

January 12, 2017

Dear Applicant,

Thank you for your interest in the Peer Specialist Mental Health Certificate Entry Course, which is operated by Richmond Area Multi-Services, Inc. (RAMS) and San Francisco State University Department of Counseling, with funding from the Mental Health Services Act. We are currently seeking applicants for the Spring 2017 Cohort, with the course set to begin on Tuesday, March 21st, 2017.

This 12-week course is designed to equip students with basic counseling and case management skills for entry-level employment and advancement in peer counselor/specialist roles in the behavioral health field. The Peer Specialist Mental Health Certificate Program encourages consumers and peer practitioners to utilize life experience, when appropriate and at the discretion of the peer, in peer-to-peer service settings to benefit the wellness & recovery of the clients being served. The course is offered twice annually. 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) at 835 Market Street
- This program is funded by MSHA through San Francisco Behavioral Health Services. As such, the course is targeted to individuals (and family members) with lived mental health experience, and/or with receiving behavioral 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 diploma or transcript (official/unofficial), and your personal statement no later than **Tuesday, February 21st @ 5:00PM**. Applications may be dropped off OR mailed to: RAMS Peer Wellness Center, 1282 Market Street, San Francisco, CA 94102 (attn: Peer Specialist MH Certificate) OR scanned & emailed to certificate@ramsinc.org OR faxed to 415.941.7313. Notification of application status will be sent to the mailing/email address(es) noted on the application. Below is a summary of the application and notification timeline:

Program Informational Open House At Peer Wellness Center* <small>*attendance is not required, but is recommended.</small>	Wednesday, January 25 th , 3-5PM & Tuesday, Jan 31 st , 10AM-12PM
Optional Application Help Workshop	Wednesday, February 1 st , 10AM-2PM
Application Due Date	Tuesday, February 21st @ 5PM
Notification of Application Status	Week of March 1 st , 2017
First Day of Instruction	Tuesday, March 21 st , 2017
Graduation	Thursday, June 8 th , 2017

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 at 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.



**Peer Specialist Mental Health Certificate
Spring 2017 Entry Course Application (Please Print Clearly)**

***** To apply for this certificate course, you must be able to attend class Tuesdays and Thursdays from 10AM-2PM from March 21st, 2017 to June 8th, 2017.**

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 behavioral health services (such as: received services, enrolled in vocational training program, or participated in a similar program 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 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 at certificate@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)

**** 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: _____
 - When we should be expecting the document: _____
- Proof of San Francisco Residency (copy of driver's license or CA state ID)
- Personal Statement (up to four pages typed or eight pages handwritten)

To apply, RAMS must receive your application packet no later than **Tuesday, February 21st by 5PM.**

1. Drop off or mail to: RAMS Peer Wellness Center c/o Peer Specialist MH Certificate, 1282 Market Street, San Francisco, CA 94102 **or**
2. Email a scanned copy of the application packet to certificate@ramsinc.org **or**
3. Fax the application to RAMS Peer Division, fax number: 415.941.7313.

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.

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.

Race/Ethnic Background (check all that apply):

- White/Caucasian
- African American/Black
- Hispanic, Latino/a, or Spanish Origin
Please Specify: _____
- Native American or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc)
Please Specify: _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (e.g. Fijian, Tongan, etc)
Please Specify: _____
- Other: _____

Sexual Orientation:

- Heterosexual: Opposite Sex
- Lesbian: Female/Female
- Gay: Male/Male
- Bisexual: Both Male & Female
- Unsure
- Other: _____

Gender:

- Male
- Female
- Transgender (Female to Male)
- Transgender (Male to Female)
- Other: _____

Age:

- 18 y.o.-24y.o. 25 y.o. -59 y.o. 60+ y.o.

Primary Language: _____

Other Languages/Dialects Spoken:

Country of Birth: _____

Year of Entry into the U.S.: _____