

Peer Support Specialist - Youth and Young Adult 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 FPSS Training.

DEMOGRAPHIC INFORMATION	
Applicant's Name Last First Middle Initial	Daytime Telephone Number
Mailing Address	Phone Number
City State Zip Code	County
Personal Email Address – Email is required for application and communication	Highest Education Completed (Diploma, GED, Degree)
Work Email (if applicable)	Work Phone Number (if applicable)
Primary Language Spoken	Secondary Language(s)
"Individual with lived experience " means: A person who has the lived experience with the behavioral healthcare system or other youth-serving systems.	
☐ I agree that I am an "Individual with lived experience" based on the definition as stated. ☐ I am 18 years of age or older.	
Volunteer Organization/Employer Name (if applicable)	
WRITTEN RESPONSES	
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 them to the application. 1. Please describe your experience with the behavioral healthcare or other youth-serving systems (e.g. juvenile justice, foster care). 2. Please describe any experience you have, including formal or professional experience, providing support services to youth & young adults. 3. Please explain why you want to become a Peer Support Specialist.	
What is your preferred contact method? ☐ email ☐ phone	
Please initial to indicate your understanding of each of the following: * _____ I will attend, be on time, and actively participate in all five days of training. * _____ I understand I cannot miss training for any reason without prior authorization from a trainer. * _____ I will participate in discussions and role-plays using my personal experience as instructed. * _____ I understand I must take the certification exam to complete certification as a PSS-YYA. * _____ I understand that I am not guaranteed employment as a result of participating in this training.	
EQUAL OPPORTUNITY STATEMENT	
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.	
SIGNATURE	DATE

E-mail completed application, letters of recommendation and other attachments as specified to: Familypeersupport@utah.gov
With the subject line (Your name) New Application

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