

Certified Peer Support Specialist Training Application

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

Confidentiality Statement: The information you provide on this page, your written personal statements and letters of reference will be treated as confidential information. They will only be available to authorized OSUMH and Training Program Staff from the Training Program selected on this application, for the purpose of enrollment to the CPSS Training.

DEMOGRAPHIC INFORMATION	
Applicant's Name Last First Middle Initial	Daytime Telephone Number
Mailing Address	Phone Number
City State Zip Code	County
Email Address – Email is required for application and communication	(Diploma, GED, Degree)
Primary Language Spoken	Secondary Language(s)
SELF IDENTIFYING	
Ethnicity (optional) American Indian/Alaska Native African American White Hispanic Pacific Islander Other	
"Individual in Recovery" means: A person who has applied for, is eligible for, or has received mental health and/or substance use services currently or in the past, or a person with lived experience, who is invested in another person's recovery.	
<i>I agree that I am an "Individual in Recovery" based on the definition as stated, and I am 18 years of age or older.</i>	
Employer Name/Volunteer Organization (if applicable)	Please check box if you are a veteran
Please provide at least two letters of reference. One letter should be from a clinical professional who is willing to describe where the applicant is in the recovery process. Attach the letters to the application.	
The following questions should be answered on a separate piece of paper and should consist of at least several paragraphs. Please type responses and attach to the application. <ol style="list-style-type: none"> 1. Provide a history of your recovery journey. 2. Describe what you are doing to remain in recovery. Please include 4 or 5 examples. 3. In what ways have you assisted others using your own experience as an example? 	
In which CPSS Training Program do you want to enroll?	
Davis Behavioral Health Latino Behavioral Health Services (Spanish) Multicultural Counseling Services (Spanish)	Optum Health CPSS Training Southwest Behavioral Health Center Utah Association of Peer Support Specialists (UAPSS) Utah State University (Hybrid) Utah Support Advocates for Recovery Awareness (USARA) Next Available Training
What is your preferred contact method? email phone	
<i>Please initial to indicate your understanding of each of the following:</i>	
* _____ If I am chosen as a training participant, I understand that I am responsible for my own expenses, such as and not limited to: travel, hotel, accommodations, and meals unless otherwise specified.	
* _____ I understand that training slots are limited and therefore submission of this application does not guarantee admission.	
* _____ I understand that I must pass a written exam within two months of completing the 40-hour classroom training.	
* _____ I understand that as a certified peer support specialist it does not guarantee employment.	
EQUAL OPPORTUNITY STATEMENT	
<i>The Office of Substance Use and Mental Health provides equal opportunity for all applicants regardless of race, color, creed, ancestry, religion, national origin, sex, sexual orientation, gender, gender identity and expression, family status, genetic information, disability, age, or military service.</i>	
SIGNATURE	DATE

Mail, or E-mail completed application, letters of recommendation and other attachments as specified to:

Office Substance Use and Mental Health (OSUMH)
 Attn: Utah Certified Peer Support Specialist (CPSS Program)
 288 North 1460 West 3rd Floor
 Salt Lake City, UT 84116

Phone: (801)538-3939
 E-Fax: (385)465-6040
 Email: utahpeersupport@utah.gov

*Please submit all required documentation for the application process within six months or your application will be rejected.