



MHSA-PEER SPECIALIST
MENTAL HEALTH CERTIFICATE
1292 Market Street
San Francisco, CA, 94102
Tel: (415) 579-3021 x120
Fax: (415) 795-3330

May 6, 2019

Dear Applicant,

Thank you for your interest in the **Peer Specialist Mental Health Certificate Advanced Course** which is operated by Richmond Area Multi-Services, Inc. (RAMS) and funded by the San Francisco Department of Public Health with Mental Health Services Act (Prop 63) funds. We are currently seeking applicants for the **Summer 2019 Cohort**.

This 8-week course is being offered to empower and educate individuals who would like to obtain specialized peer counseling training and professional development in a collaborative learning environment. The course is designed to equip participants with knowledge, build skills, and increase confidence & competence in providing strengths-based, person-centered peer counseling and support services, as well as allow opportunity for advancement in peer counselor/specialist roles in the behavioral health system of care. The Advanced Course is offered twice annually, in the winter and in the summer.

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,
 - Successfully completed at least a High School education or GED
 - Able to attend classes which are held on Tuesdays and Thursdays (3:00pm-6:00pm) at 835 Market Street
 - Identify, or have family members who identify as, having lived experience with the behavioral health system
- ** Individuals with current or past education, training, and work experience as peer providers and/or community advocates & volunteers in the behavioral health field are **highly** encouraged to apply **

Please read the Application Checklist on page 3 for instructions on what to include in your application and how to submit it. Below is a summary of the application and notification timeline:

Program Informational Open House <i>attendance is highly recommended</i>	Monday, May 13 th 3:30pm-5pm @ the RAMS Peer Wellness Center, 1282 Market Street
Application Due Date	Monday, June 3rd @ 5pm
Notification of Application Status via email	Week of June 10th
Dates of Course	Tuesdays and Thursdays (except for July 4th), 3pm-6pm, 6/27/19- 8/22/19
Location	SFSU Downtown Campus @ 835 Market Street

The program respects your privacy and adheres to the confidentiality rules and regulations that apply. Should you have any questions, please feel free to contact Program Coordinator & Instructor 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
Summer 2019 Advanced Course Application**

Name _____

Street Address _____

City _____ Zip code _____ Phone number _____

E-mail address (*please write legibly - we will be contacting you via email*): _____

**** 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 any kind of behavioral health or 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 are having trouble 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. 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 behavioral health field
- Current or past education, training, and work experience (including volunteer and advocacy) in the peer counseling and/or behavioral health field
- In order to be able to support others in their wellness and recovery, it is important for the peer provider to be actively engaged in their own wellness and recovery. Please describe what wellness and recovery mean to you.
- It takes 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? (NOTE: we must receive the document before the first day of the course) _____
- Proof of San Francisco Residency (copy of driver's license or state ID)
- Personal Statement (up to four pages typed and eight handwritten)
- Current resume or completed employment and volunteer history form (highly encouraged, not required)

To apply, RAMS must receive your application packet no later than **Monday, June 3rd @ 5PM:**

1. Drop off or mail to: RAMS Peer Wellness Center c/o Peer Specialist MH Certificate, 1292 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 and email certificate@ramsinc.org to ensure that we have received the fax

Employment, Volunteer & Advocacy History

Completion of this form is not required, but is **highly** encouraged

**If including a resume with your application, you may skip completing this form and note "see attached resume"*

EMPLOYMENT

Please list current and/or previous employment in REVERSE chronological order, with current or most recent employment first.

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

Company: _____ Years employed: _____

Job Title: _____

Responsibilities: _____

VOLUNTEER & ADVOCACY

Please list current and/or volunteer activities in REVERSE chronological order, with current or most recent activities first.

Organization: _____ Years: _____

Area of Focus: _____

Activities completed: _____

Organization: _____ Years: _____

Area of Focus: _____

Activities completed: _____

Organization: _____ Years: _____

Area of Focus: _____

Responsibilities: _____

Organization: _____ Years: _____

Area of Focus: _____

Activities completed: _____

Organization: _____ Years: _____

Area of Focus: _____

Activities completed: _____

Name: _____

**** OPTIONAL DEMOGRAPHIC INFORMATION ****

This information is for data collection purposes only. The Certificate Program respects your privacy and we are bound by the confidentiality rules and regulations that apply.

<p>Race/Ethnic Background (check all that apply):</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>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>Veteran Status:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Decline to State</p> <p><input type="checkbox"/> Unknown</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>Primary Language: _____</p> <p>Other Languages/Dialects Spoken:</p> <p>_____</p> <p>Country of Birth: _____</p>	