



Ohio Parent Peer Support Certification
Examination Application
June 2019



Dear applicant,

Thank you for your interest in Parent Peer Support Specialist certification. The life experience of a parent living with a child with a behavioral/ mental health diagnosis can truly only be understood by someone who has walked a similar journey.

This certification lends credibility to parent peer supporters, and ensures that each Parent Peer Support Specialist meets a high standard of training and that qualified parent peer support specialists will be given to families in need of support. Thank you for your commitment to support quality, parent peer support in Ohio by seeking this certification.

Read this letter completely.

Enclosed in this packet you will find the Frequently Asked Questions sheet, the Ohio Parent Peer Support Scope of Practice, Specialist Code of Conduct (which must be signed, at the Pre- exam training), Core Competencies, Continuing Education Requirements , and the application with three (3) referral forms. Please read each page carefully and follow every instruction.

A visit to our website this will help you become familiar with our requirements, the processes, etc.

Complete the attached application using black or blue ink only. You may submit the application through e-mail, fax, or mail to:

NAMI Ohio

Cc: Angela Schoepflin

1225 Dublin Road, suite 125,

Columbus, Ohio, 43215

FAX: 614-224-6700

E-MAIL: angela@namiohio.org

Throughout this process you will have many questions, so feel free to contact Angela Schoepflin at 614-224-2700. She is the Parent Peer Support Certification Parent lead.



Ohio Parent Peer Support Specialist Certification

Application Steps

1. Please ensure that all electronic applications are submitted in a PDF format. **Attachments in any other format will not be processed. References must be mailed.**
2. Please refer to the checklist in the application packet to ensure that you are submitting all the required documents.
3. Once your application is accepted you will receive an email giving you the date for the one day pre certification training.
4. If your application is not complete, it will be returned to you with an explanation of what is needed to complete it. It must be returned, with the corrections in order to be considered for testing.

Should you have any questions, please contact:

Angela Schoepflin

Children's programs administrator

Parent Peer Support Certification Lead

Phone: 614-224-2700

E-mail: angela@namiohio.org



Ohio Parent Peer Support Specialist

Tier 1 Application

Application checklist

The following tool is to ensure that your application is complete prior to submitting to NAMI Ohio for OMHAS for certification.

I have enclosed a copy of my:

- Signed release of information (permission to collect necessary information)
- The finished application
- Three reference forms and letters.
- One of the following**
 - A letter as proof of at least one year of employment / volunteer experience in lieu of certificates as proof of trainings.
 - Certificates of completion for parent peer support education (**see page___ of application**)
- A copy of your high school diploma or a G.E.D. certificate, or higher education.
- A check for 75.00 for the Test fee, or a request for scholarship.
- Proof of date of birth. Can be driver's license, or state photo I.D. ***Photo copy acceptable***

If you have taken and passed the National Federation of families for Children's mental Health Certification, you will automatically receive state certification. Please, submit proof of this certification.

Signature Page

By initialing and signing, you understand that you are required to follow the code of conduct detailed in the Ohio Parent Peer Support Specialist Code of Ethics and the application packet. Your signature and initials are required I this section.

I acknowledge that I have received and read a copy of the Ohio Parent Peer Support Specialist Code of Ethics, and will be responsible for obtaining all future amendments and modifications thereto.

Initial _____

I acknowledge that I have received and read the most current Ohio Parent Peer Support Core competencies

Initial _____

I acknowledge that I have received the Ohio Parent Peer Support Application packet.

Initial _____

PRINT FULL NAME

DATE

SIGNATURE





Ohio Parent Peer Support Specialist Certification



Application

NAME (please print) _____

Address: _____

City _____ State _____ Zip code: _____

Phone:

Cell: (_____) - _____ - _____. Home: (_____) - _____ - _____

Email: _____ Male _____ Female _____ Other _____

Date of Birth: _____

Please answer the following and include any supporting documentation for your answers when your completed application that is submitted. **The items that are bolded are required for your application to be considered .**

You must be a caregiver or have been the caregiver of a child /children with a mental health diagnosis (for at least a year) and have been involved with two of the child serving systems in Ohio,(juvenile justice, special education, child protective services, medical, developmental disability, etc.)

I am or have been legal caregiver of a child/children diagnosed with a behavioral health disorder (mental, emotional, behavioral, co-occurring) diagnosis and date of onset(if known)

- Please list the sex, ages and diagnoses of at least , but no more than two children for whom you were the legal and primary caregiver:

- **Child one:** _____

▪ **Sex:** _____ **age:** _____

▪ **Diagnoses:**

○ **Child two:**

▪ **Sex:** _____ **age:** _____

▪ **Diagnoses** _____

Education:

I have a high school diploma.

GED please include a copy.

I have completed the 10-hour Orientation training for PPS specialist certification.

○ Date completed _____

○ Name of Training Entity: _____

○ Submit your certificate of completion. _____

Substance use Information

If you are in recovery from addiction, what is your sober date? _____



Primary Lived Experience



Describe your experience as a caregiver of a child or youth with Behavioral, mental, emotional, or co-occurring disorders. (Please include your relationship to the child and give at least one example of something that you learned from navigating multiple systems with your child.) **Please type out and attach to this application. No more than 2 (front only) pages.**

Include:

Did you have Parent Peer Support?

How was it helpful?

What are your strengths and opportunities for growth do you bring as a Parent Peer Support Specialist?

Why do you want to be a certified Parent Peer Support Specialist?

—



Parent Peer Support Work/Volunteer Experience



If you currently work as a parent peer supporter/ specialist, please give us the following information:

Organization name: _____

Address: _____

City: _____ State: _____ zip code: _____.

Phone: _____ Email: _____

Name of supervisor: _____

Phone: _____ email: _____

Date employment/Volunteer work began: _____ End: _____

Number of hours volunteered or worked weekly: _____

Please enter job description/volunteer duties:



Ohio Parent Peer Specialist Certification Training Requirements



Parent Peer Support certification requires the following proof of training: Note there is a required minimum of hours for each training; you must have had the training within the last 2 years as a new PPS.

Please attach the following:

1. Proof of required trainings: PROOF CAN BE ONE OF THE FOLLOWING:

- a. Certificates.
- b. Letters of completion.

2. Individual Trainings: 27 independent training hours (on the job training can be considered) You must present a Certification or another form of Proof Of Training **plus** the 10 hour one day Pre-Certification Exam training. **This equals a total of 37 hours**

This Mandated One-Day Pre Exam Training will be scheduled at the time your application is accepted.

One Day Pre-Exam Training

Training hours earned

- | | |
|--|---|
| ○ What are Parent Peer Support Specialists? | 1 |
| ○ Ethics and Boundaries, Competencies, Domains | 2 |
| ○ Self-Care | 1 |
| ○ Effectively Sharing Your Story | 6 |
| ▪ Effective Communications | |

10 total hours

2. Required Individual trainings continued

Required Trainings	Minimum Required Hours	Your Hours
a. Advocacy		
i. General	2	—
Family and Children First, Service Coordination, Wraparound, Legal Aid		
ii. Mental Health and Addiction, (basic)	6	—
1. Terminology, Process, Trauma informed care		
iii. Education(basic)	3	—
Acronyms, Process (from request to IEP)		
iv. Juvenile justice/specialty dockets(basic)	3	—
1. Public Defense (court appointed attorney)		
2. Terminology-competency, truancy		
3. JDC, CCF, DYS		
v. Child Welfare	6	—
1. Terminology, acronyms		
2. The process		
a. Removal, placement,		
b. Supervision, Investigation		
3. Legal rights for parents and children		
b. Department of Developmental Disability	3	—
1. Waiver information, emergency		
2. Terminology		
3. OOD		
c. Systems of Care in Ohio.	1	—
1. What is it, what are the benefits of it?		
d. Streams of Funding and resources	2	—
1. Terminology		
e. Self-Care	1	—
1. Supervision		
Total Minimum hours:	<u>27</u>	Your total: _____

REFERENCES



Ohio Certified Parent Peer Support Specialist

Reference form.

TO THE APPLICANT:

Please fill out the lines below and give the reference forms to each one of your three (3) references.

If you are working or volunteering, please make sure at least one of your references is your Supervisor.

You cannot use the same person for both the professional and personal reference.

The individuals you are using for references should complete the reference form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send for the Ohio Parent Peer Support Certification exam.

- List your references below. Give each of them one of the reference forms.
- **You complete and sign the top portion of each reference form.** This gives us permission to contact your reference if necessary.
- The individual who writes your letter of recommendation completes and signs the bottom,

Reference 1.

NAME: _____

Job Title or Relationship _____

Reference 2.

NAME: _____

Job Title or Relationship _____

Reference 3.

NAME: _____

Job Title or Relationship _____

Do not submit your application without enclosing all three completed reference forms with letters.



Ohio Parent Peer Support Specialist Certification



Reference 1

Applicant name: _____

Address (street and mailing):

Phone: _____ Email: _____

APPLICANT SIGNATURE

DATE

TO THE PERSONAL REFERENCE:

The person named above is applying to take the exam for the Ohio Parent Peer Support Specialist Certification. The applicant has indicated that you would be able to evaluate his/her qualifications and provide us with a candid recommendation.

Personal references used during the application process are a valuable part of the applicant review and your input is greatly appreciated.

Reference name: _____ Phone: _____

Address: _____

Email: _____

Position/Title: _____

Organization: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

Job Supervisor/Employer

Clergy

Volunteer Supervisor

Instructor

Teacher

Friend

Other (specify) _____

Please describe the situation in which you know the applicant. (Please do not include confidential information)

Ohio Parent Peer Support Specialist Certification

WORK PERFORMANCE:

Please comment on such qualities as the applicant's level of dependability, personal initiative, and ability to fully partner with parents who are involved in the systems of care.

RELATIONSHIPS WITH OTHER PEOPLE

Parent Peer Support Specialists need to understand other people's viewpoints and experiences and to communicate with people with differing backgrounds. Please comment briefly on the applicant's ability to relate with others.

STRENGTHS AND CHALLENGES

Please list three strengths of the applicant.

- a.

- b.

- c.

Please list three challenges of the applicant.

- a. _____

- b. _____

- c. _____

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to their application for Parent Peer Support Specialist certification– such as the applicant’s desire to serve others, maturity, work ethic, flexibility and dependability. Explain any reservations that you have regarding the applicant’s taking the exam.

Your signature:

_____ Date _____

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.



Ohio Parent Peer Support Specialist Certification



Reference 2

Please Print

Applicant name: _____

Address (street and mailing): _____

Phone: _____ **Email:** _____

APPLICANT SIGNATURE

DATE

TO THE PERSONAL REFERENCE:

The person named above is applying to take the exam for the Ohio Parent Peer Support Specialist Certification. The applicant has indicated that you would be able to evaluate his/her qualifications and provide us with a candid recommendation.

Personal references used during the application process are a valuable part of the applicant review and your input is greatly appreciated.

Reference name: _____ **Phone:** _____

Address: _____

Email: _____

Position/Title: _____

Organization: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

Job Supervisor/Employer

Clergy

Volunteer Supervisor

Instructor

Teacher

Friend

Other (specify) _____

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- b.

- c.

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- a. _____

- b. _____

- c. _____

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Your signature:

_____ Date _____

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Ohio Parent Peer Support Specialist Certification



Reference 3

Please Print

Applicant name: _____

Address (street and mailing): _____

Phone: _____ Email: _____

APPLICANT SIGNATURE

DATE

TO THE PERSONAL REFERENCE:

The person named above is applying to take the exam for the Ohio Parent Peer Support Specialist Certification. The applicant has indicated that you would be able to evaluate his/her qualifications and provide us with a candid recommendation.

Personal references used during the application process are a valuable part of the applicant review and your input is greatly appreciated.

Reference name: _____ Phone: _____

Address: _____

Email: _____

Position/Title: _____

Organization: _____

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

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Your signature:

_____ Date _____

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