

January 17, 2019

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 2019** Cohort, with the course set to begin on **Tuesday, March 26th, 2019**.

This 12-week course is designed to equip participants with basic counseling and case management skills for entry-level employment, and to increase confidence & competence in providing strengths-based, person-centered peer counseling and support services in the San Francisco 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;
- Are able to attend classes, which are held on Tuesdays and Thursdays (10:00am-2:00pm)
- 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, this 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 **Monday, February 25th @ 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) 795-3330**. 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>	Friday, February 1, 2019: 10am-12pm Wednesday, February 6, 2019: 3pm-6pm
Optional Application Help Workshop	Friday, February 8, 2019: 10am-2pm
Application Due Date	Monday, February 25th, 2019 @ 5PM
Notification of Application Status	Week of: March 11, 2019
First Day of Instruction	Tuesday, March 26, 2019
Graduation	Thursday, June 13, 2019

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 Program Coordinator, Ida Poberezovsky, at (415) 579-3021 x120 or at certificate@ramsinc.org. Thank you again for your interest in the Peer Specialist Mental Health Certificate Program.

**** 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 2019 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 26, 2019 to June 13, 2019.**

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, 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 x120 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 wellness & recovery, it is important for the peer provider to be actively engaged in her/his own wellness & 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
- One** piece of education verification: 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, or other verification)
- Personal Statement (up to four pages typed or eight handwritten)

To apply, RAMS must receive your application packet no later than **Monday, February 25th @ 5:00pm.**

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) 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 x120 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.

<p>Race/Ethnicity (check all that apply):</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Hispanic or Latino/a</p> <p><input type="checkbox"/> Other Race</p> <p>Please Specify: _____</p> <p><input type="checkbox"/> Decline to State</p> <p>Age:</p> <p><input type="checkbox"/> 18 y.o.-25y.o. <input type="checkbox"/> 26 y.o. -59 y.o. <input type="checkbox"/> 60+ y.o.</p> <p>Veteran Status:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Decline to State</p>	<p>Sexual Orientation:</p> <p><input type="checkbox"/> Gay/Lesbian</p> <p><input type="checkbox"/> Heterosexual/straight</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Questioning/unsure</p> <p><input type="checkbox"/> Decline to State</p> <p><input type="checkbox"/> Other group not listed: _____</p> <p>Current Gender Identity:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Trans Female</p> <p><input type="checkbox"/> Trans Male</p> <p><input type="checkbox"/> Decline to State</p> <p><input type="checkbox"/> Other: _____</p> <p>Sex at Birth:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State</p>
<p>Primary Language: _____</p> <p>Other Languages/Dialects Spoken: _____</p> <p>Country of Birth: _____</p>	