



Peer Support Canada

Application for Family Peer Support Certification

In this Application Package:

1. Applicant Information
2. Criteria for Application
3. About You
4. About Your Experience
5. References
6. Next Steps

Please note that all information is kept confidential by Peer Support Canada

1. Applicant Information

Date			
Name			
Address, City, Province Postal Code			
Email			
Preferred Phone #		Alternate Phone #	

2. Criteria for Application

Do you have lived experience as a family member / loved one? *

Yes No

Do you believe you are in a place where you are able to support others?

Yes No

Do you have experience in delivering at least 200 hours of formalized peer support** with a focus on supporting a peer in their recovery process?

Yes No

I understand that the fees are as follows: \$90 Application, \$440 Exam, \$750 Practicum

I understand that a practicum is the 3rd stage of the Certification process

I understand the Certification Process will take 12 to 24 months to complete

*When we speak of family members or family-based peer support we are speaking of those who are within a person's circle of support which includes family members and significant others.

**Formalized peer support occurs within a peer support setting or program and can be either paid or volunteer. Peer support of a formalized nature assumes that a peer supporter will learn how to ensure that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgemental acceptance, and trust are promoted within the peer support relationship. -MHCC (2013). Guidelines for Practice and Training of Peer Support. (p.18).

3. About You

Use as much space as you'd like – text boxes will expand as you type.

1. Why are you interested in Peer Support Canada's Peer Supporter Certification?

2. What do you hope to get out of this process?

3. As a family member, what does recovery mean to you personally?

4. What strengths / gifts do you bring to peer support?

4. About Your Experience

Tell us about your experience as it relates to peer support. Use as many pages as you need. As part of the assessment process, Peer Support Canada will be in touch with the organizations to confirm your acquired experience. This helps us design your practicum.

Most recent role	
Organization Name:	
City, Province:	
Type of Organization: <i>EG: Clinical site, Community organization, Workplace (providing peer support to colleagues), Other (please describe)</i>	
Contact Name at Organization:	Phone #
Contact Email:	
Start Date:	End Date:

No. of years and months providing peer support at this location (*only fill in applicable lines*):

	Years	Months
on a full-time basis (30+ hrs per week)		
on a part-time basis (12-29 hrs per week)		
on a casual basis (less than 12 hrs per week)		

Please provide an approximate % breakdown on how much time was spent on each of the following

One-on one peer support (relationship building)	%
One-on-one peer support (occasional/drop in)	%
Group Facilitation	%
Community of Practice/Networking	%
Administration	%
Other:	%

Briefly describe your role(s) and responsibilities:

Please elaborate on the one-on-one peer support you provided:

2nd most recent role	
Organization Name:	
City, Province:	
Type of Organization: <i>EG: Clinical site, Community organization, Workplace (providing peer support to colleagues), Other (please describe)</i>	
Contact Name at Organization:	
Contact Phone Number:	
Contact Email:	
Start Date:	End Date:

Number of years and months providing peer support at this location (*only fill in applicable lines*):

on a full-time basis (30+ hrs per week)	Years	Months
on a part-time basis (12-29 hrs per week)	Years	Months
on a casual basis (less than 12 hrs per week)	Years	Months

Please provide an approximate % breakdown on how much time was spent on each of the following

One-on one peer support (relationship building)	%
One-on-one peer support (occasional/drop in)	%
Group Facilitation	%
Community of Practice/Networking	%
Administration	%
Other:	%

Briefly describe your role(s) and responsibilities:

Please elaborate on the one-on-one peer support you provided:

3rd most recent role	
Organization Name:	
City, Province:	
Type of Organization: <i>EG: Clinical site, Community organization, Workplace (providing peer support to colleagues), Other (please describe)</i>	
Contact Name at Organization:	
Contact Phone Number:	
Contact Email:	
Start Date:	End Date:

Number of years and months providing peer support at this location (*only fill in applicable lines*):

on a full-time basis (30+ hrs per week)	Years	Months
on a part-time basis (12-29 hrs per week)	Years	Months
on a casual basis (less than 12 hrs per week)	Years	Months

Please provide an approximate % breakdown on how much time was spent on each of the following

One-on one peer support (relationship building)	%
One-on-one peer support (occasional/drop in)	%
Group Facilitation	%
Community of Practice/Networking	%
Administration	%
Other:	%

Briefly describe your role(s) and responsibilities:
Please elaborate on the peer support you provided:

5. References

As a part of this application process, Peer Support Canada will contact references who can speak to your innate qualities and natural skills that indicate your suitability for peer support work.

We ask that you **provide the names and contact information 3 to 5 individuals** who agree to be a reference for you. We will contact your references by email and ask them to complete an on-line questionnaire and comment on your interpersonal demeanour and readiness to support others. These references do not need to know anything about peer support. These questionnaires are designed to assess basic peer support competencies (such as Demeanour, Interpersonal skills, and Hopeful outlook). Evidence of these competencies are required in order to proceed through to the certification process.

For more information about competencies refer to the PSACC Certification Handbook.

The amount of time expected to complete this questionnaire is approximately 30 minutes.

We suggest that references might include:

- someone who has been in a supervisory or mentor-type role for you, or
- someone who has worked with you whether it be paid work or voluntary

Please note that:

- individuals to whom you have provided peer support may not be used as a reference
- members of your family may not be used as a reference.

You will also be asked to complete an on-line self-assessment in order to reflect upon your own qualities and skills.

At the end of Phase One, the results of the assessment will be shared back with you.

The request will be sent via email – please be sure that the email addresses of your references are up to date, and that they are available to complete the assessment.

Reference #1

Name	
Relationship to you	
Phone Number	Email
City, Province	
Has this person agreed to be a reference? (Yes/No)	

Reference #2

Name	
Relationship to you	
Phone Number	Email
City, Province	
Has this person agreed to be a reference? (Yes/No)	

Reference #3

Name	
Relationship to you	
Phone Number	Email
City, Province	
Has this person agreed to be a reference? (Yes/No)	

Reference #4

Name	
Relationship to you	
Phone Number	Email
City, Province	
Has this person agreed to be a reference? (Yes/No)	

Reference #5

Name	
Relationship to you	
Phone Number	Email
City, Province	
Has this person agreed to be a reference? (Yes/No)	

6. Next Steps

Thank you for taking the time to complete this application. *Please keep a copy for your records.* Your application will be viewed by members of the Peer Support Canada Certification Committee and staff. The contents of your application will be kept confidential by Peer Support Canada.

To submit by email, save this file as *lastname firstname application* and email to: certification@peersupportcanada.ca

The Application Fee is \$90 (\$101.70 with tax)

- Please invoice me
- Please invoice my employer/other

Name:

Email and Phone:

If you have any questions at any time, please contact Lauren Dickler, Certification Coordinator at Laurendickler@peersupportcanada.ca

You can expect to hear back from us in 6-8 weeks about the status of your application.

Following this phase, you will be invited to complete the Knowledge Assessment. Feedback on your Knowledge Assessment will be shared back with you, including areas of strength and areas for development.

The final phase is the Practicum, which is 5-20 weeks (about 10 hours a week) at a location of your choosing. You will be matched with a mentor who will guide your practicum. (Most people's practicum hours are completed as part of their existing work or volunteering.)

Following completion of the practicum there is a final assessment, including feedback from those you've provided peer support to, your Practicum Mentor, and site supervisor. The Certification Committee makes all recommendations for Certification.

Welcome!