

PEER SUPPORT & WELLNESS SPECIALIST SKILLS TRAINING APPLICATION
September 5, 12, 19, 26, October 3, & 10.
Omaha, NE

<p>Fax All 7 Pages of Application to:</p> <p>ATTN: Lucy Flores</p> <p>402-471-7859</p>	<p>Or Mail All 7 Pages of Application to:</p> <p>Carol Coussons de Reyes Division of Behavioral Health P.O. Box 95026 Lincoln, NE 68509</p>	<p>Email Assistance: lucy.flores@nebraska.gov</p> <p>Phone Assistance: Carol - 402-471-7853</p>
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DEADLINE FOR APPLYING:
August 1, 2015 5:00 p.m. CST.

If accepted to the training, you will be notified via USPS or telephone on or around August 10th, 2014

Congratulations on deciding to apply for the upcoming Peer Support and Wellness Specialist Skills Training!

This 40 hour training from the members of the Nebraska Office of Consumer Affairs Facilitator’s Circle will be an excellent opportunity to enhance your skills and get plugged in with the network of peers that are dedicated to moving peer support to the next level as a profession in Nebraska.

Peer Support Specialists identify that they have lived experience. The Peer Support workforce works from the perspective of their lived experience with mental health and/or substance use challenges and/or trauma and their own personal recovery and wellness journeys to assist in educating others about the reality of success, hopes, and dreams and the multiple paths to recovery!

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 lived behavioral health condition and/or trauma. Priority is to those who are working/volunteering in the behavioral health field serving veterans, individuals who have been impacted by a behavioral health condition and/or trauma.

Upon completion of the 40 hour training, you will receive a certificate of attendance. Persons who hold a certificate of attendance for a 40 hour peer support training are eligible to complete an oral and written examination to become certified as a Peer Support and Wellness Specialist by the Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs.

Please note that the training modules for this training were designed for adults with behavioral health conditions. In addition, certification as a Peer Support and Wellness Specialist *does not result in employment*. This is a training opportunity to enhance your skills and achieve eligibility for certification through DHHS-DBH-OCA. If you are interested in learning more about other Peer Support Trainings, such as Family Peer Support, please contact us and we will connect you with opportunities in your area.

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

Contact Information:

Name: _____

County in which you live: _____

Home Telephone No.: _____

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

Home Email: _____

Cell Phone: _____

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: _____

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 list special needs and describe needed accommodations (accommodations are not based on personal preferences):

Section A: Understanding and Interest

1) What interests you in this training?

2) What makes you a good candidate to work with individuals experiencing mental health and/or substance use challenges and/or trauma survivors in the behavioral health field?

Section B: Recovery Experience

3) What does recovery and/or wellness mean to you?

Applicant's Full Name: _____ Date _____

4) What were/are important factors in the recovery journey of yourself?

Section C: Experience

5) What types of experiences have you had in supporting or advocating for individuals who have been impacted by behavioral health challenges? For example, support group leadership, self-advocacy, public testimony, programs you started, etc.)? Please be specific.

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



Applicant's Full Name: _____ Date _____

Section D: Environment and Access

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

8) Do you currently hold a position where you will use the skills gained through The Nebraska OCA Peer Support training? Yes No (if no, go to #9)

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

B. Is your employer compensating you for your time in training? Yes No

C. If yes. Please specifically indicate in which ways your employer is compensating you :

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

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

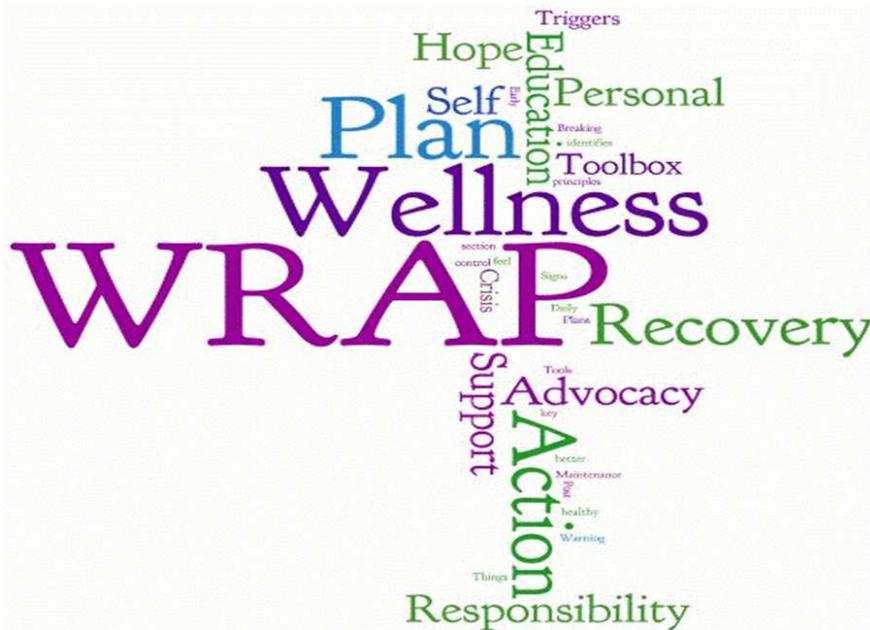
B. If yes, will you receive pay for this position? Yes No

C. Position title/location: _____

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

Applicant's Full Name: _____ Date _____

Section E: Self- Care



The Office of Consumer Affairs encourages the use of self- care tools while attending this training. If selected to attend the training you have the option of receiving a Wellness Recovery Action Plan (WRAP). The purpose of this book is to be used for self-care and not as a teaching tool. We recognize that there are many self-care tools and we encourage you to learn more about what is available to you.

To learn more about WRAP please visit www.mentalhealthrecovery.com

11) Please select ONE WRAP book which you would like to receive.

- ____ WRAP
- ____ WRAP for Addictions
- ____ WRAP for Veterans and People in the military
- ____ WRAP for the effects of Trauma
- ____ Plan de Acción para la Recuperación del Bienestar
- ____ I already have a WRAP book
- ____ I do not need a WRAP book at this time



Section F: Signatures

Directions: Please initial by hand those that apply to you for questions 12-17 on this page.

12) My lived experience is with/as a :

- a. _____ Recovery with Mental Health challenges only.
- b. _____ Recovery from Substance use only
- c. _____ Recovery with Dual Diagnosis (co-occurring)
- d. _____ Recovery with Trauma

13) _____ YES, I attest I am willing to self-identify my lived experience with a behavioral health condition and/or trauma and recovery while in the role of a peer supporter when appropriate.

(Initial above if statement applies to you)

14) _____ NO, I do not want to disclose my history concerning a behavioral health condition and/or trauma and recovery while in the role of a peer supporter.

(Initial above if statement applies to you)

15) _____ I understand that I must make all transportation, food, and lodging arrangements for this training on my own. (The training itself is free).

(Initial above if statement applies to you)

16) _____ it has been at least one year since I was diagnosed with a behavioral health condition.

(Initial above if statement applies to you)

17) _____ I completed this application on my own.

(Initial above if statement applies to you)

Once you have completed the application please sign and date that you understand its contents.

SIGNATURE _____

PRINTED NAME _____

DATE _____

If you have any further questions please contact the Office of Consumer Affairs

Carol Coussons de Reyes, CPS, MS
carol.coussonsdereyes@nebraska.gov
402-471-7853 (office phone)