

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



Office of Consumer and Family Affairs

**DBH Application for:
PEER SPECIALIST CERTIFICATION TRAINING**

☐ Check here if you are also applying for the Family Certification (complete supplemental application)

Name (please print/type): _____

Address: _____

Best Phone Number to Contact You: _____ Email: _____

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 (U.S.).
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.
4. ☐ I am a current or former consumer of services within the Department of Behavioral Health (DBH).
5. ☐ I am able to disclose that I am a person with a history of mental illness and/or substance use disorder and am able to role model my own self-recovery.
6. ☐ I am willing to create and follow a wellness recovery plan.
7. ☐ I understand this certification process may require submission to periodic drug testing.

Supplemental Requirements for Family Certification Participation

1. ☐ 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).
2. ☐ 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).
3. ☐ I have at least two (2) years of experience navigating the various systems of care for children with serious emotional disorders (SED).

4. ☐ 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).
5. ☐ 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).

Ranking Factors

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

1. Demonstrated successful completion of at least one training on recovery (e.g., BRIDGES, WRAP). ☐ Yes ☐ No
If yes, please submit proof of completion of training (e.g., letter, certificate, testimony).
2. Held a job(s) in the past or present as a Peer Specialist/Advocate. ☐ Yes ☐ No
3. Possess(es) any continuing education credits or diplomas in mental health or co-occurring disorders. ☐ Yes ☐ No
If yes, please submit proof of completion of training (e.g., letter, certificate).

Items to be submitted along with this completed application:

1. Resume
2. Diplomas, certificates or other proof of education
3. One (1) recent, signed personal letter of reference
4. One (1) recent, signed job/volunteer letter of reference
5. Proof of D.C. residency

Only fully completed applications with all supporting documentation will be considered. All applications must be delivered either by post, e-mail or hand delivered no later than 5:00pm February 28, 2014.

Signature: _____ Date: _____

Submit this application along with all supporting documentation to the Office of Consumer and Family Affairs, DBH, 64 New York Avenue NE, 3rd Floor, Washington, DC 20002. The contact person is Vivi Smith, OCFA, tel. # (202) 673-4377. Be sure to leave your name and phone number with your area code. Her email address is vivi.smith@dc.gov.

Application continues on next page.



**DBH Application for
PEER SPECIALIST CERTIFICATION**

My primary lived experience is with: (CHOOSE ONLY ONE)

- ☐ 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)

Personal Disclosure Statement: (CHOOSE ONLY ONE)

- ☐ 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 OR my history with dealing with my child(ren)'s (or the child(ren) in my care) emotional, mental and/or behavioral disorder(s).

Statement of Information:

- ☐ I understand that DBH will provide a stipend of \$200.00 to be disbursed upon certification to applicants that complete the program.
- ☐ 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.

Statement of Accuracy:

- ☐ It has been at least one year since I was diagnosed with a mental illness and/or substance use disorder OR the child(ren) in my care were diagnosed with an emotional, mental and/or behavioral disorder(s).
- ☐ I completed this application and the required attachments on my own.
- ☐ I completed high school and hold a high school diploma or a GED equivalent.
- ☐ 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.

Please print/type your name: _____

Your signature: _____

Please **print/type** your name: _____

APPLICATION ATTACHMENT

If you are applying for Family Certification, proceed to the next section and do not complete this section.

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

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

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 or the work you are doing now. Be specific.

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

Please ***print/type*** your name: _____

APPLICATION ATTACHMENT

If you are applying for Family Certification, proceed to the next section and do not complete this section.

5. What does recovery mean to you?

6. Why do you think it is important for Certified Peer Specialists (CPSs) to tell their recovery stories?

7. What were some of the important factors in your own recovery?

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

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

Please ***print/type*** your name: _____

FAMILY APPLICATION SUPPLEMENT

Only complete this supplement if you are applying for the Family Certification Training

1. What makes you a good candidate to work with parents and caregivers who have a child(ren) with emotional, mental and/or behavioral disorder(s)?

2. 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?

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

4. Define the term "lived experiences" in your own words.

5. Give an example of a "lesson learned" from navigating multiple systems of care on behalf of your child(ren) with emotional, mental and/or behavioral disorder(s).
