



Department of Counseling

MHSA-PEER SPECIALIST  
MENTAL HEALTH CERTIFICATE  
639 14<sup>th</sup> Avenue  
San Francisco, CA, 94118  
Telephone: (415) 579-3021 x102  
Fax: (415) 941-7313

July 6, 2015

Dear Applicant,

Thank you for your interest in the Peer Specialist Mental Health Certificate course, which is jointly operated by Richmond Area Multi-Services, Inc. (RAMS) and San Francisco State University's Department of Counseling, with funding from the Mental Health Services Act. We are currently seeking applicants for the Fall 2015 Cohort.

This 12-week course is designed to equip students with the basic counseling and case management skills and knowledge for entry-level or advancement in peer counselor/specialist roles in the behavioral health system of care. In order to qualify for this course, please note that you must meet the following requirements:

- At least 18 years of age,
- Resident of San Francisco,
- Have successfully completed at least a High School education or GED, and
- Be able to attend classes which are held on Tuesdays and Thursdays (10:00am-2:00pm).
- *This program is funded by MHSa through San Francisco Community Behavioral Health Services. As such, the course is targeted to individuals with personal experience with the Community Behavioral Health System of Care and family members.*

To apply, RAMS must receive your *completed* application, copy of proof of San Francisco residency (Driver's License or CA State ID), a copy of your most recent diploma or transcript (official/unofficial), and your personal statement no later than **Friday, August 7th @ 5:00pm**. Applications may be dropped off OR mailed to: RAMS, Inc., 639 14<sup>th</sup> Avenue, San Francisco, CA 94118 (attn: Peer Specialist MH Certificate) OR scanned & emailed to [certificate@ramsinc.org](mailto:certificate@ramsinc.org).

Notification of application status will be sent to the mailing/email address(es) noted on the application. For Fall 2015, the program is accepting approximately 15 students; this course is being offered again in Spring 2016. Below is a summary of the application and notification timeline:

Program Informational Open House At SFSU Downtown Campus* <small>*attendance is not required, but is recommended</small>	Tuesday, July 21st & Thursday, July 23rd 10:00am – 12:00pm
<b>Application Due Date</b>	<b>Friday, August 7th @ 5pm</b>
Notification of Application Status	Week of August 24th
Registration Forms Due Date	Friday, September 4th
First Day of Instruction	Tuesday, September 15th
Graduation	Thursday, December 17th

The program respects your privacy and adheres to the confidentiality rules and regulations that apply. Your application's information will not be shared with anyone without your prior consent. Should you have any questions, please feel free to contact us at (415) 579-3021 x102 or [certificate@ramsinc.org](mailto:certificate@ramsinc.org). Thank you again for your interest in the Peer Specialist Mental Health Certificate Program.

***The Peer Specialist Mental Health Certificate Program is funded by the Mental Health Services Act (MHSa).***

**\*\* CONFIDENTIALITY NOTICE:** This document (including any attachments) contains confidential and privileged information. Unless you are the addressee (or authorized to receive for the addressee), you may not read, copy, distribute, or disclose any information contained in this document. If you have received this in error, please immediately advise the sender, and permanently destroy all copies of the document and any attachments. Thank you for your cooperation.



**Peer Specialist Mental Health Certificate  
Fall 2015 Application Form (Please Print Clearly)**

**\*\*\* To apply for this certificate program, you must be able to attend class Tuesdays and Thursdays from 10am-2pm starting on September 15<sup>th</sup> through December 17<sup>th</sup>, 2015.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone number where we can call you \_\_\_\_\_ Best time to call you \_\_\_\_\_

**\*\* Please attach proof of San Francisco Residency with the application (e.g. Driver's License or CA State ID).**

**How did you hear about this program?**

\_\_\_\_\_

**Have you or a family member (currently or in the past) had personal experience with community behavioral health services in San Francisco (such as, received services, enrolled in vocational training program, or a similar service from a San Francisco community agency)?**

\_\_\_\_\_

**Other than English, please list all the languages you speak well enough to potentially provide services in:**

\_\_\_\_\_

**Check the box that reflects your highest level of education completion:**

- High School diploma     GED/High School Equivalency  
 Associate Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)  
 Bachelor's Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)  
 Master's Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)

**\*\* Attach a copy of your most recent diploma or transcript (official or unofficial). If you need help obtaining the transcripts, please contact us by phone at 415.579.3021 x102 or by email [certificate@ramsinc.org](mailto:certificate@ramsinc.org)**

**\*\* CONFIDENTIALITY NOTICE:** This document (including any attachments) contains confidential and privileged information. Unless you are the addressee (or authorized to receive for the addressee), you may not read, copy, distribute, or disclose any information contained in this document. If you have received this in error, please immediately advise the sender, and permanently destroy all copies of the document and any attachments. Thank you for your cooperation.

**Please list two professional or personal references** (example: professional – last employer, former teacher, etc.; personal reference – neighbor, friend, roommate, etc.). Please inform your references that we may be contacting them.

Name	How do you know them?	Contact Information (email and/or telephone number)

**\*\* Please attach a personal statement to the application.** In your personal statement, please tell us about each of the following (up to four pages typed or eight pages handwritten):

- About yourself.
- Reasons why you want to take this course.
- How you hope to utilize the learned skills to contribute to the counseling field.
- In order to be able to support others in their recovery, it is important for the peer provider to be actively engaged in her/his own recovery. Please describe what wellness and recovery mean to you.
- It takes a lot of commitment to complete this course; what challenges might you anticipate for yourself and how could you manage them?

**\*\* Please read and initial each paragraph, then sign below.**

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability. \_\_\_\_\_ **(Initial)**

I permit the Peer Specialist Mental Health Certificate Program to contact the references I provided. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure. \_\_\_\_\_ **(Initial)**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Application Packet Checklist**

I have included all of the following in my application:

- Completed Application Form, including initials and signatures at places indicated.
- High School / College Diploma and/or Transcript OR
- In process of obtaining transcript/diploma/proof of GED from:
  - Name of school/institution: \_\_\_\_\_
  - What steps you have taken to obtain the document? \_\_\_\_\_
  - When we should be expecting the document? \_\_\_\_\_
- Proof of San Francisco Residency (copy of driver's license or state ID)
- Personal Statement (up to four pages typed or eight pages handwritten)

To apply, RAMS must receive your *completed* application packet no later than **Friday, August 7th at 5pm:**

1. Drop off or mail to: RAMS c/o Peer Specialist MH Certificate, 639 14<sup>th</sup> Avenue, San Francisco, CA 94118 **or**
2. Email a scanned copy of the application packet to [certificate@ramsinc.org](mailto:certificate@ramsinc.org)

You will be contacted regarding the course at the address, phone number, or email you provided. If you have any questions or need help with this application, please contact us at 415.579.3021 x102 or [certificate@ramsinc.org](mailto:certificate@ramsinc.org).

Name: \_\_\_\_\_

**\*\* OPTIONAL DEMOGRAPHIC INFORMATION \*\***

This information is for data collection purposes only. The Certificate Program respects your privacy and we are bounded by the confidentiality rules and regulations that apply.

<p><b>Race/Ethnic Background (check all that apply):</b></p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Hispanic, Latino/a, or Spanish Origin Please Specify: _____</p> <p><input type="checkbox"/> Native American or Alaska Native</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc) Please Specify: _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander (e.g. Fijian, Tongan, etc) Please Specify: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Sexual Orientation:</b></p> <p><input type="checkbox"/> Heterosexual: Opposite Sex</p> <p><input type="checkbox"/> Lesbian: Female/Female</p> <p><input type="checkbox"/> Gay: Male/Male</p> <p><input type="checkbox"/> Bisexual: Both Male &amp; Female</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender (Female to Male)</p> <p><input type="checkbox"/> Transgender (Male to Female)</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Age:</b></p> <p><input type="checkbox"/> 18 y.o.-24y.o.   <input type="checkbox"/> 25 y.o. -59 y.o.   <input type="checkbox"/> 60+ y.o.</p>	
<p><b>Primary Language:</b> _____</p> <p><b>Other Languages/Dialects Spoken:</b></p> <p>_____</p> <p><b>Country of Birth:</b> _____</p> <p><b>Year of Entry into the U.S.:</b> _____</p>	