



Region 6 Behavioral Healthcare

PEER SUPPORT & WELLNESS SPECIALIST SKILLS TRAINING APPLICATION

Congratulations on deciding to apply for the upcoming Peer Support and Wellness Specialist Skills Training! This 40 hour training from 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, trauma, and their own personal recovery/wellness journeys to assist in educating others about the reality of success, hopes, and dreams and the multiple pathways to recovery!

The focus of training will include 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 any lived experience with behavioral health conditions and/or trauma.

Upon completion of the 40 hour training, you will receive a certificate of attendance. Persons who hold a certificate of attendance from 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 (DHHS-DBH-OCA).

Please note that the training modules for this training were designed for adults with behavioral health conditions/trauma. In addition, certification as a Peer Support and Wellness Specialist does not guarantee you employment. This is a training opportunity to enhance your skills and to 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!

**PEER SUPPORT & WELLNESS SPECIALIST SKILLS TRAINING
APPLICATION**

FAX All 7 Pages of Application to: ATTN: John Friday, M.Ed., CPSWS (402) 393-7838 Email All 7 Pages of Application to: john.friday.cpsws@gmail.com	Or Mail All 7 Pages of Application to: John Friday, M.Ed., CPSWS 7315 Maple Street Omaha, NE 68134-6821	Email Assistance: john.friday.cpsws@gmail.com Phone Assistance: John Friday 402-206-7504
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Location

Region 6 Behavioral Healthcare
3801 Harney Street, Second Floor
Omaha, NE 68131-3811

Dates

Training will occur on Fridays over a five week period throughout June/July 2016:

June 10th, June 17th, June 24th, July 1st, and July 8th, 2016.

This training is provided at **no cost** to participants.

Lunch and snacks will be provided

Note that travel expenses and lodging are not provided.

DEADLINE FOR APPLYING:

Friday, May 6th, 2016 5:00 p.m. CST.

If accepted, you will be notified via email or telephone on or around May 16, 2016.

Late entries will not be accepted.

Selection Criteria

Space is limited. The selection process for training participants is based on a combination of factors including:

- Answers provided on this application
- Employment requirements, and

- County of residence (preference will be given to residents in the Region 6 service area)

****PLEASE NOTE****

All eligible individuals are encouraged to apply. To be eligible, a person must, at minimum, self-identify as a consumer of behavioral health services and be a legal resident of the State of Nebraska

Contact Information: (please print)

Name:
Telephone:
Mailing Address (including city and zip) :
Email:
How did you hear about this training?
County of Residence:

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

Name: _____

Phone: _____

Best Time to Try: _____

Please list any accommodations needed for you to attend the training (accommodations are not based on personal preferences)

Applicant's Full Name: _____ Date _____

8. Do you foresee any challenges related to you attending the training? If so do you have a plan in place to work with this challenge?

9. Is this training required as part of your current employment?

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

11. Directions: Please check all that apply

My lived experience is with/as a:

- _____ Recovery with Mental Health challenges only.
- _____ Recovery from Substance use only
- _____ Recovery with Dual Diagnosis (co-occurring)
- _____ Recovery with Trauma
- _____ Family member
- _____ Military/Veteran

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

_____NO, I do not want to disclose my personal lived experience with a behavioral health condition, trauma, and/or recovery while in the role of a peer supporter.

Optional: If no, please explain:

_____ I understand that I am responsible for all costs associated with transportation, and lodging arrangements.

_____ In respect to my lived experience, I have been in recovery for at least one year.

_____ I understand that this training does not guarantee employment, but rather is an opportunity to enhance my skills while in the role of a peer support specialist.

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

PRINTED NAME _____

SIGNATURE _____ DATE _____

If you have any further questions please contact:

John Friday, M.Ed., CPSWS
john.friday.cpsws@gmail.com
Phone: (402) 206-7504

Funding for this event has been provided in part by the Nebraska Department of Health and Human Services Division of Behavioral Health and Region 6 Behavioral Healthcare