



Supporting a Better Tomorrow...One Person at a Time

TRAINING APPLICATION

Certified Peer Support Specialist – Parent/Caregiver (CPSSP- P)

The Certified Parent/Caregiver Peer Support Specialist is a biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising or has raised a child with an emotional, social, behavioral, and /or substance use disability. The Specialist will provide support and guidance to parents/caregivers in navigating the child serving systems and advocating with them to help their child/youth.

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This packet includes everything you will need to apply for the Certified Peer Support Specialist Training. There are several steps to this process which are clearly outlined. Please read all instructions carefully before you begin.

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APPLICATION INSTRUCTIONS

Please read all instructions carefully before you begin.

1. **The application must be typed or neatly printed.**
2. **Complete Certified Peer Support Specialist Professional (CPSSP) Discovery Guide.** The CPSSP Discovery Guide will help you to decide if participating in the CPSSP Training makes sense for you at this time. If based on the Guide you decide to continue with the process please complete the CPSSP Application. ***Discovery Guide should be submitted with the Application and supporting documentation.***
3. **Complete CPSSP Application.** This form is to be completed by the Applicant. Type or print ALL INFORMATION. Fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed. The CPSSP Application includes:
 - **Experience Information.** 100 hours of formal or voluntary experience related to mental health or community of public services. Work/Volunteer Experience can include but is not limited to:
 - Family-run organizations such as Families as Allies, Family Voices, Special Needs Organization of South MS, NAMI MS, Mississippi Parent and Training Information Center or Parents for Public Schools
 - Mental Health organizations such as Mental Health Association of South MS or a local community mental health center
 - Public Service Organizations – Red Cross, Food Banks, Shelters, Girl/Boy Scouts, Brig Brother/Sister Programs, Religious organization, Sunday school classes, etc.
 - **Reference Form.** Applicant must submit two Reference Forms (one personal reference and one professional reference). The references must be able to attest to your ability to perform the role of a Certified Peer Support Specialist. A professional reference is someone who's seen you on the job and knows what you're like to work with. A personal reference is a reference provided by an individual who knows you and can vouch for your character and abilities
 - **Verification of Employment Form.** Verification of Employment Form does not have to be submitted prior to the training, but must be submitted prior to receiving CPSS Professional Certification. The form must be completed by the Human Resource Director at your place of employment and placed in a signed/sealed envelope and returned to the Mississippi Department of Mental Health.
 - **Professional Assurance and Release Form.** **Read the** “Applicant’s Statement of Assurance”. If you agree with the “Applicant’s Statement of Assurance”, print/type your full name, then sign and date the form. Failure to agree with these terms will delay and/or prohibit processing your application.
 - **Principles of Ethical and Professional Conduct Form.** Applicants must read and abide by the “DMH Principles of Ethical and Professional Conduct”. It is the applicant’s responsibility to read these principles before signing and submitting the application. The Principles of Ethical and Professional Conduct are intended

to guide Certified Peer Specialists in their various professional roles, relationships and levels of responsibility.

- **Scope of Activities Form.** The scope of activities outlines the range of peer support services that a certified peer support specialist can provide to assist others in living their lives based on the principles of recovery and resiliency. Please review the Scope of Activities and sign and return the Acknowledgement form.
4. **Please keep a copy of all materials submitted for your records.**

CERTIFIED PEER SUPPORT SPECIALIST DISCOVERY GUIDE

The job of peer support specialist is to help instill the hope of recovery, in part by being able to demonstrate or model recovery skills they have learned. In Mississippi a person wanting to become a peer specialist must complete a 4 day training program and pass a written exam, but the “expertise” a peer has comes not from a book or training program but from having “walked the walk”.

A peer specialist must be aware of, able to publicly describe and role model to others the things that they learned that helped them to recovery

To help decide if you are ready for peer specialist training, please answer the YES/NO questions below. A “YES” answer means you are willing and prepared to give a detailed response.

		YES	NO
1	Are you willing to share with parents/caregivers whose children are receiving services, staff and the general public (as appropriate) what you have learned through your lived experience (for example, system navigation, coping skills and insights gained)		
2	Can you describe in detail what has helped you to move from where you were to where you are now?		
3	Can you describe what you have had to overcome to get where you are today?		
4	Can you describe some of the things that you do daily to keep yourself on the right path?		
5	Can you describe what your diagnosis means, how it impacted your life and what things you did to change that?		
6	Can you describe the purpose of your medications, any side affects you experienced and plans you developed to deal with them? (If you do not take medication leave blank)		
7	Can you describe some of the beliefs and values you have or have developed that helps to strengthen your recovery and why do you believe they do?		
8	Can you describe some of the things you have found helpful in combating negative self-talk?		
9	Do you have a Wellness Recovery Action Plan or other type of written wellness plan? Can you describe what it was like to put one together and how it has helped you?		
10	Do you believe that you could talk to a person to help them understand recovery?		
11	Can you describe the role that a sense of hope and resiliency played in your life, your recovery?		
12	Can you describe some of the community supports you have and how they help you deal with your mental illness/addiction?		
13	Can you describe how you deal with crisis? With recurrence of your symptoms? With relapse?		
14	Have you ever led a support group? Can you describe what you liked about it?		
15	Do you have experience leading a community based support organizations like, NAMI-MS, Mental Health Association, Alcoholic Anonymous 12 Step Program? Can you discuss how they supported/helped your recovery efforts?		

16	Have you attended and/or spoke at any conferences, workshops and/or informal meetings in the last three years?		
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If you answered no to eight (6) or more questions you may need more support to be ready to participate in the peer specialist training at this time or it may not be a match for you. Families as Allies *601-355-0915) offers support, training and coaching that might be of assistance to you in exploring this decision.

PEER SUPPORT SPECIALIST APPLICATION

Directions: This form is to be completed by the Applicant. Type or print ALL INFORMATION; fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed.

Personal Information

Mr.
 1. a. Name: Ms. _____
 (Type or Print name EXACTLY as it should appear on the certificate.)

b. Name(s) used on Records if different from above: _____

2. Gender: Male Female Transgender 3. Date of Birth: ____/____/____

4. Race/Ethnicity: _____

5.

<u>Home Street Address</u>		
City, State, Zip		
<u>County of Residence</u>		
Numbers	Home Number:	Cell Number:
Email Address		

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **an email address and accurate mailing address is mandatory. The Division of PLACE must be notified of any address changes during the certification process.**

Experience Information

Applicant must, within the last three years (not necessarily consecutively), have a minimum of 100 hours of paid or volunteer work experience or activities related to mental health, community or public service.

6.

<u>Position</u>	
<u>Organization</u>	
<u>Street Address</u>	
City, State, Zip	
Telephone Number	
Date of Employment	From _____ to _____ # hours/week _____
Duties/Responsibilities	

<u>Position</u>	
<u>Organization</u>	
<u>Street Address</u>	
City, State, Zip	
Telephone Number	
Date of Employment	From _____ to _____ # hours/week _____
Duties/Responsibilities	

<u>Position</u>	
<u>Organization</u>	
<u>Street Address</u>	
City, State, Zip	
Telephone Number	
Date of Employment	From _____ to _____ # hours/week _____

7

Duties/Responsibilities	
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Educational Information

The applicant must provide documentation of a minimum of a high school diploma, GED certificate or be at least sixteen (16) years of age and enrolled in a GED program or enrolled in school.

7.

My official transcript(s), high school diploma or GED is included in this application packet.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Verification of Employment

8. After successful completion of Peer Support Specialist Professional Training and employment in Mississippi’s “mental health system”, applicant must submit Verification of Employment to apply for Certification as a Certified Peer Support Specialist Professional. (Please see www.dmh.ms.gov/cpss-documents for a copy of Verification of Employment Form)

Code of Ethical Practice and Professional Conduct

9. I acknowledge that I have read and understand all of my obligations, duties and responsibilities under each principle and provision of the Mississippi Certified Peer Support Specialist Professional Principles of Ethical and Professional Conduct and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Peer Support Specialist Professional Principles of Ethical and Professional Conduct as listed on the Mississippi Department of Mental Health web site and agree to abide by this code. (Please see www.dmh.ms.gov/cpss-documents for a copy of Code of Ethical Practice and Professional Conduct Form)

Print Name _____ Date _____

Signature _____ Date _____

Scope of Activities

10. The scope of activities outlines the range of peer recovery services that a Mississippi Certified Peer Specialist can provide to assist others in living their lives based on the principles of recovery and resiliency. By signing below, I acknowledge that I have read and understand that I will be required to follow the professional standards detailed in the Peer Support Specialist

Professional Scope of Activities. (Please see www.dmh.ms.gov/cpsd-documents for a copy of Scope of Activities)

Print Name _____ Date _____

Signature _____ Date _____

Disclosures

11. I am comfortable and willing to self-disclose for the purpose of education, role modeling and providing hope to others about the reality of wellness and recovery that I am: (check all that apply)

- Person with lived experience of mental illness
- Person with lived experience of substance use
- Parent/Guardian of a child with an emotional, social, behavioral, and /or substance use disability

12. In the last year, I have demonstrated a minimum of six (6) consecutive months out of the last twelve (12) months in self-directed recovery and no significant inpatient psychiatric admissions.

____ Yes ____ No

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Applicant's Signature Date

Legal Representative's Signature Date
(If applicable, please provide documentation)

APPLICATION MUST BE NOTARIZED BELOW:

-AFFIDAVIT-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; that he/she has read the DMH Peer Support Specialist Professional Standards & Requirements document and the DMH Peer Support Specialist Professional Principles of Ethical & Professional Conduct and will conform to these Standards & Requirements and Principles; that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services (if any) rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned.

Applicant's Signature

Legal Representative's Signature Date
(If applicable, please provide documentation)

Subscribed and sworn to before me this _____

Day of _____, 20_____.

Signature of Notary Public

My commission expires on _____.



DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL REFERENCE FORM

Applicant Name: _____

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist Credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Scope of Activities which describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification. (Please see www.dmh.ms.gov/cpss-documents for copy of Scope of Activities)
2. Once the reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application.
3. If you have any questions please contact our office at 601-359-1288.

1. Please describe the nature of your relationship with the applicant (select one)
 Professional Personal

2. How long have you known the applicant?

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional

4. Please comment on only the items listed below which you can personally respond and check off the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATION: (Please print/type)

Name: _____ Agency _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

My signature below affirms that all of the information contained in this document is true, and that I support this application without reservation.

Signature of Reference

Date

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL REFERENCE FORM

Applicant Name: _____

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist Credential. Your feedback is a critical component of the application process and is greatly appreciated.

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8. Please comment on only the items listed below which you can personally respond and check off the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATION: (Please print/type)

Name: _____ Agency _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

My signature below affirms that all of the information contained in this document is true, and that I support this application without reservation.

Signature of Reference

Date

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL ASSURANCE AND RELEASE FORM

The Department of Mental Health, PLACE Review Board reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the Board. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

“I give my permission for the PLACE Review Board and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification.”

“I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the PLACE Review Board to officers, members and staff of the aforementioned Board.”

“I further agree to hold the PLACE Review Board, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the PLACE Review Board to issue certification.”

“I am publicly disclosing myself as a current or former recipient of mental health and/or substance use services or a parent/caregiver of child who is raising or has raised a child with an emotional, social, or behavioral disability. Upon award of certification, I understand that my name and my certification status will be included in a public-access database of Certified Peer Support Specialist Professionals.”

“I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying.”

Print Full Name Date

Signature

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL- PARENT/CAREGIVER INFORMATION GATHERING FORM

On the paper provided or a separate piece of paper, please answer ALL of the questions below. Answers to the following questions weigh heavily on determining acceptance into the training. You may attach a separate sheet if needed.

On the paper provided or a separate piece of paper, please answer ALL of the questions below. Answers to the following questions weigh heavily on determining acceptance into the training.

1. Describe your child's or children's diagnosis and the most valuable assistance or support you have received as a parent/caregiver.
2. Describe your current responsibilities as a full-time parent/caregiver and/or employee.
3. Have you been engaged with any family run organizations (Families as Allies, PTI, Family to Family, parent for public schools) that have allowed you to be involved in parent to parent support or system advocacy?

4. Please share what the role of a Parent/Caregiver peer support specialist means to you and why you want to do the work of a Parent/Caregiver peer support specialist?

5. What strengths have you gained in caring for a child with emotional, mental and/or behavioral disorder(s) that you can share to help other parents and caregivers?

6. What does family-driven and youth-guided mean to you?

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL APPLICANT CHECK-OUT SHEET

Please use this as a final self-reminder regarding all the necessary documents and have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

- CPSS Discovery Guide
- CPSS Application (Notarized and signed)
- Reference Forms
 - Personal Reference
 - Professional Reference
- Verification of Employment - only if currently employed by DMH Certified Provider
- Professional Assurance and Release Form (Signed)
- Official Transcript or copy of High School Diploma/GED
- Scope of Activities Form (Signature Page only)
- Code of Ethical Practice and Professional Conduct (Signature Page only)
- Legible email address

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certification requirements within that year, the application will be closed.

SUBMIT YOUR COMPLETE APPLICATION TO

Mississippi Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
ATTN: Certified Peer Support Specialist Professional

For more information please visit our website at www.dmh.ms.gov

HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED!!