



Department of Health & Human Services

FORENSIC ENHANCEMENT

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	
I agree to the following: (It is mandatory that you check each box below). ☐ I have been in sustained recovery for Mental Health/Substance Use Disorder or both for at least 3 years. ☐ I have been a CPSS/FPSS for at least 2 years ☐ I have had criminal justice involvement (court, arrested, incarcerated, probation, specialty courts or DCFS involvement).	
Employer Name/Volunteer Organization (if applicable)	☐ Please check box if you are a veteran
Please provide the following along with this application: (Please type responses on a separate piece of paper and attach them to the application). 1. Provide a statement that briefly describes your recovery journey and what you are doing now. This statement should also include your involvement with the justice system and why you are wanting to take this enhancement training. Please let us know if you are currently working in a justice or reentry setting. 2. At least 2 Reference letters. 1 Professional and 1 Personal. -Professional Reference letter from employer or supervisor (if employed), or someone from the criminal justice system (not a requirement, only an example). -Personal Reference letter.	
What is your preferred contact method? ☐ email ☐ phone	
Please initial to indicate your understanding of each of the following: * _____ 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. * _____ I understand that I am not guaranteed employment as a result of this enhancement training. * _____ I will attend, be on time, respectful, professional, and actively participate.	
EQUAL OPPORTUNITY STATEMENT Disclaimer: The Utah Department of Corrections may require a person to be cleared from probation/parole and off of supervision for at least 3 years prior to consideration. <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.