

Last Name:

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## Michigan Department of Health and Human Services

320 S. Walnut, Lansing, MI 48913

Email: [MDHHS-PeerSupport@Michigan.gov](mailto:MDHHS-PeerSupport@Michigan.gov)

Phone: 517-335-2279

# 2022 Veterans Peer Support Specialist Certification Training Application

Trainings for 2022 will be held online via zoom unless otherwise noted.

<b>Dates of Training:</b>	<b>Location of Training:</b>
March 7 – 11, 2022	Online via Zoom
May 2 – 6, 2022	Online via Zoom
July 11 – 15, 2022	Online via Zoom
September 12 – 16, 2022	Online via Zoom

**\*\*\*To conduct peer support specialist trainings, we must have ten or more individuals or the training will be subject to be rescheduled\*\*\***

\*Once trainings are allowed to be conducted face to face, Zoom trainings may be changed to a training location\*

Applications should be emailed at least 30 days prior to training at:

Email: [MDHHS-PeerSupport@Michigan.gov](mailto:MDHHS-PeerSupport@Michigan.gov)

Phone: 517-335-2279

QUESTIONS? Call 517-335-2279

Email completed application to: [MDHHS-PeerSupport@Michigan.gov](mailto:MDHHS-PeerSupport@Michigan.gov)

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## Veterans Peer Support Specialist Certification Training Application

**Please print clearly. Applications must be filled out by the applicant. All sections of the form must be completed for the application to be accepted.** These instructions explain how to complete the application for the Michigan Certified Peer Support Specialist certification training program. The application measures skills and requirements necessary to be a Certified Peer Support Specialist. Applications should be submitted 30 days prior to the date of training.

The application process for peer support specialist training includes a written application, two letters of reference, and a peer-to-peer telephone interview. The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The application process is designed to determine whether the applicant has substantial experience with his or her own recovery and is a suitable candidate for certification training. The Michigan Certified Peer Support Specialist certification training program uses a priority system to determine who is selected.

Individuals eligible for certification training must:

- ❖ Be at least 18 years of age;
- ❖ Have a high school diploma, General Education Diploma (GED), or provide college transcripts in lieu of a high school diploma or GED;
- ❖ Primary diagnosis of a mental health condition;
- ❖ Have a strong personal knowledge of what it is like to have first-hand lived experience with a mental health condition that has caused a substantial life disruption;
- ❖ Has been a recipient of mental health treatment and/or services for at least one year, with a substantial life disruption due to their mental health condition (this includes services at VA Medical Centers, VA Community Based Outpatient Clinics and Vet Centers);
- ❖ Have personal experience in navigating complex mental health treatment services;
- ❖ Self-identifies as having a mental health condition with a substantial life disruption and shares their recovery story in supporting others;
- ❖ Volunteer and participate in activities that support veterans in your community for at least the past 3 months;
- ❖ Meet the MDHHS application approval process for specialized training and certification;
  - Completed peer support specialist application
  - Supervisor signature and acknowledgement form
  - Two written letters of reference (The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The letter should not be from someone you serve.)
  - Current job description
  - Read, understand, and agree to peer code of ethics
  - Acknowledgement of truthfulness and accuracy of application
  - Peer-to-peer interview
  - Training fee paid by the agency that employs the peer support specialist
- ❖ Attend professional advancement opportunities to maintain skills;
- ❖ Be freely chosen by beneficiaries utilizing peer support services; and
- ❖ Adhere to the MDHHS Peer Support Specialist Code of Ethics.

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Applicants must be willing to:

- ❖ Attend all five days of the online training
- ❖ Actively participate in discussions and role plays
- ❖ Complete and pass the certification exam

*\*\*\*Other training opportunities are available for individuals with lived experience in the following areas: Substance use experience (Recovery Coach Training), Youth (Youth Peer Support), Developmental Disabilities (Peer Mentors), Family (Parent Support Partners), and Public Health (Community Health Workers)\*\*\**

Application review process considers factors such as:

- ❖ Current volunteer responsibilities
- ❖ Interest in and understanding of the role of a Peer Support Specialist
- ❖ Understanding of the concept of recovery
- ❖ Leadership skills
- ❖ Ability to share their lived experience in mental health recovery
- ❖ Letters of reference
- ❖ Peer-to-peer phone interview

**Today's Date:** Click or tap to enter a date.

Last Name:		First Name:
Mailing Address:		City, State, Zip
Home Phone:	Cell Phone:	Work Phone:
Personal Email:		Work Email:
Birthdate:		
At what VA Medical Center have you received mental health treatment?	In which branch of the military did you serve?	
What year(s) did you serve?	Name of person who referred you for training:	
Name of VA:		
Full address of VA (Street/City/Zip):		

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**Please complete the following check list:**

<input type="checkbox"/> YES <input type="checkbox"/> NO	I have completed this application by myself.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a high school diploma, General Education Diploma (GED), or can provide college transcripts in lieu of a high school diploma or GED.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have education/training/degree beyond high school. <i>(for information only)</i> Detail:
<input type="checkbox"/> YES <input type="checkbox"/> NO	It has been more than 1 year since I was first diagnosed with a mental health condition with a substantial life disruption.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am currently volunteering and participating in activities that support veterans in my community.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I currently, or have received complex mental health treatment services. This includes services at VA Medical Centers, VA Community Based Outpatient Clinics and Vet Centers.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a mental health condition with a substantial life disruption and have shared my recovery story in providing support to others.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have lived experience in the following areas:
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am a Veteran of the United States Military.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I agree to attend the 5-day peer support specialist training, follow the zoom peer worker guidelines (attached), and take the certification exam.

**Application Narrative**

The following questions are used as part of the application process to review the applicant's recovery experience and understanding of the principals of recovery. Your answers will be reviewed during the peer-to-peer phone interview.

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1) What is your definition of a peer support specialist?

2) What does becoming a Certified Peer Support Specialist (CPSS) mean to you?

3) Describe what being in recovery means to you.

4) Peer support specialists must be willing to share their recovery story for the benefit of others. Please describe at least one example of how you have done this.

5) If you have a co-occurring condition, describe your support and recovery in this area.

Check if not applicable

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6) What are some of your strengths that you will build on while supporting others in their journey of recovery?

7) What are some of the things that helped you in your recovery?

8) What strengths, skills, and abilities have you developed in your recovery journey?

9) Describe some of the tools you use in the areas of health, wellness, and recovery.

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**Your Current Employment:**

10) In what ways are you currently participating in peer support at the VA Medical Centers, VA Community Based Outpatient Clinics and/or Vet Centers?  
*(Applicants must include an attached copy of your current job description)*

11) Share some examples of how you have worked with individuals who are culturally diverse.

12) Describe what you find most **and** least rewarding about your current position.

13) What do you wish to gain from this training to help you strengthen your work as a peer support specialist?

14) What else would you like us to know about you?

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## Michigan Certified Peer Support Specialists Code of Ethics

**Certified Peer Support Specialists** will maintain high standards of professional conduct in a manner that fosters hope and recovery while maintaining their recovery first.

**Certified Peer Support Specialists** will advocate and support for the full integration of individuals into the communities of their choice.

**Certified Peer Support Specialists** will improve their knowledge and skills through ongoing education and share that knowledge with colleagues and individuals they serve.

**Certified Peer Support Specialists** will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition or state.

**Certified Peer Support Specialists** will respect the privacy of those they serve and will abide by State and Federal privacy and confidentiality laws.

**Certified Peer Support Specialists** will inform supervisor(s) immediately of any reported or suspected intent of serious harm to self or others or abuse from caregivers with those they serve.

**Certified Peer Support Specialists** will respect the rights and dignity of those they serve and shall not force any values or beliefs onto the person engaging in services.

**Certified Peer Support Specialists** will not engage in sexual or intimate relationships with individuals, their relatives or others with whom they maintain a close personal relationship with.

**Certified Peer Support Specialists** will avoid relationships that conflict or create risk of harm in the best interest of individuals they serve. When dual relationships are unavoidable, it is the responsibility of the Certified Peer Support Specialist to seek supervisory consultation.

**Certified Peer Support Specialists** will not give, lend, borrow and/or accept gifts, of significant value, from persons they serve.

**Certified Peer Support Specialists** will follow all agency policies, principles, and codes of conduct.

**Certified Peer Support Specialists** will conduct themselves in a manner that fosters their own recovery and recognize the many ways in which they may influence peers and others in the community, as they serve as a role model.

**Certified Peer Support Specialists** will share relevant parts of their recovery story to provide hope at a time when it is beneficial to the person served.

**Certified Peer Support Specialists** will provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.

**Certified Peer Support Specialists** will provide support for those they serve through all stages of recovery.

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**Please Read –**

**Sign below to indicate that you have read and agree with the following statements:**

- I have completed this application by myself.
- I am a person who has a primary diagnosis of a mental health condition with a substantial life disruption.
- I understand that submission of this application does not guarantee approval.
- I attest that I meet the eligibility requirements as outlined on page 2 of this application and I authorize the peer support specialist training program to confirm my eligibility.
- I am currently volunteering and participating in activities that support veterans.
- I understand that I will be required to attend a 5-day training, follow the zoom peer worker guidelines (attached), and successfully pass a written exam to qualify for certification.
- I agree to respect and follow the Michigan Certified Peer Support Specialist Code of Ethics included in this application.
- I agree to share my recovery story in supporting others.
- All statements in this application are true and accurate.

Signature:	Date:

This application must be submitted by email (or fax if necessary) at least 30 days prior to the training date and must include:

- A copy of the current job description of the applicant
- 2 written references. - The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. (The letter should not be from someone you serve)
- 

Name of VA Point of Contact:	Phone:	Email Address:
VA Point of Contact Signature:		Date:

A peer-to-peer telephone interview will be a part of this application process. Please provide days/times most convenient to you.	
Days:	Times:
Primary phone number to be reached at:	

Upon receiving your application, applicants will receive a confirmation email. Applicants will receive a telephone interview within 3 weeks. Applicants will receive confirmation of acceptance or denial approximately 3 days after the telephone interview is completed.

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## Michigan Veterans Peer Support Specialist Training Application Letter of Reference

Name of applicant:
Date:
Name of person providing reference:
Relationship to applicant:
How long have you known the applicant?
Please describe what strengths the applicant would bring to the role of peer support specialist:
Please describe areas the applicant may benefit in from attending the training:

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## Michigan Veteran Peer Support Specialist Training Application Letter of Reference

Name of applicant:
Date:
Name of person providing reference:
Relationship to applicant:
How long have you known the applicant?
Please describe what strengths the applicant would bring to the role of peer support specialist:
Please describe areas the applicant may benefit in from attending the training: