

**Wisconsin's Required Application for Peer Specialist Training  
Midstate Independent Living Choices  
Stevens Point, WI 54481**

Please complete this application and return to address located on page 2.  
Please print neatly or type. Feel free to write in the spaces provided or to attach  
responses on a separate sheet of paper.

**Notice:**

Prior to acceptance to a Peer Specialist training course, this application will be  
followed up with an interview.

**Course number:**

**Dates:**

**Location:**

**Co-facilitators:**

**Deadline for application:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I identify with lived experience of:

\_\_\_\_\_ Mental Health \_\_\_\_\_ Substance Use \_\_\_\_\_ Co-occurring

Referred by: \_\_\_\_\_

By signing below I am....

- Stating that I have read the "Peer Specialist Training Pre-Requisites" and "Program Completion Requirements" for PS training. (items located on page two of this application)
- Making a commitment to meet all of these Peer Specialist Pre-Requisites and Program Completion Requirements to the best of my ability.
- Stating that I understand that successful completion of the training program requires attendance of all sessions in order to earn a certificate of completion.
- I identify as a person in Mental Health and/or Substance Use recovery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Under the Americans with Disabilities Act, we must make reasonable accommodations to allow a person with a disability to take part in a program, service, or activity. We will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, and need to request a reasonable accommodation, please let us know. The reasonable accommodation request, see attached form should be returned with this application. **(Reasonable accommodation request form is attached to this application packet.)**

**PLEASE SEND COMPLETED APPLICATION FORM TO:**

Midstate Independent Living Choices  
Attn: Robyn Dunahee  
3262 Church St  
Stevens Point, WI 54481

Phone number: 715-344-4210 x228

**Certified Peer Specialist Training Program Completion Requirements**

1. Completion of "PS Training Pre-Requisites"
2. Completing the classroom training portion of the program
  - Earning a successful completion based on evaluation, participation grade, and attendance.
  - Completion of all assignments, and able to demonstrate an understanding of role a Peer Specialist.

**Peer Specialist Training Pre-Requisites:**

- 1) Being dedicated to promoting recovery opportunities in the lives of Peers.
- 2) Being able to utilize his or her own lived experience of recovery to inspire recovery as defined by that peer.
- 3) Having a GED or High School Diploma.
- 4) Having the reading and writing skills needed to complete the academic work in training or the ability to utilize reasonable accommodations to do the same.
- 5) Being committed to actively participating in training and meeting all attendance and course requirements.
- 6) Read and be familiar with core documents. i.e.; Core Competencies, Code of Ethics, Scope of Practice and Continuing Education requirements located at [www.wicps.org](http://www.wicps.org).

**Employment//Volunteer History**

***Current work or volunteer experience***

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

***Previous work or volunteer experience:***

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Education:**

High School Diploma \_\_\_ Yes \_\_\_ No \_\_\_\_\_ GED: \_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Education:**

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**Additional Training:**

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**Other Relevant Experience:**

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**Questions About You:**

- 1) Please briefly describe why you are interested in becoming a Peer Specialist.

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2) As Peer Specialists, we will share parts of our personal recovery story with others. As Peer Specialists, it is up to us to decide how much of our story we are willing to share.

a. How comfortable are you with sharing parts of your personal recovery story with others? This can include other providers, co-workers, peers and the community.

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b. When a Peer Specialist shares parts of his/her recovery story with peers, what are some positive things that may come from this experience?

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**Peer Support Career Interest Inventory**

1) Do you have a goal of obtaining state certification and/or paid employment after completing Peer Specialist Training?  
\_\_\_Yes \_\_\_No

2) What do you currently know about the role of a Peer Specialists?

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3) How do you plan to use the Peer Specialist training?

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**STRENGTHS:**

1) What strengths do you have that will help you complete the Peer Specialist training?

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2) What strengths do you have in terms of academic work? (studying, taking tests, completing assignments, etc.)

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3) What strengths do you have with personal time management that will help you in completing the Peer Specialist training.

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## Being prepared for “what could get in the way” so that it doesn’t get in the way...

As human beings, most of us experience a challenge occasionally. Many of us who are in recovery have great self-awareness and an attitude of resilience. These things help us keep moving forward even when something seems to be “getting in our way”. Many of us learn to recognize when something “could get in our way”. We learn how to be prepared in case those things show up. We learn that we can take action to prevent a “challenge” from becoming a “roadblock” that prevents us from reaching our goals.

The following questions are about potential challenges and things you can do to continue moving forward even if challenges arise.

1. Attendance is very important. Do you see anything that “could get in your way” of meeting the attendance requirements for training? If so, what can you do to prepare in advance so that it is less likely this potential challenge will “get in your way”?

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2. What other actions, if needed, could you take if you are having challenges with maintaining attendance?

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3. We look to create and maintain a safe, trauma-free, positive sanctuary. Please let us know of any particular stressors that could adversely affect the learning environment.

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4. If you experience challenges with required assignments, what might help you address these challenges? (Feel free to describe learning strategies and support that help you.) What can your instructor do to support your learning process?

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**ASSURANCES:**

I understand that Wisconsin's Peer Specialists work from the perspective of personal lived experience in recovery from Mental Health and/or Substance Use. I agree to be open about the fact that I have lived experience with mental health and/or substance use concerns. I understand that in doing so I will be helping to educate others about the reality of recovery.

***PLEASE INITIALS THE STATEMENTS BELOW THAT ARE TRUE FOR YOU:***

\_\_\_\_\_ YES, I am prepared to disclose my history with mental health and/or substance use issues and my recovery when acting as a Peer Specialist.

\_\_\_\_\_ I am at least 18 years of age.

\_\_\_\_\_ I have a high school diploma or GED

\_\_\_\_\_ I understand that this is not a job placement program.

\_\_\_\_\_ I have not been trained as a Peer Specialist by any other program.

\_\_\_\_\_ I understand that I am allowed three (3) attempts to pass the state certification exam within one (1) year of successfully completing this training course, or I will need to successfully repeat the peer specialist training.

\_\_\_\_\_ I understand that I must score 85% or better to pass the state certification exam.

\_\_\_\_\_ I agree to read the assigned course material if accepted for training.

\_\_\_\_\_ I agree to attend the full training program, participate by listening and speaking and complete an evaluation form at the end of the training.



Mental health providers will check criminal background and abuse incidents before they hire you. Past crimes or abuse will not always disqualify you from employment or volunteering, but it may be an issue for some applicants and employers. This training program is intended for candidates eligible for employment as peer specialists.

Please inform us if you become unable to meet any of these conditions. If for any reason you must cancel your participation, contact us immediately and allow someone else the opportunity.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**It is highly recommended that you retain a copy of this application for the follow up interview.**



**Peer Specialists**  
*Igniting Recovery*

## Reasonable Accommodations Application

For the Wisconsin Peer Specialist Training

For Training Date: \_\_\_\_\_

**Please return Reasonable Accommodations Request form with Application.**

If you require a reasonable accommodation while taking the Wisconsin Peer Specialist Training please fill out the following:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

People with a mental or physical disability may request reasonable accommodation to perform the functions necessary to participate in Peer Specialist training. Please let us know what your disability is that requires the type of accommodation you are requesting. Once your request is received, you will be contacted to discuss your needs.

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**Please return request form with your application or mail completed form to the address on page two of your Peer Specialist Training application. Must be received 2 weeks prior to the start of training.**

**Please keep a copy for your records. Thank you.**