



AMHD

ADULT MENTAL HEALTH DIVISION

CERTIFIED PEER SPECIALIST TRAINING

APPLICATION PACKET

CERTIFIED PEER SPECIALIST TRAINING APPLICATION CHECKLIST

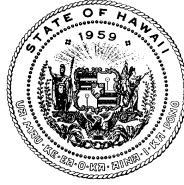
Please complete and submit the checklist below to verify that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Completed Hawai'i Certified Peer Specialist (HCPS) Application	_____	_____
<ul style="list-style-type: none"> • Do not alter the application from its original format. • Write legibly in only black or blue ink. • Do not use nicknames or abbreviated forms of your legal name. • Remember to sign the last page of the application. 		
2) Three completed Professional References	_____	_____
3) Signed HCPS Code of Ethics	_____	_____
4) Signed HCPS Scope of Activities	_____	_____
5) Documentation of completed WRAP, BRIDGES, Peer Educator, CPRP or other relevant training (<i>if applicable</i>)	_____	_____
6) Signed Intention to Become a Certified and Employed HCPS	_____	_____

The above-completed checklist verifies that this application packet has been completed prior to its submission.

Signature of Applicant

Date



STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

CERTIFIED PEER SPECIALIST TRAINING APPLICATION

Name (*please print/type*): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Work: _____

Email: _____

1) Are you comfortable and willing to self-disclose that you are a person in recovery from mental illness and willing to share your recovery story and lived experiences?

Yes No

2) In the last two years, have you demonstrated a minimum of 12 consecutive months in self-directed recovery?

Yes No

3) If you completed a BRIDGES, WRAP, Peer Educator, CPRP or other relevant training, can you provide a certificate of completion, or other form of verification?

Yes No

If so, please include a copy with your application.

4) Have you previously completed training and been certified as a Hawai`i Certified Peer Specialist?

Yes No

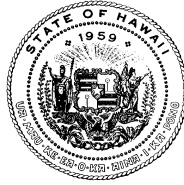
If so, do not complete this application. Please contact OCA at 586-4688 for more information.

5) Please describe (in one page or less) what motivates and qualifies you to become a Hawai`i Certified Peer Specialist. (If you need more space, please attach your response on a separate page).

6) Please describe (in one page or less) how you take care of yourself and your recovery. (If you need more space, please attach your response on a separate page).

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Applicant's Signature: _____ Date: _____



STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

HAWAII CERTIFIED PEER SPECIALIST PROFESSIONAL REFERENCE

The applicant named below is completing an application to enroll in AMHD's Peer Specialist training/internship program. All applicants must submit three professional references of support in order to complete the application process. You have been chosen by the applicant to provide a reference for this purpose. Once the professional reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. If you have questions, please contact the Coordinator of Hawaii's Peer Specialist Certification Program at (808) 586-4688.

Applicant's name: _____

1) Please describe your knowledge of the applicant's work in the role of a Peer Specialist:

2) Please describe the nature of your professional relationship with the applicant:

Note: A Professional Reference cannot be a family member.

3) Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Peer Specialist:

Reference Contact Information
(Please Print/Type)

Name: _____

Agency: _____

Address: _____

City, State, ZIP: _____

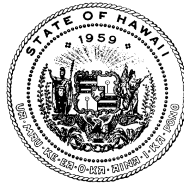
Email: _____

Work Phone: _____

My signature below affirms that all of the information contained in this document is true, and that I support this applicant without reservation.

Signature of Reference

Date

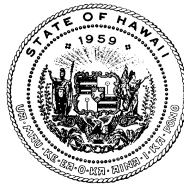


STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

HAWAII CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Specialist can perform to assist others in regaining control over their own lives based on the principles of recovery and resiliency. Certification does not imply that the Certified Peer Specialist is qualified to diagnose an illness, prescribe medication, or provide clinical services.

- 1) Utilizing unique recovery experiences, the Certified Peer Specialist shall:
 - a) Teach and model the value of every individual's recovery experience;
 - b) Model effective coping techniques and self-help strategies;
 - c) Encourage peers to develop independent behavior that is based on choice rather than compliance;
 - d) Establish and maintain a peer relationship rather than a hierarchical relationship.
- 2) Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Specialist shall:
 - a) Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
 - b) Lead as well as teach how to facilitate recovery dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
 - c) Teach relevant skills needed for self management of symptoms;
 - d) Teach others how to overcome personal fears and anxieties;
 - e) Assist peers in articulating their personal goals and objectives for recovery;
 - f) Assist peers in creating their personal recovery plans (e.g., WRAP, Declaration for Mental Health Treatment, crisis plan, etc.);
 - g) Assist peers in setting up and sustaining self-help groups;
 - h) Appropriately document activities provided to peers in either their individual records or program records.
- 3) The Certified Peer Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, co-occurring disorders, and peer support services by:
 - a) Reading books, current journals, and other relevant material;
 - b) Developing and sharing recovery-oriented material with other Certified Peer Specialists;
 - c) Attending authorized or recognized seminars, workshops, and educational trainings.
- 4) The Certified Peer Specialist shall serve as a recovery agent by:
 - a) Providing and promoting recovery-based services (e.g., BRIDGES, WRAP, etc.);
 - b) Assisting peers in obtaining services that suit each peer's individual recovery needs;
 - c) Assisting peers in developing empowerment skills through self-advocacy;
 - d) Assisting peers in developing problem-solving skills so they can respond to challenges to their recovery;
 - e) Sharing his or her unique perspective on recovery from mental illness with non-peer staff;
 - f) Assisting non-peer staff in identifying programs and environments that are conducive to recovery.



STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

ACKNOWLEDGEMENT OF THE HAWAII CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

By initialing and signing below, you understand that you will be required to follow the professional standards detailed in the Hawai'i Certified Peer Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Certified Peer Specialist Scope of Activities.

Initials _____

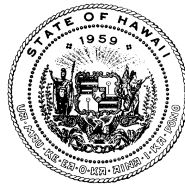
I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Specialist Scope of Activities.

Initials _____

Print/Type Full Name

Date

Signature



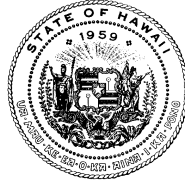
STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

HAWAII CERTIFIED PEER SPECIALIST CODE OF ETHICS

The following principles will guide Hawai'i Certified Peer Specialists (HCPS) in the various roles, relationships, and levels of responsibility in which they function professionally.

Hawai'i Certified Peer Specialists:

- 1) Have a primary responsibility to help peers achieve their own needs, wants, and goals.
- 2) Maintain high standards of personal and professional conduct.
- 3) Conduct themselves in a manner that fosters their own recovery.
- 4) Openly share with peers, other HCPS and non-peers their recovery stories from mental illness or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency.
- 5) Respect at all times the rights and dignity of those they serve.
- 6) Never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
- 7) Do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.
- 8) Promote self-direction and decision making for those they serve.
- 9) Respect the privacy and confidentiality of those they serve.
- 10) Promote and support services that foster full integration of individuals into the communities of their choice.
- 11) Are directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
- 12) Do not enter into dual relationships or commitments that conflict with the interests of those they serve.
- 13) Never engage in sexual or intimate activities with peers they serve.
- 14) Do not use illegal substances under any circumstances.
- 15) Keep current with emerging knowledge relevant to recovery and will share this knowledge with other certified peer specialists.
- 16) Do not accept gifts of significant value from those they serve.



STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

ACKNOWLEDGEMENT OF THE HAWAII CERTIFIED PEER SPECIALIST CODE OF ETHICS

By initialing and signing below, you understand that you will be required to follow the professional standards of conduct detailed in the Hawai'i Certified Peer Specialist Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Hawai'i Certified Peer Specialist Code of Ethics.

Initials _____

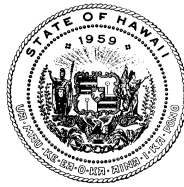
I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Hawai'i Certified Peer Specialist Code of Ethics.

Initials _____

Print/Type Full Name

Date

Signature



STATE OF HAWAII
ADULT MENTAL HEALTH DIVISION
OFFICE OF CONSUMER AFFAIRS
P.O. BOX 3378
HONOLULU, HI 96801

ACKNOWLEDGEMENT OF INTENTION TO COMPLETE TRAINING/INTERNSHIP AND ACCEPT EMPLOYMENT AS A HAWAII CERTIFIED PEER SPECIALIST

By initialing and signing below, you acknowledge that you fully intend to complete this training/internship program and become employed as a Certified Peer Specialist in Hawai'i. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I intend to complete this training/internship program and become employed as a Certified Peer Specialist in Hawai'i.

Initials _____

Print/Type Full Name

Date

Signature