



Chicago, IL

March 7–11, 2016

Training begins on Monday, March 7,
and ends on Friday, March 11.

8:00 AM–5:30 PM

Who Can Participate

- Individuals age 18 or older with personal lived experience in recovery from a mental health or substance use condition who wish to use this experience to assist others.
- Those willing to publicly identify as a person in recovery.

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 February 12, 2016. Registration payment will be due no later than February 22, 2016.

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. Please visit DBSAlliance.org/FindingFunds for ideas on obtaining outside funding support.

DBSA Peer Specialist Training Application

DBSA Peer Specialist training prepares people with personal lived experience in recovery from a mental health or substance use condition 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.

Continuing Education Credits

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.

The 40 hour curriculum includes

- Role of peer support in recovery
- Problem solving
- 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

IMPORTANT: Each individual state or service delivery system sets its own peer specialist training and certification standards. Applicants are responsible for determining applicable training/certification requirements with their state certification body, office of consumer affairs, or service delivery system before making the decision to participate in this training course. Please visit DBSAlliance.org/CorePSCurriculum for an outline of curriculum content.

**ALL APPLICATIONS MUST BE RECEIVED BY DBSA
NO LATER THAN FEBRUARY 21, 2016**

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



Depression and Bipolar
Support Alliance

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

DBSAlliance.org
(800) 826-3632

2016 DBSA Peer Specialist Training Application

March 7–11, 2016

Please answer the following questions to the best of your ability. Your responses will help us get to know you and assist 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 along with the application.**

1. Understanding and Interest

- Why do you want to work as a Peer Specialist?
- What makes you a good candidate to work with your peers?

2. Personal Recovery Experience

- What does recovery mean to you?
- What were/are important factors in your own recovery?
- What types of experiences have you had in assisting, or advocating for, individuals living with mental health or substance use conditions (for example, support group leadership, self-advocacy, public testimony, etc)? Please be specific.

3. Environment and Access

- 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 _____

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
 Trans*
 I prefer not to disclose

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

NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER(S) _____

E-MAIL _____

SPECIAL ACCOMMODATION REQUEST _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

Please keep me informed on news and updates on DBSA related activities, courses and more!

Yes No

Please initial all items below to indicate your agreement with each:

- ___ I certify that I have personal experience as a person living in recovery from a mental health or substance use condition.
___ I understand that I am responsible for funding my own registration fee, travel, hotel accommodations, and meals.
___ I understand that participating in DBSA Peer Specialist training does not guarantee me employment or a volunteer position.
___ I understand that payment is due by February 23, 2016.
___ I agree to attend and actively participate in all five days of training.

SIGNATURE _____ PLEASE ALSO PRINT YOUR NAME _____

Please mail, email, or fax your completed application to:

Training Department
DBSA
55 E. Jackson Blvd., Suite 490
Chicago, IL 60604
Fax: (312) 642-7243
Email: Training@DBSAlliance.org
Phone: (800) 826-3632