



State of Louisiana

Louisiana Department of Health

Office of Behavioral Health

Dear Applicant:

Congratulations! You have chosen to take the first step in embarking on a career in Peer Support. Peer Support Specialists are an extremely important part of the Behavioral Health System of Care, and your application is the first step in becoming a part of that.

Before applying for Peer Support Specialist training, please know that the Peer Support Specialist training is a 2 week, 76 hour course. You will be expected to participate fully in class for 8 hours each day, and there are several hours of homework each night. It is a very intensive training and requires a large amount of effort and dedication in order to complete. Please consider this carefully before applying.

In order to be eligible for the training, applicants must meet minimum eligibility criteria which include: being at least 18 years of age, having at least a high school diploma or GED, have a lived experience with behavioral health challenges, and must have at least twelve (12) months of continuous demonstrated recovery. When filling out the application please read all questions carefully, and answer fully, either typing or printing your answers. Please do not leave any questions unanswered. ***We will not accept illegible or incomplete applications.***

If you are already employed as a Peer Support Specialist, or your participation in the training will be sponsored by an organization, make certain to have your employer or sponsoring organization fill out the final page of this application. ***For applicants who are not employed by an LGE or state operated hospital, their employer will be required to submit a \$500 registration for their Peers to attend the training.*** The registration fee supplements the overall training costs for the instructors, training materials, lunch on training days, and OBH approved travel costs. The registration fee must be submitted before the Peer Support Specialist is allowed to attend the training. A limited number of scholarships are available and must be applied for by the employer. Contact Ann Darling at Ann.Darling@la.gov for more information on how to apply for a scholarship.

Applications will be scored by committee. Those who are already employed as Peer Support Specialists will have priority. If you are accepted, you will have 5 days from notification to notify us whether or not you will be able to attend. If you have not notified us within 5 days of your acceptance, your slot will be awarded to someone else.

Thank you in advance for your interest in the Peer Support Specialist program and for your commitment to a future focused on recovery, resiliency and wellness for Louisiana.

Sincerely,

Office of Behavioral Health
Louisiana Department of Health

**APPLICATION FOR TRAINING
LOUISIANA
PEER SUPPORT SPECIALIST**

Part I – Contact Information

Date:			
Name:			
Last	First	Middle Initial	
Present Address:			
Street	City	State	Zip
Home Phone: ()		Cell Phone: ()	
Email Address (required):			

Part II – Recovery Statement

Briefly describe your lived experience with behavioral health challenges (mental health and/or substance use) and recovery journey to include the date your recovery began.

Part III – Education & Training

What is your highest level of education?		
<input type="checkbox"/> H.S. Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Some college <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor’s <input type="checkbox"/> Master’s <input type="checkbox"/> Doctorate		
Name of School(s)		
Certificates and Licenses		
Type:	Number:	Issuing Agency:

Demographic Information (for statistical purposes only) *optional*

Race/Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____
Foreign Languages Spoken <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> ASL <input type="checkbox"/> Other _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Age Range <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60+

Date Approved: _____ (for office use only)

Part IV – Supplemental Information

1. Have you served in the Military?

Yes No

2. Do you have experience working with any special populations or groups?

Veterans Homeless Addictions Trauma Families Physical Health

Intellectual/Developmental Disabilities Youth Others_____

3. Name some of your skills or areas of expertise: *(for example, crisis management, working with faith based groups, working with supported employment, technology expertise)*

Part V –

PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING

4. What does recovery mean to you? What factors are important in your own recovery?

5. Please describe what Peer Support means to you:

6. Why do you want to become a Peer Support Specialist?

7. Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why?

8. What strengths do you have that will help you be a great Peer Support Specialist?

9. Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do **not** include things that you do to maintain your own recovery.

10. One key to recovery is the use of natural supports in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training?

11. An important aspect of the Peer Specialist Training program is that everyone must be personally

responsible for their actions and decisions. Please describe personal responsibility and how you will incorporate it into your work as a peer support specialist:

12. How are you maintaining your recovery today?

Part VI – Current & Previous Employment/Volunteer Experience

13. Are you currently employed as a Peer Support Specialist: Yes No – see B and C below

A. If yes, please have employer fill out form on page 7.

What is your job title? _____

Name of Employer? _____

How many hours do you work a week? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

Employer's Contact Information _____

B. If no, are you looking for work as a PSS? _____

C. If no, are you currently working in another capacity?

What is your job title? _____

Name of your employer? _____

May we contact your employer? Yes No

Employer's contact information: _____

Please list your other work experience for the past five years beginning with your most recent job held previous to the one listed in #3 above. If you were self-employed, provide business name. Attach additional sheets if necessary.

Employer or Volunteer Agency	Position/Title	Location

Please list 3 professional and personal references (not related to you):

Name	Telephone number

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. **I certify that I am at least 18 years of age and have a minimum of one year demonstrated continuous and current recovery before applying for certification. I also certify that I have a lived experience with behavioral health challenges (mental health and/or substance use).** I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways which did not abuse, neglect or exploit any consumer or family member situation in my role as a Peer Support Specialist.

Signature of Applicant _____ **Date** _____

If you are currently employed as a Peer Support Specialist, or your participation is being sponsored, you must have your employer or sponsoring agency complete the following form:

****THIS SECTION IS TO BE FILLED OUT BY THE EMPLOYER OR SPONSORING AGENCY ONLY****

To Employer or Sponsoring Agency:

The person you have employed as a Peer Support Specialist or are sponsoring for training is applying for Peer Support employment training. The skills that your employee or sponsee will bring back to your organization are extremely valuable in providing person-centered recovery oriented services. Please note that this training will require your employee or sponsee to attend full time for 2 weeks. If the training is outside of your employee or sponsee's home area, a hotel room (to be shared with another trainee) and lunches during training days may be provided depending upon availability of funding. Your employee or sponsee will be responsible for travel costs, and meals outside of those discussed. All training materials will be provided.

Providers or sponsoring organizations that are not LDH state operated organizations, which includes LGEs and state operated hospitals, will be expected to submit a \$500 registration for their Peers to attend the training. This payment must be submitted prior to training, to The Extra Mile, Region IV, who is contracted to arrange Peer Support employment trainings for the Office of Behavioral Health. You will be contacted by them to arrange payment.

There are a limited number of scholarships available for employers who are not LDH state operated organizations. Please contact Ann Darling at Ann.Darling@la.gov or 225-342-2540 for more information on how to apply.

Please provide the following information:

Name of person to whom invoice should be submitted:
Email address:
Telephone number:

I _____ certify that my employee meets the minimum qualifications to be a Peer Support Specialist, which includes: a lived experience with behavioral health challenges, one-year demonstrated recovery, high school diploma or GED, and is at least 18 years of age. Additionally, my employee has permission to attend the Peer Support training on _____ (date). I further certify that my agency agrees to pay a \$500 registration in order to have the employee trained. I understand that payment will need to be remitted in advance of the training in order for my employee to attend.

Employer Signature: _____ Date: _____