



June 25, 2010

Dear Applicant,

Thank you for your interest in the Peer Specialist Mental Health Certificate program. This program is being offered by Richmond Area Multi-Services, Inc. (RAMS), in partnership with San Francisco State University's Department of Counseling, and with funding from the Mental Health Services Act. This 12-week course is designed to equip students with the basic counseling and case management skills & 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 need to be at least 18 years of age, a resident of San Francisco, and have completed at least a High School education. Individuals with experience being in the community behavioral mental health system are preferred.

Interested applicants must submit their completed application and a copy of the most recent diploma or transcript (official/unofficial), no later than **August 16, 2010**. Application packets may be mailed to RAMS' main office at 3626 Balboa Street, San Francisco, CA 94121 (attention: Peer Specialist MH Certificate) or via email at certificate@ramsinc.org. Incomplete applications will not be considered for admission. At this time, we are only able to accept 20 participants for Fall 2010. This course will also be offered in Spring 2011, with the exact schedule to be posted on the website at a later time.

Notification of application status will be mailed to your address indicated on the application form. For applicants that are accepted into the program, the Program Coordinator will also notify you of the class orientation scheduled during the first week of September.

Our program respects your privacy and we are bounded by the confidentiality rules and regulations that apply. We will not be sharing any information derived from your application form with anyone without your prior consent.

Should you have any further questions, please feel free to call me at (415) 282-9675 extension 229 or email at miaveroy@ramsinc.org. Thank you again for your interest in the Peer Specialist Mental Health Certificate program.

Sincerely,

Mia Veroy

Program Coordinator
Peer Specialist Mental Health Certificate



**Peer Specialist Mental Health Certificate
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 14, 2010**.

Name _____
 Street Address _____
 City _____ Zip Code _____
 E-mail Address _____
 Phone number where we can call you _____
 Best time to call you _____

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 education you have completed.

- High School diploma
- GED/High School Equivalency
- Some college classes
- 2 yr degree (Associate's Degree)
- Bachelor's Degree
- Master's Degree

~Attach a copy of your most recent diploma or transcript (official or unofficial). If you need help obtaining the transcripts, please call Mia Veroy by phone 415.282.9675 x229 or by email at miaveroy@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?	Best way to contact references: include email or phone number

In the space provided below, please tell us about the following (use additional sheets, as necessary):

- **About yourself** (background & training),
- **Reasons why you want to take this course** (e.g. due to personal or family member's experience with community behavioral health system, desire to obtain or advance in a job as peer counselor/specialist), **and**
- **What you hope to get out of this course** (e.g. learn advocacy skills, help others, provide services)

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. _____

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. _____

Applicant's Signature: _____ **Date:** _____

Please return this application no later than **Monday, August 16, 2010 at 4pm**

1. You can drop it off or mail it to: RAMS c/o Peer Specialist MH Certificate, 3626 Balboa Street, San Francisco, CA 94121 or
2. You can email it to 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 call Mia Veroy by phone 415.282.9675 x229 or by email miaveroy@ramsinc.org.