

July 6th, 2017

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, with funding from the Mental Health Services Act. We are currently seeking applicants for the **Fall 2017 Cohort**, with the course set to begin on Tuesday, September 12th, 2017.

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 & participants being served. The 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; and,
- Be able to attend classes, which are held on Tuesdays and Thursdays (10:00AM-2:00PM); and

This program is funded by MHSa through San Francisco Behavioral Health Services. As such, the mission of the program is to provide opportunities for individuals with lived experience with 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), and your personal statement no later than **Wednesday, August 16th @ 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. 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 House At SFSU DTC – 835 Market Street* <small>*attendance is not required, but is recommended.</small>	Wednesday, July 19 th , 3-5PM & Tuesday July 25 th , 10AM-12PM
Optional Application Help Workshop	Thursday, July 27 th , 10AM-2PM
Application Due Date	Wednesday, August 16th @ 5PM
Notification of Application Status	Week of August 28 th , 2017
First Day of Instruction	Tuesday, September 12 th , 2017
Graduation	Tuesday, December 7 th , 2017

The program respects your privacy and adheres to the confidentiality rules and regulations that apply. Your application information will not be shared with anyone without your prior consent. Should you have any questions, please feel free to contact us at (415) 579-3021 x102 or at certificate@ramsinc.org.

**** 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.



**Peer Specialist Mental Health Certificate
Fall 2017 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 September 12th, 2017 to December 7th, 2017.**

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) had personal experience with receiving services from a San Francisco community agency? (Ex: therapy, other outpatient or family services, case management, vocational training programs, housing, shelter, etc.)

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: _____)

**** Attach a copy of your diploma or transcript (official or unofficial). If you need help obtaining the transcripts, please contact us by phone at 415.579.3021 x102 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 total):

- 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 goals, it is important for the peer provider to be actively engaged in their 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.
- 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 or eight pages handwritten)

To apply, RAMS must receive your application packet no later than **Wednesday, August 16th by 5PM.**

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 x102 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.

Race/Ethnic Background (check all that apply):

- White/Caucasian
- African American/Black
- Hispanic, Latino/a, or Spanish Origin
Please Specify: _____
- Native American or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc)
Please Specify: _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (e.g. Fijian, Tongan, etc)
Please Specify: _____
- Other: _____

Sexual Orientation:

- Heterosexual: Opposite Sex
- Lesbian: Female/Female
- Gay: Male/Male
- Bisexual: Both Male & Female
- Unsure
- Other: _____

Gender:

- Male
- Female
- Transgender (Female to Male)
- Transgender (Male to Female)
- Other: _____

Age:

- 18 y.o.-24y.o. 25 y.o. -59 y.o. 60+ y.o.

Primary Language: _____

Other Languages/Dialects Spoken:

Country of Birth: _____

Year of Entry into the U.S.: _____