

**NEBRASKA OCA PEER SUPPORT & WELLNESS SPECIALIST
TRAINING APPLICATION
JANUARY 3-7, 2011 in HASTINGS, NE**

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Fax All 7 Pages of Application to:

Matt Luna
402-471-7859

Or Mail All 7 Pages of Application to:

Matt Luna
Division of Behavioral Health
P.O. Box 95026
Lincoln, NE 68509
Email Assistance:
matt.luna@nebraska.gov

Phone Assistance:
Matt or Carol at 402-471-7853

**DEADLINE FOR APPLYING:
December 10, 2010**

If accepted to the training, you will be notified by telephone **on or around
December 15, 2010.**

Congratulations on deciding to apply for peer support training! This training from the Office of Consumer Affairs and the OCA Facilitator's Circle will be an excellent opportunity to hone your skills as a *Peer Support and Wellness Specialist*. Get plugged with the network of peers that are dedicated to moving peer support to the next level as a profession in Nebraska. Focus will include a Nebraska specific training from Focus on Recovery United, Shery Mead Consulting, and Yale University, as well as important components from statewide peer leadership. This training is for individuals with experience with any serious behavioral health condition. Priority is given to peers working on funded projects, but we encourage people who want to just gain skills to apply.

You will receive a certificate of completion for attending the entire training. After this training we will offer the ability to complete an oral and written examination in February 2011 to qualify for certification. That test will be opened up to people that are not in this class in August of 2011.

Thank-you for your interest and good luck with your application!

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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:

Work e-mail: _____

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

Name: _____

Phone: _____

Best Time to Try: _____

Applicants 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 in the behavioral health field?

2. Recovery Experience

A. What does recovery mean to you?

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

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C. What types of experiences have you had in assisting, or advocating for, consumers of mental 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 training?

3. Environment and Access

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

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

Position title/location:

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

My primary lived experience is with :

1) (Choose ONLY one)

- a. _____ **Recovery with Mental Illness.**
- b. _____ **Recovery with Dual Diagnosis (Mental Illness & co-occurring Addictive Disease, including gambling).**
- c. _____ **Recovery from Addiction only, including gambling.**

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

(Initial above if statement applies to you)

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

(Initial above if statement applies to you)

4) _____ I understand that I must make all transportation arrangements for this training on my own. If I am eligible to receive a scholarship for this training it will only include my food and lodging costs, I must keep receipts for my transportation costs for reimbursement. (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 Behavioral Health Condition.

(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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I certify that I have personal experience as a consumer of behavioral health services. If I am chosen as a training participant, I understand that I may not be eligible for a scholarship and that I must provide my own transportation.

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 (including gambling) & recovery*. I agree to be open about the fact that I have been diagnosed with a mental illness and/or addiction. I understand that in doing so I will assist in educating others about the reality of recovery.

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	