

**NEBRASKA OCA PEER SUPPORT & WELLNESS SPECIALIST
FACILITATOR TRAINING APPLICATION
August 26-30, 2013- Omaha, NE**

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Fax All 7 Pages of Application to:

Lucy Flores
402-471-7859

Or Mail All 7 Pages of Application to:

Lucy Flores
Division of Behavioral Health- OCA
P.O. Box 95026
Lincoln, NE 68509
Email Assistance- Lucy Flores:
lucy.flores@nebraska.gov

Phone Assistance with Processing Application:
Lucy at 402-471-7644

For Questions about Training:
Carol at 402-471-7853

DEADLINE FOR APPLYING:

July 24, 2013

If accepted to the training, you will be notified by telephone **on or around
July 31, 2013**

Congratulations on deciding to apply to become a Facilitator of Nebraska's Certified Peer Support and Wellness Specialists training!

This training from the Office of Consumer Affairs requires that you already hold:

- **A certificate of 40 hours of training in Intentional Peer Support or as a Nebraska Peer Support and Wellness Specialist**
- **A certification as a Peer Support and Wellness Specialist or a plan to become certified.**
- **Have lived experience with trauma.**
- **Have an interest in training new CPSWS's as part of the OCA Facilitator's Circle.**

The OCA Facilitator's Circle is a group of people trained in the Nebraska Certified Peer Support and Wellness Specialist training, modules include Intentional Peer Support by Shery Mead and Chris Hanson of Shery Mead Consulting, Heather McDonald of Focus on Recovery United, and Chyrell Bellamy of Yale University.

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Your Name:

County in which live:

Home Telephone No.: _____

Home Address: _____

Home Email: _____

Cell Phone: _____

Street Address (if your home address is a P.O. Box):

Agency where you work:

Work status (check one): Paid _____ Volunteer _____

Will be a Paid Position after Training _____

Current job title:

Work telephone:

Work/volunteer address:

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Work e-mail: _____

May we leave information regarding the status of your application with someone other than you? If yes, complete:

Name: _____

Phone: _____

Best Time to Try: _____

Applicant's Full Name _____ Date _____

Please let us know if you require special accommodations and tell us what accommodations you need (accommodations are not based on preferences):

Information for Acceptance to Training:

1. Understanding and Interest

A. Why do you want to attend this training?

B. What makes you a good candidate to work with people experiencing mental illness and/or addiction and/or trauma in the behavioral health field?

2. Recovery Experience

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A. What does recovery and/or wellness mean to you?

B. What were/are important factors in your own recovery and/or wellness?

C. What types of experiences have you had in assisting, or advocating for, consumers of behavioral health services (for example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific.

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

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

G. Is there anything else you would like us to know in considering you for the Nebraska OCA Peer Support Facilitator training?

3. Environment and Access

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A. Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support Facilitator training? Yes No

If yes, do you receive pay for this position? Yes No

Also, is your employer compensating you for your time in training? Yes No

If no, are you on unpaid leave for this training? Yes No

Position title/location:

B. Are you a current candidate for a position where you will use the skills gained through the Nebraska OCA Peer Support Faciliator training? Yes No

If yes, will you receive pay for this position? Yes No

Position title/location:

BELOW SIGN YOUR INITIALS only to those that apply to you:

My lived experience is with :

1) (Please Initial)

a. _____ **Recovery with Mental Illness.**

b. _____ **Recovery with Dual Diagnosis (Mental Illness & co-occurring Addictive Disease).**

c. _____ **Recovery from Addiction.**

d. _____ **Lived Experience with Trauma**

2) _____ YES, I agree to self-identify my history with a behavioral health condition and/or trauma.

(Initial above if statement applies to you)

3) _____ NO, I do not want to disclose my history with a behavioral health condition and/or trauma, & recovery at this time.

(Initial above if statement applies to you)

4) _____ I understand that I must make all transportation, food, and lodging arrangements for this training on my own. I understand I may or may not be eligible to receive a scholarship stipend . (The training itself is free).

(Initial above if statement applies to you)

5) _____ It has been at least one year since I was diagnosed with a Behavioral Health Condition and/or Trauma.

(Initial above if statement applies to you)

6) _____ I completed this application on my own.

(Initial above if statement applies to you)

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7) _____ I am a veteran.
(Initial above if statement applies to you)

I certify that I have personal experience as a trauma survivor. If I am chosen as a training participant, I understand that I must provide my own transportation, food, and lodging.

I understand that the Peer Support training does not guarantee me employment or a volunteer position.

I understand that the Peer Support Workforce works from *the perspective of their lived experience with mental illness and/or addiction & recovery; and/or an experience with trauma and wellness.* I agree to be open about the fact that I have been diagnosed with a mental illness and/or addiction and/or am a trauma survivor and/or a parent of a child with a behavioral health condition. I understand that in doing so I will assist in educating others about the reality of recovery and wellness.

YOUR SIGNATURE

PLEASE ALSO PRINT YOUR NAME

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Optional & Confidential/ For statistical purposes only: Please feel free to send this information separately if you wish to remain anonymous. Completing this information is optional. Your responses help us answer questions about some of the lived experience and the diversity we represent. Thank you for your time.

I am (check one):	I have:
<input type="checkbox"/> African American	<input type="checkbox"/> High School Grad/GED
<input type="checkbox"/> Asian	<input type="checkbox"/> Some College
<input type="checkbox"/> Caucasian	<input type="checkbox"/> College Graduate
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Post Graduate Education
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Certifications and Diplomas
<input type="checkbox"/> Other (please specify) _____	(Specify): _____
Ethnicity:	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	