



# Certified Peer Counselor Training Application

## Instructions

**Please type or print clearly. All sections of the form must be completed for the application to be accepted.**

These instructions explain how to complete the application for the state Certified Peer Counseling training. The application measures readiness and skills necessary to be an effective Certified Peer Counselor.

**Program Requirements:** According to State rules in Washington Administrative Code (WAC) 388-865-0107, the requirements for certification are: To be a self-identified consumer of mental health services, to complete the state training, and to successfully pass the state certification test. In addition, a person must possess leadership, reading comprehension and writing skills. The application is designed to demonstrate whether or not candidates meet these criteria, so PLEASE CHECK for complete detailed sentences, spelling, and punctuation! The application may be typed or handwritten. The application must be completed by the applicant without assistance (see accommodations).

## General Instructions

**Complete the Application by Yourself:** You may not have anyone help you fill out the application or edit your writing. No person, including a job coach, counselor, or case manager may provide assistance. If you need a specific reasonable accommodation for a verified disability, or have questions about assistance, please call DBHR at 360-725-1883 and we will make individual arrangements with you.

**Email Release:** The completion of the application includes permission to include your email on distribution lists specific to peer counseling or employment. If you do not want your email address to be on these lists, there is a box on the last page to choose to opt out of the distribution lists.

**Definition of Consumer:** You are NOT eligible for the training unless you meet the definition of a mental health consumer. This definition is found on the application. Applications should reflect significant lived experience in mental health recovery. Certified Peer Counselors are effective because they share lived experiences with others. If you do not have this background, please do not apply for the training. Individuals with co-occurring mental health and substance abuse disorder histories are eligible for the training. At this time, individuals with lived experience solely in chemical dependency, and non-guardian relatives are not eligible for the training.

**Education:** A high school diploma or GED is required for the training. If you do not have a diploma or GED, however, you may ask for an "Education Waiver Request Letter." You will still need to show you have the reading comprehension and writing skills necessary for Certified Peer Counselors, but individual circumstances will be considered. The waiver letter must include a plan to meet the educational requirement. Please list any additional degrees you have as well.

**Primary Language:** Please list all languages you speak, read, and/or write fluently.

**Race:** The Division of Behavioral Health and Recovery promotes diversity in training Certified Peer Counselors. Answering this question helps us understand future needs.

**Employment:** This training is designed to prepare peers for employment. Preference is given to (1) applicants already working as a peer counselor at a behavioral health agency or who have a job offer and who have been waiting for the training. After that, priority generally goes to: (2) applicants working in other positions in qualified agencies as peer counselors or who are U.S. veterans, and (3) other applicants.

**NOTE ABOUT PRIORITIZATION:** All applications are scored and prioritized by each trainer by employment and application scores. In addition, non-DBHR trainers may have regional priorities, such as youth applicants. DBHR no longer maintains a waiting list for trainings.

## Scored Questions

### Current Job Duties

Applicants receive a higher score when they describe more work or volunteer experience.

### Employment Goals

Applicants receive a higher score when they are planning to work at a Medicaid Behavioral Health Agency. Individuals interested in working in the field of peer counseling have priority over those interested in the training for personal growth.

### Interests in Certified Peer Counseling

Applicants who show a genuine desire to assist others are rated highly, as are those who are interested in working in the field.

### Recovery

No one but you can say whether or not you are in recovery. This is a question you should ask yourself carefully. Being a Certified Peer Counselor means being able to help others and being able to work consistently. Applicants will also be scored on understanding concepts of recovery. Please include skills and attitudes you have learned that help you maintain recovery. (Parents: Your response to this question may include your skills in promoting your child's recovery and resilience and what you have learned that allows others to learn from you.) A high score in this area would indicate a person is in recovery, understands several principles of recovery, and has learned skills to maintain recovery.

### Leadership

Leadership can take many forms. You may have formal leadership experience from participation on local committees, boards, or with organizations. Other leadership activities may include facilitating or teaching groups and classes. If you feel participating in classes or groups has helped you develop leadership skills, please write about that. You may also find that your leadership skills have been developed in other ways.

### Skills in Sharing Your Personal Story

This answer should describe how comfortable you are in sharing your story, what kind of experience you have doing so, and how long you have been sharing your story. If you are just learning to be comfortable with disclosing, write about that. Please DO NOT share the details of your story in this application! This means not sharing specific information about hospitalizations, medications, or therapy. Applicants who are comfortable talking about their recovery and those with longer experience will score more highly.

***Thank you for applying for the Certified Peer Counselor training and best wishes on your journey!***



## Application for Peer Counselor Training

Desired Training(s)	
Location	Dates

**Please type or print clearly. All sections must be completed for the application to be accepted.**

The information you provide in this application will be shared with the Division of Behavioral Health and Recovery's designated contractor for training and with Regional Support Networks (RSNs) and their contractors for training. Unless otherwise indicated, upon certification your name will be included in DBHR and local RSN email distribution lists to communicate current job opportunities and other information specific to peer counseling.

### Demographic Information

APPLICANT'S LAST NAME	FIRST	MIDDLE INITIAL
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MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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DAYTIME TELEPHONE NUMBER (    ) (    )	CELL PHONE NUMBER (    ) (    )	EMAIL ADDRESS
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EDUCATION High School Diploma or GED: <input type="checkbox"/> Yes <input type="checkbox"/> No    Additional Education:	OVER 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
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LANGUAGE FLUENCY OTHER THAN ENGLISH	RACE (OPTIONAL) <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other:	U.S. VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRAINING PREFERENCE  
 Standard     Family / Youth    (Are you a WISe team member:  Yes  No)

### Washington Administrative Code (WAC) 388-865-0105

To qualify for this training, you must meet the Washington State definition of a "consumer." I agree I meet the definition of "consumer" as:

- A person who has applied for, is eligible for, or who has received mental health services.
- For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
- I meet the definition of consumer for both of the above definitions.

Please describe how you meet the definition of a mental health consumer:

  
  

### Employment

I AM CURRENTLY EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	I CURRENTLY VOLUNTEER <input type="checkbox"/> Yes <input type="checkbox"/> No	I CURRENTLY PROVIDE PEER SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE CHECK ALL THAT **CURRENTLY** APPLY IN YOUR VOLUNTEER OR WORK ACTIVITIES:

- I have a job offer to be or am currently employed as a peer counselor at a Medicaid Behavioral Health Agency.
- I have employment or volunteer as a peer counselor in a State recognized mental health peer run organization or
  - I am a U.S. veteran.
- I have other employment or am unemployed.

AGENCY OR PLACE OF EMPLOYMENT OR VOLUNTEER WORK

PROGRAM	POSITION TITLE	CONTACT PHONE NUMBER
<b>Equal Opportunity Statement</b>		
<p>The Division of Behavioral Health and Recovery provides equal opportunity for all applicants regardless of race, color, creed, religion, national origin, sexual orientation, veteran status, gender, disability status or age.</p>		
<p>The following questions are SCORED by DBHR. Please answer each question carefully, using good writing skills and detailed answers.</p>		
<p>1. Briefly describe your current job duties or your activities as an employee or volunteer. Include your weekly hours and the length of time you have worked in this position.</p>		
<p>2. This training is intended to prepare you to work as a certified peer counselor in a Medicaid Behavioral Health Agency. What are your employment goals?</p>		
<b>Additional Questions for Peer Counselor Training</b>		
<p>Successful applicants will demonstrate that they:</p> <ul style="list-style-type: none"> <li>• Have been well-grounded in their own <b>mental health</b> recovery for at least one year;</li> <li>• Have qualities of leadership, including experience with governance, advocacy, creation, implementation or facilitation of peer-to-peer groups or activities.</li> </ul> <p>Please answer the following questions to demonstrate that you meet the above requirements for successful applicants. Your answers may be typed or handwritten. Attach a separate sheet of paper if additional space is needed.</p>		
<p>1. Why are you interested in becoming a Certified Peer Counselor?</p>		

2. Applicants must be well grounded in their own **mental health** recovery for at least one year. This question is individual to each person, but should indicate an understanding of the principles of recovery. Have you or your family been in **mental health** recovery for at least one year? Describe how you know you are in recovery and how you stay in recovery.

3. Without sharing the details of your recovery story, explain **how** you have shared your personal mental health story to **assist others. Include examples of your leadership qualities.** (Certified Peer Counselors are expected to share their recovery stories with peers as part of their job duties when they're employed.)

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

- **I have completed this application myself with no assistance and understand that this is a test of my reading comprehension and writing skills.**
- I understand that training slots are limited and therefore submission of this application does not guarantee admission.
- I understand that after completing the required 40-hours of classroom training I must also successfully pass an oral and a written exam to qualify for certification by the Division of Behavioral Health and Recovery.
- I understand that certification as a peer Counselor does not guarantee employment.
- I understand that in most cases, in order to be employed I must meet Department of Health requirements and obtain an Agency Affiliated Counselor license.
- I understand that a criminal justice background may in some cases prevent licensure or employment with a DSHS licensed agency.

SIGNATURE

DATE

Please do not include my email on lists related to peer counseling and employment.

Additional information about Peer Support can be found at <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/peer-support>

**Where to send your application.** You can mail, email or fax your application to:

Division of Behavioral Health and Recovery  
ATTN: Bonnie Staples  
PO Box 45330  
Lacey WA 98504-5330

EMAIL: [mcdonja2@dshs.wa.gov](mailto:mcdonja2@dshs.wa.gov)  
FAX: 360-725-2280

For questions regarding the Peer Support Program, please contact the Peer Support Program Administrator, Bonnie Staples, at [bonnie.staples@dshs.wa.gov](mailto:bonnie.staples@dshs.wa.gov) or 360-725-1883 for more information. You may also contact Jennifer McDonald at 360-725-1718.

**Youth and family trainings: WSU will be accepting applications for the youth / family training through March 2016. Please see the website for further directions.**