

January 11, 2018

Dear Applicant,

Thank you for your interest in the **Peer Specialist Mental Health Certificate Entry Course**, a training program created by Richmond Area Multi-Services, Inc. (RAMS) in partnership with San Francisco State University Department of Counseling. The Peer Specialist Mental Health Certificate program is funded by the San Francisco Department of Public Health with Mental Health Services Act (Prop. 63) funds. We are currently seeking applicants for the **Spring 2018 Cohort**, with the course set to begin on Tuesday March 20, 2018.

This 12-week course is designed to equip students with basic counseling and case management skills for entry-level employment and advancement in peer provider (counselor/specialist) roles in the behavioral health field. RAMS' Peer Specialist Mental Health Certificate Program empowers individuals to effectively and appropriately utilize life experience in behavioral health settings to benefit the wellness & recovery of clients and participants being served. This 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;
- Are interested in helping others in a behavioral health setting;
- Be able to attend classes, which are held on Tuesdays and Thursdays (10:00am-2:00pm); and,

The Peer Specialist Mental Health Certificate program is funded by the San Francisco Department of Public Health with Mental Health Services Act (Prop. 63) funds. As such, the mission of the program is to provide opportunities for individuals with lived experience accessing services in the behavioral health system of care and/or their 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 diploma or transcript (official/unofficial), your personal statement, and a current resume OR completion of the included employment/volunteer history form (not required but highly preferred) no later than **Tuesday, February 20<sup>th</sup>, @ 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](mailto:certificate@ramsinc.org) OR faxed to **(415) 795-3330**. 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 Houses AT SFSU DTC – 835 Market Street* <small>*attendance is not required, but is recommended.</small>	Wednesday, January 24 <sup>th</sup> , 2018: 3-5pm Tuesday, January 30 <sup>th</sup> , 2018: 10am-12pm
Optional Application Help Workshop	Tuesday, February 6 <sup>th</sup> , 2018
<b>Application Due Date</b>	<b>Tuesday, February 20<sup>th</sup>, 2018</b>
Notification of Application Status	Week of: March 5 <sup>th</sup> , 2018
First Day of Instruction	Tuesday, March 20 <sup>th</sup> , 2018
Graduation	Thursday, June 7 <sup>th</sup> , 2018

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 Kristin Snell at (415) 579-3021 x102 or at [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 San Francisco Department of Public Health with Mental Health Services Act (Prop. 63) funds.*

**\*\* 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.



**RAMS Peer Specialist Mental Health Certificate  
Spring 2018 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 20th, 2018 to June 7th, 2018.**

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) accessed behavioral health services (such as: received social services, talked to a counselor or case manager, utilized employment services, enrolled in vocational training program, received housing, shelter 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: \_\_\_\_\_)

**\*\* Please attach a copy of one piece of education verification (one diploma, GED or transcript - official or unofficial). You do not need to include verification from each school/institution attended. If you need help obtaining the transcripts, please contact us by phone at 415.579-3021 x102 or by email at [certificate@ramsinc.org](mailto: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 their own wellness & recovery. Please describe what wellness & 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 state ID)
- Personal Statement (up to four pages typed and eight handwritten)

To apply, RAMS must receive your application packet no later than **Tuesday, February 20th, 2018 @ 5PM.**

1. Drop off in person 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](mailto:certificate@ramsinc.org) **or**
3. Fax the application to RAMS Peer Division fax number: (415) 795-3330

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><b>Country of Birth:</b> _____</p> <p><b>Year of Entry into the U.S.:</b> _____</p>	