



**MHSA-PEER SPECIALIST
MENTAL HEALTH CERTIFICATE**
3626 Balboa Street
San Francisco, CA, 94121
Tel: (415) 668-5955 x386
Fax: (415) 668-0246

January 23rd, 2012

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 excited to announce that we are currently seeking applicants for the Spring 2012 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, and
- Be able to attend classes which are held on Tuesdays and Thursdays (10:00am-2:00pm).

*This program is intended for those who have had personal experience with community mental health services or are family members of those who have experienced community mental health services.

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, March 2nd @ 5:00pm**. Applications may be dropped off OR mailed to: RAMS, Inc., 3626 Balboa Street, San Francisco, CA 94121 (attn: Peer Specialist MH Certificate) OR scanned & emailed to christinehtam@ramsinc.org. Notification of application status will be sent to the mailing/email address(es) noted on the application. For Spring 2012, the program is accepting approximately 15 students; this course is being offered again in Fall 2012. Below is a summary of the application and notification timeline:

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|---|--|
| Program Informational Open House At SFSU Downtown Campus | Thursday, February 9 th 10:00am – 1:00pm |
| Application Due Date | Friday, March 2nd @ 5pm |
| Notification of Application Status | Week of March 19 th |
| Registration Forms Due Date | Friday, March 30 th |
| First Day of Instruction | Tuesday, April 17 th |

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 me at (415) 668-5955 ext. 386 or christinehtam@ramsinc.org. Thank you again for your interest in the Peer Specialist Mental Health Certificate Program.

Sincerely,

Christine Tam
Program Coordinator

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.



SAN FRANCISCO
STATE UNIVERSITY

**Peer Specialist Mental Health Certificate
Spring 2012 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 April 17th, 2012.**

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?

Other than English, please list all the languages you speak:

Check the box that reflects the highest level of 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 call Christine Tam by phone 415.668.5955 x386 or by email christinehtam@ramsinc.org

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

- **About yourself** (background & training; explain why you feel you are a good match for the program)
- **Reasons why you want to take this course** (e.g. personal and/or family member’s experience with community behavioral/mental health system, desire to obtain or advance in a job as a peer counselor/specialist)
- **How you hope to utilize the learned skills to contribute to the counseling field** (e.g. advocacy, help others, provide services)
- **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 my application:

- Completed Application Form, including initials and signatures at places indicated.
- High School / College Diploma and Transcript (please contact Program Coordinator if you need help obtaining your transcript)
- Proof of San Francisco Residency (copy of driver’s license or state ID)
- Personal Statement (up to three pages typed or six pages handwritten)

To apply, RAMS must receive your *completed* application packet no later than **Friday, March 2nd at 5pm:**

1. Drop off or mail to: RAMS c/o Peer Specialist MH Certificate, 3626 Balboa Street, San Francisco, CA 94121 **or**
2. Email a scanned copy of the application packet to christinehtam@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 call Christine Tam at 415.668.5955 x386 or christinehtam@ramsinc.org.