

**Spring 2024 Wyoming Peer Specialist  
New Peer Specialist Training  
INVITATION AND APPLICATION**

Applications are now available for Wyoming's 5-day New Peer Specialist Training. This training's purpose is to advance work competencies for persons new to the Peer Specialist profession.

## **New Peer Specialist Training**

**March 11-15, 2024, in Cheyenne, WY**

Highlands Presbyterian Church, Clark Fellowship Hall, Lower Level

### **TUITION**

Tuition is covered through various grants. The value of the tuition is approximately \$1,500 per person. If you are accepted to the course, there is no tuition cost.

### **TRAVEL COSTS**

All travel costs, including lodging, meals, and mileage are your own responsibility. Your employer may have resources to help with some of your travel expenses.

### **STIPENDS**

Small stipends may be available to offset the cost of attending. Please see below for more information.

### **Who Should Attend**

This course is limited to persons with their **own personal experience** recovering from a **significant** mental illness and/or substance use or alcohol addiction. Attendees/applicants should be well grounded in their recovery. **At least two years of continuous recovery is required. High school diploma or equivalent is required.**

- People working in a peer support role who have not yet been certified.
- Recovery Coaches
- Techs, CAPA's, CAP's, CNA's, other similar work roles, & Peer Run Agency employees
- People with their own lived mental health and/or substance use recovery experience who work in
  - Mental health agencies
  - Substance use treatment agencies
  - Health agencies and hospitals
  - Peer run agencies
- People with their own mental health and/or substance use recovery experience who want to learn more about the Peer Specialist profession

There is a limited number of training spaces available and applications for the New Peer Specialist Training is required.

**Please submit application by Friday, February 16, 2024.**

**Application selection notifications will be sent via email by end of day on February 21<sup>st</sup>. Space is limited- apply early!**

**Note- Not everyone that applies will be selected. Completion of training does not immediately result in certification.**

**Successful Participants will Demonstrate Competency in These Areas**

- Peer Specialist Basics
- Basic Work Competencies
- Sharing Your Recovery Story
- Confidentiality
- Medicaid Documentation Requirements
- Group Work and Mutuality
- Conflict in the Workplace
- Reporting to Supervisor/Clinician
- Coping Strategies & The Grief Process
- Behavior/Physical Health Interactions
- Positive Relationships
- Community Resources
- Natural Supports
- Cultural Competency
- Resiliency
- Person Centered Recovery
- Hope and Recovery
- Using Recovery Language
- Trauma Informed Care
- Self-Care
- Advocacy
- Working with Veterans

**Spring 2024 Wyoming Peer Specialist  
New Peer Specialist Training  
Registration Form**  
(This is a four-page registration form.)

*Mail, email, or fax the form to arrive by Friday, February 16, 2024. It is ok to handwrite responses and/or attach a separate typed page.*

Your first and last name:

Your mailing address:

Town:

State:

Zip Code:

Your email address (REQUIRED):

Phone number where we can reach you “on the road”:

Check if you are you currently employed by a  
 Mental Health Agency  
 Substance Abuse Treatment Agency  
 Health Agency  
 Hospital                      Psychiatric Hospital/Unit

Peer Run Agency/Recovery Agency  
None of the Above/Other:

*If applicable*

Your work title:

Name of Agency where you work:

Job Supervisor's Name:

\*If you are selected for the training, you will be notified by February 21<sup>st</sup> of your acceptance.

### **Stipend Request**

Small stipends may be available to help offset travel costs to attend this training. Priority will be given to those who are required to travel to attend. You will be notified via email if your stipend request is accepted or denied.

Please list the amount you are requesting below. Please note that light snacks and beverages will be available each day. All other meals will be on your own.

Stipend Amount Requested: \_\_\_\_\_

If stipend is approved, who should stipend check be made out to: \_\_\_\_\_

### **Questions**

For the following, please keep your answers brief and to the space specified.

- Please use this space to describe what you wish to gain by attending the New Peer Specialist training.
  
  
  
  
  
  
  
  
  
  
- Please provide a brief history of your recovery journey [i.e., What are you in recovery from? (mental health and/or substance abuse), what were some of your challenges?, how did you get in recovery?, etc.] You must demonstrate that you have **personal lived experience**.

- Please list 2 – 3 things you do to stay in recovery.
  
  - Summarize one way you have assisted another person using your own experience as an example.
  
  - **Required**- Please list what you consider to be your **recovery date** from substance use and/or mental health challenges:
  
  - If you plan to travel to attend the course, how will you pay for travel costs?
  
  - Have you applied for this training previously? If yes, when?
- 

### **Letter(s) of Support**

NEW!- You may wish to attach up to 2 letters of support. The letters of support may come from a future or current employer, friend, mentor, or anyone who can speak about your recovery journey and why you should be chosen for this training.

The letter of support may include the following components:

- Name, title (if applicable), employer (if applicable), and contact information of the supporter.
- Length of time the person has known you and in what capacity.
- Anything the supporter would like to share about your character, work ethic, recovery journey, etc.

This component of the application is not required but will assist us in the selection process for the training.

**\*NOTE-** If you are not selected to attend this training, you will need to reapply for the next available training.

Please initial that you acknowledge each of the following:

\_\_\_\_ The participants/students for this training are people who have had **personal, life-altering mental health and/or serious substance use/alcohol issues and are now in recovery for 2 years**. By initialing, I confirm that I meet these criteria. I will hold all personal information shared during the training confidential.

\_\_\_\_ This training is highly interactive. As a participant in the training, I will be expected to share, talk, discuss, work with small and large groups, and fully participate in the activities.

\_\_\_\_ I understand that training spaces are limited and, therefore, submission of this application does not guarantee admission. If I am accepted to the training and cannot attend, I will provide at notice via email to [lanamahoney@recoverwyoming.org](mailto:lanamahoney@recoverwyoming.org).

\_\_\_\_ I understand that this training **does not guarantee certification** as a Peer Specialist. The course only fulfills the initial training requirement. You must fulfill the additional requirements of IC&RC to obtain Peer Specialist Certification in Wyoming.

\_\_\_\_ I understand that this training does not guarantee employment and is not an offer of employment.

\_\_\_\_ If chosen as a training participant, I understand that I am responsible for my own expenses such as travel, hotel accommodations, and meals. Beverages and light snacks will be provided during the training. (Lunches during the training will be on your own). I understand I may apply for a stipend to offset costs.

Signature:

Date:

Mail, email, or fax the form to arrive by Friday, February 16<sup>th</sup>, 2024, to:

Recover Wyoming  
 1017 East Lincolnway  
 Cheyenne, WY 82001  
 (307) 421-7261

Fax (307) 222-0281

[www.recoverwyoming.org](http://www.recoverwyoming.org)

Email for information: [lanamahoney@recoverwyoming.org](mailto:lanamahoney@recoverwyoming.org)

Phone number for information: (307) 421-7261

## **Hotel information**

**You are free to stay where you wish.**

**PLEASE MAKE YOUR OWN HOTEL RESERVATION. You need to pay for your own hotel room and all travel costs.**

### **Be careful to note hotel cancellation policy**

To find hotel room options in **Cheyenne** please use an internet search. Searching for at least a 3-star hotel should result in some nice options.

Feel free to contact [lanamahoney@recoverwyoming.org](mailto:lanamahoney@recoverwyoming.org) if you have questions or want hotel recommendations.

This training was developed by the Wyoming Department of Health, Behavioral Health Division, through a subcontract with the Center for Social Innovation, LLC, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Modifications to the training and curriculum have been made by a cohort of Peer Specialists and Recover Wyoming. This training is developed from the Wyoming Department of Health, Behavioral Health Division, through a subcontract with the Center for Social Innovation, LLC, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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