Certified Older Adult Peer Specialist Training Application

DECEMBER 2, 3, & 5, 2019

CUMMINGS CENTER COMMUNITY CONFERENCE ROOM

100 CUMMINGS CENTER, SUITE 221-E, BEVERLY, MA 01915

Please fill out all pages of this application and send by email to Robert.walker@massmail.state.ma.us or fax (617-626-8131) to Rob Walker. If you have questions, please feel free to email or call Rob at (617) 626-8275.

Please return by November 1, 2019

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Primary Telephone: _____ Alternate Phone: _____

Email Address: _____

Please indicate the specific training and date you received the training:

__ Massachusetts Certified Peer Specialist program
__ Peer Employment Training
__ Recovery Coach Academy
__ Other

Month and Year attended: _____

Current Employer _____

Job Title _____

Training Pre-Requisites

1. Submission of an application.
2. Certification as a Peer Specialist or Recovery Coach, or other comparable lived experience.
3. Being an older adult, defined as age 50+.
4. Having lived experience of recovery from mental health challenges and/or substance use issues in one's own life, and being open to sharing those experiences with intent and purpose.
5. Being dedicated to promoting recovery opportunities in the lives of older adults.

Brief Application Questions

1. Why are you applying for the Older Adult Peer Specialist training?

2. Do you have any experience working with older adults (circle)? Yes No
   If yes, please describe the experience(s).

3. If you are selected for the Older Adult Peer Specialist training, how you will use the training in your role as a peer specialist/recovery coach working with older adults?

Mass DMH
Department of Mental Health