



# DBSA Peer Specialist Training

June 1–5, 2015

Colorado Springs, Colorado

## Training Description

DBSA Peer Specialist training prepares people who live with mental illnesses to use their experiences to work with others as peer specialists. Facilitated by nationally-recognized trainers, this comprehensive course delivers a foundation in recovery principles, intervention techniques, and ethical practice. Curriculum focuses on the use of peer-delivered services to support the recovery of others. DBSA Peer Specialist training was developed in affiliation with Appalachian Consulting Group, Inc., innovators of the Georgia Certified Peer Specialist Project that pioneered Medicaid billable peer support services.

## Who Can Participate

- Individuals age 18 or older with personal experience as consumers of mental health services who wish to use this experience to assist others.
- Those willing to publicly identify as a person living with a mental illness.  
*Please do NOT apply if you do not meet these first two standards.*

DBSA actively seeks a diverse group of training applicants with respect to race, gender, age, sexual orientation, diagnosis, and disability.

## Requirements

### Training participants must commit to

- attend and actively participate in all five days of training.
- participate in discussion and role-plays utilizing solely their personal experiences as mental health consumers rather than any clinical roles or training.
- take an online certification examination within two weeks of training completion.

## Location

Colorado Springs, Colorado

## Dates & Times

Training begins on Monday, June 1, 2015, and ends on Friday, June 5, 2015.

8:00 AM–5:30 PM

This training course has been approved by the Illinois Certification Board for 40 hours of continuing education units (CEUs) for Program Number 12102 in the following categories: CRSS I or II, PCGC II, CCJP II, Counselor II, CARS II, MISA I or II, CAAP II, MAATP II, and CFPP II.

## ALL APPLICATIONS

**MUST BE RECEIVED BY DBSA NO LATER THAN May 4, 2015.**

**Please mail, e-mail, or fax your completed application to:**

Training Department  
DBSA

55 E. Jackson Blvd., Ste 490  
Chicago, Illinois 60604

Fax: (312) 642-7243

E-mail: [Training@DBSAlliance.org](mailto:Training@DBSAlliance.org)

Phone: (800) 826-3632

### **Do not submit payment with this application.**

This is an application only and does not guarantee you will be selected.

Selection: Enrollment is limited, and participants will be selected through a competitive application process. All applicants will be notified of their status no later than May 8, 2015. Registration payment is due May 19, 2015.

## Registration Fee

\$975 per person includes training fee, all training materials, and post-training certification testing. Registration fees will be due at a later date.

Fee does NOT include hotel accommodations, travel, or meals.

Participants are responsible for paying these costs or obtaining outside funding support. Please see [DBSAlliance.org/FindingFunds](http://DBSAlliance.org/FindingFunds) for funding ideas.

## NEW 40 Hour Curriculum Includes:

- Role of peer support in recovery
- Problem solving with individuals
- Effective listening and the art of asking questions
- Combating negative self-talk
- Dissatisfaction as an avenue for change
- Facilitating Recovery Dialogues®
- Peer Specialist ethics
- **Small group coaching sessions ... and more**



Depression and Bipolar  
Support Alliance

55 E. Jackson Blvd., Ste 490  
Chicago, Illinois 60604

[DBSAlliance.org](http://DBSAlliance.org)  
(800) 826-3632

# Application for Participation

## 2015 DBSA Peer Specialist Training

June 1–5, 2015

Please answer the following questions to the best of your ability. This is not a “test” about right and wrong answers. Your responses will help us get to know you and will assist us in selecting qualified applicants. Make sure to answer all questions and sign your application. **Write your answers on a separate sheet of paper, and submit them along with this application.** If you handwrite your answers, please make sure they are readable. **THANK YOU!**

### Demographic Information

Please provide the following optional information to help ensure diversity of the training group. Aside from using aggregate numbers, DBSA will not maintain or use this information in any way.

#### GENDER

Male  Female

#### AGE

18–25

26–39

40–55

56+

#### ETHNICITY

Asian/Pacific Islander

American Indian

Black (not of Hispanic origin)

Hispanic

White (not of Hispanic origin)

Other

### 1. Understanding and Interest

A. Why do you want to work as a peer support specialist?

B. What makes you a good candidate to work with your peers in the mental health field?

### 2. Personal Recovery Experience

A. What does recovery mean to you?

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

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

### 3. Environment and Access

A. Do you currently hold a position where you will use the skills gained through

Peer Specialist training and certification?  Yes  No

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

Position title/location \_\_\_\_\_

B. Are you a current candidate for a position where you will use the skills gained through

Peer Specialist training and certification?  Yes  No

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

Position title/location \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPECIAL ACCOMMODATION REQUEST \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

#### Please initial all items below to indicate your understanding of each:

\_\_\_ I certify that I have personal experience as a consumer of mental health services.

\_\_\_ If I am chosen as a training participant, I understand that I am responsible for funding my own registration fee, travel, hotel accommodations, and meals.

\_\_\_ I understand that participating in the DBSA Peer Specialist training does not guarantee me employment or a volunteer position.

\_\_\_ I understand that payment is due by May 19, 2015.

YOUR SIGNATURE \_\_\_\_\_

PLEASE ALSO PRINT YOUR NAME \_\_\_\_\_

**Important:** Each individual state or service delivery system sets its own peer specialist training and certification standards. Please check local requirements with your state certification body, office of consumer affairs, or service delivery system before making the decision to participate in this training course. DBSA can provide you with information on training curriculum content.