

**NEBRASKA OCA PEER SUPPORT & WELLNESS SPECIALIST  
TRAINING APPLICATION  
February 18-23, 2013, Grand Island, NE**

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**Fax All 7 Pages of Application to:**

Carol Coussons de Reyes  
402-471-7859

**Or Mail All 7 Pages of Application to:**

Carol Coussons de Reyes  
Division of Behavioral Health  
P.O. Box 95026  
Lincoln, NE 68509  
Email Assistance:  
carol.coussonsdereyes@nebraska.gov

Phone Assistance:  
Carol at 402-471-7853

**DEADLINE FOR APPLYING:**

**January 25, 2013**

If accepted to the training, you will be notified by telephone **on or around  
January 30, 2013**

**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 in with the network of peers that are dedicated to moving peer support to the next level as a profession in Nebraska. The focus of training will include a Nebraska specific material 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.**

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

**(Some applicants with trauma lived experience may be extended an invitation to train as Facilitator's this year! An additional application process will be required, but this basic training is a requirement of the Facilitator's 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:** \_\_\_\_\_

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

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

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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 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

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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:

*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, including gambling).**
- c. \_\_\_\_\_ **Recovery from Addiction only, including gambling.**
- 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.

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**(Initial above if statement applies to you)**

*I certify that I have personal experience as a consumer of behavioral health services and/or a trauma survivor. If I am chosen as a training participant, I understand that I may not be eligible for a scholarship stipend 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 I may or not be selected as a facilitator, if I choose to apply to become a facilitator of this training.*

**I understand that the Peer Support Workforce works from *the perspective of their lived experience with mental illness and/or addiction (including gambling) & 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. I understand that in doing so I will assist in educating others about the reality of recovery and wellness.**

**YOUR SIGNATURE**

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**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.**

<b>I am (check one):</b>	<b>I have:</b>
<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): _____
<b>Ethnicity:</b>	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	