

### Training Description

Facilitated by nationally-recognized trainers, this 46 hour 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 fellow Veterans. Course training content is equivalent to DBSA-VA contract courses for peer support training/certification of individuals employed by the VA as peer specialists, and **successful completion of this training course and all associated examinations meets current VA certification requirements for individuals employed as peer support specialists.**



Depression and Bipolar Support Alliance

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

DBSAlliance.org  
(800) 826-3632

### Who Can Participate

This Veteran Peer Specialist training course is reserved for individuals who wish to become eligible for employment as a VA peer support specialist. In order to qualify for a VA peer support position, an individual must be:

- a Veteran who has recovered or is recovering from a mental health condition (including addictions), and
- certified by a qualifying organization (DBSA is such an organization), or by an appropriate state mental health department's approved process.

For additional information on VA peer support employment requirements, please visit: [vacareers.va.gov/peer-to-peer](http://vacareers.va.gov/peer-to-peer), or contact the human resources department at your local VA facility or Dan O'Brien-Mazza, VA National Director of Peer Support Services: [Daniel.O'Brien-Mazza@va.gov](mailto:Daniel.O'Brien-Mazza@va.gov), or (315) 565-5179, or Laura Gomez, EES, [Laura.Gomez2@va.gov](mailto:Laura.Gomez2@va.gov) or (314) 894-5742.

### Requirements

**Training participants must commit to**

- Attend and actively participate in 5.5 days (42 hrs.) of face-to-face training and 4 hrs. of web-based training.
- Participate in discussion and role-plays utilizing solely their personal recovery experiences rather than any clinical roles or training
- Participate in on-site skills observation and evaluation during the face-to-face training
- Complete a web-based certification examination following training completion

### Training Dates and Hours

The training course includes **four components**:

- **Podcast**—listen to a recorded podcast and provide online feedback
- **Webinar**—Thursday, July 16, 10:00 AM–2:00 PM Central time
- **Face-to-face training course**—Monday, July 20 to Saturday, July 25
- **Post-course examination**—online; begins Wednesday, July 29.

Certification requires full participation in the course and successful completion of the post-training examination.

Participants must commit to attend all portions of the training course. If you cannot participate fully, please do not apply.

### ALL APPLICATIONS MUST BE RECEIVED BY DBSA NO LATER THAN June 19, 2015.

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

Training Department  
DBSA  
55 E. Jackson Blvd., Suite 490  
Chicago, Illinois 60604

Fax: (312) 642-7243

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

Phone: (800) 826-3632, x164

### Participation:

- This is an application only and does not guarantee your acceptance as a training participant. Do not submit payment with this application.
- Individual participants are responsible for reserving and funding their own travel, hotel accommodations, and meals associated with face-to-face training.

### 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 June 26, 2015.

### Registration Fee

\$1,995 per person includes training fee, all training materials, and post-training certification testing.

Benefits may be available from the VA or your state to support training costs. For information about your eligibility, please contact your state Veterans Benefits Office or Department of Veterans Affairs Vocational Rehabilitation Services. DBSA Veteran peer specialist training is approved for G.I. Bill benefits by the Illinois Department of Veterans Affairs, and eligible Veterans from any state who successfully complete this training course can be reimbursed for the cost of certification (1/3 of the total registration fee, or \$665). For additional ideas, please visit [www.DBSAlliance.org/FindingFunds](http://www.DBSAlliance.org/FindingFunds).

# Application for Participation

## DBSA Veteran Peer Specialist Training

July 20–25, 2015 – Chicago, Illinois

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. **Type or hand-write your answers on a separate sheet of paper and submit them with this application.** If your answers are handwritten, please make sure they are readable. **THANK YOU!**

### Demographic Information

Please provide the following optional information to help ensure diversity of the training group. DBSA will use combined numbers to describe overall participant demographics and will not maintain or use your individual information in any other 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 other Veterans 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, Veterans or other people living with mental health issues (for example, support group leadership, self-advocacy, programs you started, etc.)?

NAME

STREET ADDRESS

CITY / STATE / ZIP

PHONE NUMBER(S)

E-MAIL

NOTE ANY SPECIAL ACCOMMODATION REQUESTS

EMERGENCY CONTACT

PHONE

### Important:

Training applicants must initial below to indicate their agreement with all these training requirements:

- I am a Veteran, discharged under other than dishonorable conditions.
- I have been in personal recovery from a mental health condition and/or addiction for a minimum of one year.
- I understand that successful completion of all portions of this training course (including the post-course exam) is only a partial requirement in order to qualify for employment as a VA peer support specialist.
- If I am chosen as a training participant, I understand that I am responsible for funding my registration fee, travel, hotel accommodations, and meals associated with face-to-face training.
- I understand payment of \$1,995.00 is due by July 7, 2015.

Initial here if you meet all these training requirements: \_\_\_\_\_

YOUR SIGNATURE

PLEASE ALSO PRINT YOUR NAME