

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), with funding from the Mental Health Services Act. We are currently seeking applicants for the Winter 2015-2016 Cohort, with classes set to begin in January 2016.

This 8-week course is designed to equip students with specialized training in counseling, case management, administrative skills and knowledge for professional development and advancement in peer counselor/specialist roles in the behavioral health system of care. The Advanced Course will be 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, and
- Be able to attend classes, which are held on Tuesdays and Thursdays (3:00pm-6:00pm) at the Women’s Building
- This program is funded by MSHA through San Francisco Behavioral Health Services. As such, the course is targeted to individuals with personal experience with the Community Behavioral Health System of Care and family members.
- Individuals with current or past education, training and work experience (including volunteer and advocacy) in the peer counseling field are highly encouraged to apply

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 most recent 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 **Wednesday, December 16th @ 5:00pm**. Applications may be dropped off OR mailed to: RAMS, Inc., 639 14th Avenue, San Francisco, CA 94118 (attn: Peer Specialist MH Certificate) OR scanned & emailed to certificate@ramsinc.org. 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 Downtown Campus* <small>*attendance is not required, but is recommended.</small>	Thursday, November 19th & Tuesday, December 1st 3PM-5PM
Application Due Date	Wednesday, December 16th @ 5pm
Notification of Application Status	Week of January 4th
Registration Forms Due Date	Friday, January 15th
First Day of Instruction	Tuesday, January 26th
Graduation	Thursday, March 17th

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 us at (415) 579-3021 x102 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.



**Peer Specialist Mental Health Certificate
Advanced Course Application (Please Print Clearly)**

***** To apply for this certificate program, you must be able to attend class Tuesdays and Thursdays from 3PM-6PM starting on January 26th to March 17th, 2016.**

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 community behavioral health services in San Francisco (such as, received 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: _____)

**** Attach a copy of your most recent 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 five pages typed or ten pages handwritten):

- About yourself
- Reasons why you want to take this course, and how you hope to utilize the learned skills to contribute to the counseling field.
- Current or past education, training and work experience (including volunteer and advocacy) in the peer counseling field
- In order to be able to support others in their recovery, it is important for the peer provider to be actively engaged in her/his own 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 five pages typed or ten pages 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 **Wednesday, December 16th at 5pm.**

1. Drop off or mail to: RAMS c/o Peer Specialist MH Certificate, 639 14th Avenue, San Francisco, CA 94118 **or**
2. Email a scanned copy of the application packet to certificate@ramsinc.org

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

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 bounded 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"/> Heterosexual: Opposite Sex</p> <p><input type="checkbox"/> Lesbian: Female/Female</p> <p><input type="checkbox"/> Gay: Male/Male</p> <p><input type="checkbox"/> Bisexual: Both Male & Female</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Other: _____</p> <p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender (Female to Male)</p> <p><input type="checkbox"/> Transgender (Male to Female)</p> <p><input type="checkbox"/> Other: _____</p>
<p>Age:</p> <p><input type="checkbox"/> 18 y.o.-24y.o. <input type="checkbox"/> 25 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> <p>Year of Entry into the U.S.: _____</p>	