

Peer Support Canada

Application for Peer Support Certification

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Please note that all information is kept confidential by Peer Support Accreditation and Certification (Canada)

1. Applicant Information

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

Are you applying for Peer Support Certification, or Family Peer Support Certification?

Peer Support Certification Family Peer Support Certification

I understand the Certification Process will take 6 to 12 months to complete.

2. Criteria for Application

Do you have personal lived experience*?

Yes No

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

Yes No

Do you believe you are on a path of recovery and wellness, and able to support others?

Yes No

Do you have experience providing formalized peer support** with a focus on supporting a peer in their recovery process?

Yes No

*Lived experience (either personally or as a family member/loved one) with a mental health challenge *and/or* a substance use disorder. Please note that 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 or a Family Peer Supporter Certification?

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

3. 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*):

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:

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:

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

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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 15 to 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 complete assessment will be shared back with you.

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 save this file as *lastname firstname application* and email to: **Certification@psac-canada.com**
Please keep a copy of this file for your records.

Your application will be viewed by members of the Peer Support Canada Certification Committee, the Executive Director, and the Certification Coordinator. The contents of your application will be kept confidential by Peer Support Canada.

You can expect to hear back from us in 4-6 weeks about the status of your application. Please ensure that your references are available to complete the assessment. 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. (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.

Please note, the Application Fee of \$90 (\$101.70 with tax) must be received before your application will be processed.

- My payment is enclosed
- My cheque is in the mail
(Cheques can be made out to Peer Support Canada, 109 Drummond Rd, Halifax NS B3P 2L2)

- Please invoice me
- Please invoice my employer/other
 Name:
 Email:

- I'd like to pay via e-transfer
- I'd like to pay via paypal

If you have any questions at any time, please contact us:

Certification Coordinator, Lauren Dickler
Lauren.dickler@psac-canada.com
1-416-0641

Executive Director, Shaleen Jones
Shaleen.jones@psac-canada.com
902-818-5095

Welcome!