



Certified Peer Support Specialist Training Application

Please send to:

Dr. John Gournaris, Program Director
Deaf and Hard of Hearing Services Mental Health Program
John.Gournaris@state.mn.us
444 Lafayette Road
Saint Paul, MN 55155-3814

*After sending in your application, you will be contacted for an interview to see if you qualify for the Certified Peer Support Specialist training program. You also need at least one letter of recommendation. [\(ASL Version\)](#)

Contact Information:

Full Name:	
Home Address:	
Email Address:	
Phone (Home) VP, TTY, Voice, ext	(Work) VP, TTY, Voice, Text

Please read each statement. If your answer is “yes,” please check and initial.
If your answer is “no,” leave the spaces blank. [\(ASL Version\)](#)

Information Checklist:

Check	Initial	Statement
		I am 21 years or older. (ASL)
		I have a High School Diploma or GED. (ASL)
		I filled out this application by myself. (ASL)
		I have personal experience with mental health challenges and recovery. (ASL)
		I have been diagnosed with a mental health disorder. (ASL)
		I have been working on recovering from mental health challenges for at least one year, and I am able to cope with my symptoms. (ASL)
		I agree to share about my mental health issues and recovery so that I can be a role model to others who are also working on coping with their mental health issues. (ASL)

Participation Requirements Checklist:

Check	Initial	Statement
		I will fill out the self-survey on “readiness.” (ASL)
		I will show up for the full 6 days of training. I will not miss more than 4 hours of the training. (ASL)
		I will participate in the discussions and role-playing. I will share examples from my own personal experiences with mental health challenges and recovery. (ASL)
		I know that even if I show up for the whole training, I still might not be hired as a Certified Peer Support Specialist. (ASL)

Signature:	
Date:	

Your Recovery Experience:

I prefer to give my responses in ASL and would like to schedule a time to meet on the videophone and my answers will be recorded:

[\(ASL Version\)](#)

1. What does “Certified Peer Support Specialist” (CPSS) mean to you? What do you think a CPSS does? [\(ASL\)](#)
2. Why do you want to be a CPSS? [\(ASL\)](#)
3. What skills do you have that make you good at working with other people who are recovering from mental health challenges? [\(ASL\)](#)
4. What are some things that helped you with your own recovery? Who supported you in your recovery? [\(ASL\)](#)
5. Have you ever had any training in providing support to your peers? [\(ASL\)](#)
6. Have you ever had any experience helping other people with their own recovery (for example: bringing person to see a therapist, leading a support group, public testimony, etc.)? [\(ASL\)](#)
7. What languages do you use? What is your first choice for language use? [\(ASL\)](#)
8. The training will be provided in American Sign Language. Do you need accommodations? What kind? [\(ASL\)](#)

Optional Demographic Information:

You do not have to fill this out. This information is used to help us make sure that there is a diverse pool of peer specialists available. [\(ASL\)](#)

Gender: [\(ASL\)](#)

	Female
	Male
	Other

Age Group: [\(ASL\)](#)

	18-25
	26-35
	36-45
	46-58
	59+

Do you have any physical disabilities? Please list all: [\(ASL\)](#)

Race/Ethnicity (please write your racial/ethnic identity):[\(ASL\)](#)

Thank you for filling out this form!