified Peer Support Specialist never engage in sexual/intimate activities with their colleagues or those they serve.
9. Certified Peer Support Specialist do not accept gifts of significant value from those they serve.
10. Certified Peer Support Specialist do not enter into dual relationships or commitments that conflict with the interest of those they serve.
11. Certified Peer Support Specialist do not abuse substances under any circumstances while they are employed as a Certified Peer Support Specialist.
12. Certified Peer Support Specialist work to equalize the power differentials that may occur in the peer support/client relationships.
13. Certified Peer Support Specialist ensure that all information and documentation provided is true and accurate to the best of their knowledge.
14. Certified Peer Support Specialist keep current with emerging knowledge relevant to recovery, and openly share the best of their knowledge.
15. Certified Peer Support Specialist remain aware of their skills and limitations, and do not provide services or represent themselves as expert in area for which they do not have sufficient knowledge or expertise.
16. Certified Peer Support Specialist do not hold a clinical role and do not offer primary treatment for mental health issues, prescribe medicine, act as a legal representative or provide legal advice, counseling, therapy, social work, drug testing, or diagnosis of symptoms and disorders.

Certified Peer Support Specialist must complete ethics training approved by the certifying body at least once per year and maintain personal documentation of completed ethics training.

Certified Peer Support Specialist must understand and adhere to Idaho Certified Peer Support Specialist Code of Ethics and Professional Conduct. A code of Ethics violation is the failure to do so. Individuals who have violated the Code of Ethics and Professional Conduct will follow the process for corrective action put forth by the certifying body approved by the Idaho Division of Behavioral Health.

By signing this statement, I agree that I have read, understand, and agree to comply with the Idaho Certified Peer Support Specialist Code of Ethics and Professional Conduct.

Print Name

Date

Peer Support Training
Successful Completion Requirements

The State of Idaho requires that a person must successfully complete a Peer Support Training Course in order to apply for the certification as a Peer Support Specialist.

Successful completion of the Peer Support Training Course will include the following:

- 100% timely attendance, no exceptions
- Passing of the comprehensive test(s) with a score of at least 80%
- Demonstrating appropriate skill development
- Being well grounded in your own recovery

These skills will be assessed through observation by the class instructor and based on evidence of your own personal recovery as well as your participation in and successful completion of classroom exercises. Once you have successfully completed this training program you can apply for certification through BPA Health, Inc. (www.bpahealth.com).

If for any reason you are unable to pass the requirements you may apply to take the course again within one year at a reduced rate of 75% of our normal charge. Acceptance into the course a second time is entirely at Recovery Ways of Idaho's discretion.

Please also understand that Recovery Ways of Idaho does not apply for certification from BPA Health, Inc. (www.bpahealth.com) for you. We will provide you with a statement that you have successfully completed the training and will provide you with the contact information for BPA Health, Inc. but you must apply for the certification on your own. We will provide limited assistance through this process as we are able.

Recovery Ways of Idaho makes no representations of your ability to successfully complete the State's requirement, nor can Recovery Ways of Idaho assure employment.

By signing below, I, _____(name) state that I understand that I must successfully complete the Peer Support Specialist training as outlined above in order to meet the qualifications necessary to apply for certification as a Peer Support Specialist with DBH. I further understand that I must apply to BPA Health, Inc. (www.bpahealth.com) directly for certification.

Sign Name

Date