
NEW MEXICO CPSW TRAINING PRINTABLE APPLICATION

OFFICE OF PEER RECOVERY AND ENGAGEMENT (OPRE)

*It is essential that you understand the principles in the application before applying for training. Should you have questions about the information in the application, please call OPRE at (505) 470-3311 for clarification before submitting your application.

CERTIFIED PEER SUPPORT WORKER TRAINING PROGRAM READINESS FOR TRAINING GUIDE AND APPLICATION

Thank you for your interest in becoming a Certified Peer Support Worker (CPSW). The CPSW training program prepares individuals who are successfully engaged in recovery, maintaining their mental wellness to help others in their recovery process. Because of their own personal recovery experiences, CPSWS are uniquely qualified to enhance services delivered by provider agencies and other organizations. New Mexico CPSWS are currently employed in provider settings, peer-run wellness centers and Managed Care Organizations.

Who are Certified Peer Support Workers?

CPSWS are individuals in long term recovery with mental health and/or substance use conditions who have successfully completed a training class and passed a certification exam. Certified Peer Support Workers use their experience to inspire hope and instill in others a sense of empowerment. They are trained to deliver an array of support services and to help others identify and navigate systems to aid in recovery.

What are Peer Support Services?

Peer support is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.” (Mead 2001). Peer support services are programs, groups, events, and discussions within the behavioral health system led by people in recovery, based on the philosophy of peer support. Services are delivered within the structure of an agency or organization.

Examples of Peer Support Services

- Provide direct care support for clients.
- Offer assistance with independent life skills (e.g. money management, problem solving, establishing boundaries, reducing stress).
- Working together to develop socialization and recreational skills.
- Setting a plan to provide aid and comfort to a person in crisis.
- Developing recovery and resiliency skills.
- Certified Peer Support Workers Training.

The Office of Peer Recovery & Engagement (OPRE), through the Behavioral Health Services Division (BHSD) of the NM Human Services Department, offers a training program for individuals seeking certification as Peer Support Workers.

The training requires 40 hours of classroom time over five days and covers topics such as professionalism, ethics, components of recovery and resiliency, mental health and substance use disorders, building communication skills, stress management, and supportive housing. The curriculum is structured to train individuals in skills and content universal to peer support services that may arise such as ethics and to provide an understanding of how peer support services are structured in New Mexico.

To be considered for training, the CPSW application must be completed in full, and all eligibility requirements met. The application includes a written application and a brief (15 – 20 minute) telephone interview, applicant must self-attest to 3 or more years of continuous recovery. The applicant may be asked to provide a letter of reference attesting to the individual's recovery.

Please be certain to provide us with a suitable phone number to ensure you can complete a 15 – 20-minute interview. Your application is not complete until the interview has been conducted and applicants will be notified of their eligibility to attend training.

Training Readiness

Working as a CPSW is rewarding but also can be stressful. Please consider the following before deciding to attend certification training:

Training

The training environment is a formal classroom atmosphere and requires participants to focus during class time and review some material outside of class.

A Training Manual and related documents will be provided to you in the first class. You will need these throughout the training. Because they contain valuable information for certification testing and your career working as a CPSW, we strongly recommend you hold onto this manual. Should you need to replace the Training Manual, there will be a \$20 charge (OPRE) to cover printing costs.

If you require special accommodations, please contact Melisha Montano (505) 490 –3048, or MelisiaL.Montano@state.nm.us

Training is intensive and tiring. Short breaks are provided in the morning and afternoon.

Training is interactive and involves role-playing, public speaking, and working within groups.

You will be asked to participate in activities using components of your own recovery story.

You will be required to listen to the recovery stories of others. This situation may make some people uncomfortable, particularly if stories include events or memories from individuals past experiences.

This training is designed specifically to teach you how to support other peers in their recovery in a compassionate yet professional manner.

The dress code for this training is professional business casual. Please refrain from wearing any clothing that advertises or promotes drugs, alcohol or sex. Please do not wear shorts of any type, T-shirts, holey pants, or other dress not suitable for workplace wear.

If you are traveling to the training and will be lodging at the training site, please remember the training starts early Monday morning and ends on Friday. Make your travel plans with this in mind.

You must attend all five days of class from 8:30 a.m. to 4:30 p.m. If you miss a class or are more than 10 minutes late one time, you will not be allowed to continue the training.

We ask that you keep your cell phone off during the training. You will have time to respond to voicemails during breaks and lunch.

Training Eligibility Requirements

- Be least 18 years of age
- Have a high school diploma or GED
- Be a current or former consumer of mental health and/or substance use support services, bear in mind that applicant might be asked to provide a letter of reference from sponsor, counselor, religious leader and or therapist etc.
- Have at least three years of demonstrable mental wellness and or substance use recovery.

Please Note: The Office of Peer Recovery and Engagement does not bar people with any convictions from the CPSW training. Candidates should be aware that each agency has regulations, rules, and policies that may preclude a person with a felony background from employment:

Cost of Training & Exam

There is no charge for the training, OPRE provides supplies used in exercises, a training manual, resource lists and an exam study guide. You should bring pens or pencils, paper, and highlighters. If you require other supplies throughout the course of an all-day training, please bring them.

You will need to pay travel and hotel expenses. Continental breakfast, lunch and beverages Monday thru Thursday will be provided free of charge, be advised that on Friday lunch is the learners responsibility.

Cancellations for Training

Learners must give 2 weeks' notice if unable to attend this one-week (5) day training, if OPRE does not receive enough notice time, the applicant will have to wait 1 year and start the application process over. If you have a persona or medical emergency that prohibits you from taking this training please email or call the Office of Peer Support and Engagement office at 505-470-3311 or email Nathan.lawson@state.nm.us or Melisial.Montano@state.nm.us



Testing, Certification and Recertification

In order to earn certification, participants must successfully complete the five-day training course and pass New Mexico's certification exam with a score of 75% or better (45 correct answers out of 60 questions). The NMCBBHP administers the certification exams quarterly, sites will be determined, and participants will be advised.

Individuals who pass the exam will be certified as CPSWs in New Mexico for a period of two years. To maintain certification, you must take an additional 40 hours of continuing education units (CEUs) during the two-year certification period, including 6 CEUs each in ethics and cultural competency. Continuing education topics and CEU resources will be discussed during training.

Questions?

**Contact the Office of Peer Recovery & Engagement (505) 470-3311
OFFICE OF PEER RECOVERY & ENGAGEMENT
CERTIFIED PEER SUPPORT WORKER APPLICATION FOR TRAINING**

Application Process

- Please FAX your completed application to: CPSW Training, OPRE, (505) 476-9272, or mail to: CPSW Training, OPRE, NM HSD/BHSD, PO Box 2348, Santa Fe, NM 87504
- We will contact you to conduct a brief telephone interview two to four weeks before the training. Please be certain to provide us with a suitable phone number to ensure you can complete a 15-20 minute interview. Your application is not complete until the interview has been conducted.

Questions?

- Contact the Office of Peer Recovery & Engagement (505) 470-3311

CONTACT INFORMATION

Name: _____

Mailing Address: _____

State, ZIP: _____

Home Phone: _____

City: _____

Email: _____

Cell Phone: _____

OFFICE OF PEER RECOVERY & ENGAGEMENT CERTIFIED PEER SUPPORT WORKER TRAINING

Printable Application

***After receipt and approval of your application and approximately two to four weeks prior to the training, one of our staff will contact you by telephone for an informal 15- to 20-minute interview.**

Contact Phone (This is phone number we will use for your 15-20 minute interview):

CANDIDATE ELIGIBILITY CHECKLIST (Please initial all that apply to you)

_____ I am at least 18 years of age

_____ I have a valid New Mexico mailing address*

_____ I have a high school diploma or GED

_____ I am a current or former recipient of mental health and/or substance use treatment/support services

_____ I have at least three years of demonstrable mental health or substance use recovery and can provide written certification from my therapist, counselor, or sponsor if requested.

_____ I am able to manage my own wellness.

_____ I have read and understand the READINESS FOR TRAINING GUIDE. It is essential that you understand the principles in the Guide before applying for training.

*** The State of New Mexico pays for CPSW training to aid in behavioral health workforce development within the state. If you live in another state, you will need to be trained and certified in your state of residence.**

• For Arizona go to: http://www.recoveryinnovations.org/riaz/peer_training.html

• For Texas go to: <http://www.Viahope.org>

• For Colorado go to

<http://www.colorado.gov/cs/Satellite/CDHSBehavioralHealth/CBON/1251578892077>

TRAINING PARTICIPATION REQUIREMENTS CHECKLIST (Please read and initial

to indicate your understanding of the following)

_____ I will attend, be on time, and actively participate in all five days of training and



understand that I cannot miss any training session for any reason.

_____ I will participate in discussions and role-plays using my personal experiences.

_____ I understand I must take the certification exam to complete certification as a CPSW.

_____ I understand that I am not guaranteed employment or a volunteer position as a result of participating in this training.

_____ I understand that if I cannot attend the training, I will provide five business days' notice by phone to the Training Coordinator. If I do not provide this notice, I will not be able to attend a CPSW training for one year.

RECOVERY EXPERIENCE

1. How long have you been in recovery? _____

2. What self-care practices do you practice to maintain your recovery?

3. Why do you believe it is important for CPSW to share recovery stories with clients?

4. Why do you want to become a CPSW?

5. What factors are most important in your own recovery?



6. Are you currently, or have you ever been, employed as a peer worker? If yes, please explain.

7. Did you complete this application yourself? _ _ _ _ _

If not please explain, and tell us who completed the application and why:

Please indicate your highest level of education: High School/GED _____ Some college _____

College degree Advanced degree _____

How will you get to the training? _____

Please list any reasonable accommodations you may need for the training:

If you require a special diet, please describe:

Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate. Your application will not be considered if not signed and fully completed.

Signature _____

Print Name _____

Date _____

Optional Demographic Information

(optional information to help us gauge diversity in the peer workforce)

Gender: Male _____ Female _____ Other _____

Age Group: 18-25 _____ 26-39 _____ 40-55 _____ 56+ _____

Race/Ethnicity: American Indian/Alaska Native _____ Black/African American _____



Hispanic/Latino _____ Asian/Hawaiian Islander _____ White _____ Other _____

Are you a vet? _____ If yes, which branch of service? _____

AUTHORIZATION AND RELEASE

I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for Certified Peer Support Worker Training and Testing.

I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, agents, and other representatives of the board from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date. I also affirm that I conform to the New Mexico Certified Peer Support Worker Code of Ethical Standards.

Signature: _____

Date: _____