

# ADMH Application for Training: Certified Peer Specialist - Youth

## Contact Information

Name:

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Address:

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Phone:

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Email:

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### Please read before completing application:

Training is open to individuals who are interested in and willing to pursue employment as a Certified Peer Specialist - Youth. Priority is given to individuals already employed as peer specialists and those who have employment commitments pending certification.

Participation in the Alabama Certified Peer Specialist - Youth Training Program requires a significant and long-term commitment of time and energy. You are expected to participate in the full training, complete assigned homework, and you are expected to take the final exam.

Successful completion of Certified Peer Specialist - Youth training and exam does not guarantee you a job as a Certified Peer Specialist - Youth. Securing employment is the responsibility of each attendee.

### **Qualifications to Become a Certified Peer Specialist - Youth:**

- Must be at least 18 years old,
- Must have personal experience with children's mental health (systems) in regard to either a serious emotional disturbance (SED) or a serious mental illness (SMI). This experience occurred prior to the youth's 21<sup>st</sup> birthday,
- Must have an understanding of recovery,
- Must be willing to assist other individuals in their recovery process,
- Must be open minded,
- Must be willing to share personal experiences with mental illness publicly,
- Must be a High School Graduate or have GED, and
- Must have successfully completed Certified Peer Specialist - Youth training and exam.

**Required Knowledge and Skills:**

- Ability to connect with youth receiving services in the children's mental health system.
- An understanding of recovery from serious mental illness (SMI) and serious emotional disturbance (SED).
- Demonstrated resilience developed by personal lived experience.
- Basic understanding of mental health conditions and the treatment services and/or recovery support services that are available to youth and families.
- Basic knowledge of empowerment and the goals and objectives of the Youth and Consumer movements.
- Ability to work with individuals or groups.
- Basic knowledge of consumer rights and advocacy.
- Ability to communicate effectively.
- Ability to work a set schedule.
- Ability to understand the unique experience of mental illness.
- Ability to serve as a role model, showing by example that recovery and resiliency is possible.
- Ability to relay coping skills, positive attitude skills, and self-esteem.
- Ability to assist in establishing support systems and interface with agencies, organizations, and groups.
- Ability to facilitate peer support/self-help groups.

**Application**

Please select the statements that are true for you:

I have lived experience receiving mental health services from a youth serving system (such as: mental health, co-occurring substance use, special education, juvenile justice, or child welfare).

I have applied for employment as a Certified Peer Specialist - Youth.

I am conditionally hired as a Certified Peer Specialist - Youth pending successful completion of this certification training.

I am currently employed as a Certified Peer Specialist - Youth.

I want to apply for employment as a Certified Peer Specialist - Youth.

Have you **previously been** certified as a peer specialist? Yes  No

Type of Certification: \_\_\_\_\_

Certifying Agency: \_\_\_\_\_

Date: \_\_\_\_\_

If you are **currently employed** as a youth peer specialist, or have been employed as a peer specialist in the past:

Agency, City, and State: \_\_\_\_\_

Program:  CPS-Y:  First Episode Psychosis:  
 Other: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

\_\_\_\_ Full Time OR \_\_\_\_ Part Time

Name of Supervisor: \_\_\_\_\_

If you are **applying to be employed** as a youth peer specialist, please provide the following information:

Agency, City, and State: \_\_\_\_\_

Program:  CPS-Y:  First Episode Psychosis:  
 Other: \_\_\_\_\_

Which consumer, peer support, and /or advocacy organizations are you connected to? Check all that apply.

____ Peer support group	____ Drop-in Center
____ Wings Across Alabama	____ Alabama Minority Consumer Council
____ APPR/WRAP training	____ In Our Own Voice
____ NAMI	____ Alabama Institute for Recovery
____ NAMI Connections	Other: _____
____ RESPECT Initiative	

Please answer the following questions in 2 - 5 sentences or bullet points.

**Tell me a little about your lived experience as a child/youth diagnosed with a mental health need.**

**Please provide a short summary of your treatment of your serious mental illness (SMI) or serious emotional disturbance (SED). Specify Inpatient and/or outpatient care to include hospitalizations.**

**Why are you interested in becoming a Certified Peer Specialist for Youth?**

**What does recovery and resilience mean to you?**

**Certified Peer Specialists for Youth are required to share their own story of lived experience to inspire hope and model mental health and wellness for youth. Are you willing to share your personal story with others?**

**What strengths and values do you have that you believe would help you succeed as a Certified Peer Specialist for Youth?**

**Do you have other skills, knowledge, or prior experience (previous work, volunteer, or leadership experience, for example) that you believe will help make you a successful Certified Peer Specialist for Youth?**

**What child-serving systems are/have you had experience with and had to navigate?**

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Special Education – IEP/504 Plan
<input type="checkbox"/> Regular Education	<input type="checkbox"/> DHR/Child Welfare
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Intellectual Disabilities	
<input type="checkbox"/> Other _____	

**Education**

Name of School/ Institution	Dates attended	Did you Graduate? Yes or No	Graduation Date
High School			
GED			
College or Vocational School			
Graduate School			

**Please contact the Office of Peer Programs if any special accommodations needed for the training:**

**Signature and Submission**

Legal Name (Print):

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Legal Name Signature:

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Date:

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**Applications should be submitted by EMAIL to ADMH Office of Peer Programs:**

Nick Snead  
[nicholas.snead@mh.alabam.gov](mailto:nicholas.snead@mh.alabam.gov)

**For additional Information Contact:**

Office of Peer Programs  
(334) 242-3456  
1-800-832-0952  
[nicholas.snead@mh.alabam.gov](mailto:nicholas.snead@mh.alabam.gov)