

## Peer Support Certification Training Application

Name:

Phone number:

Mailing address:

Email address:

Yes

No

1. Are you at least 18 years of age?		
2. Do you identify as someone in ongoing recovery from mental illness or cooccurring disorders (mental illness + substance use disorder) for at least one year?		
3. Do you have a high school diploma, GED, or higher education and the ability to provide documentation of your education when applying for certification?		
4. Are you willing to share your experience with mental illness and recovery with coworkers and peers?		
5. Do you have a genuine desire and commitment to help others with their own recovery?		
6. Do you feel capable of setting healthy boundaries and letting go of responsibility or obligation for the behavior and choices of those you work with?		
7. Are you willing and able to work as a team member with other mental health providers?		
8. Do you have access to a computer with a webcam, microphone, and appropriate internet connection?		
9. If attending via Zoom will you be able to attend the class from a reasonably private area for the 40 hours during the training week?		
10. I have read and understand the included Peer Support Training Readiness Guide?		
11. I have read and agree to abide by the Idaho Certified Peer Support Specialist Code of Ethics.		

	Yes	No
12. I understand that it is my responsibility to apply for certification with BPA after successfully passing the training course.		
13. I understand that successful completion of this course does not guarantee certification or employment.		
14. I understand that if accepted for training, I will be expected to attend and participate for the full 40 hours of the class.		
15. I understand that while working in this field, most paid time is by the billable hour.		
16. I understand that this application only begins the process, and I will need to participate in a video conference interview via Zoom before being accepted into the training.		
17. I understand that most peer support employment will require that I have access to reliable and legal transportation.		
18. I understand that if accepted into this training, my payment will be expected no later than the Saturday before training and I will not receive my training materials until payment is received.		
19. I understand that employment as a peer support specialist generally requires that I pass a criminal background check.		
20. I understand that writing, reading, and working on a computer are generally necessary for working as a peer support specialist.		

Please provide two (2) letters of reference from individuals who have been involved in your recovery process, at least one (1) of which is a mental health professional, recovery specialist, or trained clergy, emailed to [peersupport.training@casemanagersofidaho.com](mailto:peersupport.training@casemanagersofidaho.com) or mailed or hand delivered to the Case Managers of Idaho office. Applications will only be accepted via email.