



Institute for Recovery & Community Integration

Transforming Lives by Transforming Systems

SAVE THE DATE!!!
ATTENTION: Certified Peer Specialists
REGISTER NOW!

Institute for Recovery & Community Integration
Presents a

Three Day Older Adult Peer Specialist *Enhanced* Certificate

Dates: April 24-26, 2012

Location: Pittsburgh, PA

Cost: 500.00

This training will prepare current **Certified Peer Specialists** to utilize existing experience, skills and training to work with Older Adults living with behavioral health disorders. Training will include an understanding of mental health and co-occurring issues as they relate to aging issues. Peers will increase their level of expertise while gaining specialized techniques that support Older Adults.

To register, please complete the registration form under Section 2 and return to: **MHASP, 1211 Chestnut Street, Philadelphia, PA 19107 Attention: Bob Turri, Business Manager.**

Please Note: All registrations must be received by: March 14, 2012. Participation is limited to 20 individuals.

Section 1:

Target Audience: Certified Peer Specialists

This training is for CPS' who are interested in enhancing their skills to work with Older Adults living with behavioral health concerns. Trained participants will receive a certification that enhances their skills as a CPS and promotes support for Older Adults living with behavioral health concerns.

Educational Objectives:

At the completion of this seminar, participants will have an understanding of the issues encountered by older adults including:

- Aging composition (demographics)
- Healthy aging
- Cultural competency
- Depression, anxiety, hoarding, cognitive impairment, substance use & co-occurring physical illness in older adults
- Suicide in older adults
- Care giving
- Community resources
- Wellness Recovery Action Plan
- Stages of Change

Requirements for certificate:

**Full attendance is required at the workshop to receive certification. Partial credit will NOT be awarded. Late arrivals or early departures will preclude awarding certification as full participation is required.*

Section 2:

REGISTRATION FORM

Name: _____

Title/Position: _____

Age: Date of Birth: _____

Agency: _____

Address: _____

City/State/Zipcode: _____

Phone: (_____) _____ **Fax:** (_____) _____

Email

Address: _____

Please Complete and Submit with Application

Brief Questionnaire

20 OLDER ADULT PEER SPECIALISTS WILL BE SELECTED FOR THE 18 HOUR OA-CPS TRAINING BASED ON RESPONSE TO THE FOLLOWING QUESTIONS:

- 1) Why are you applying for the 18-hour OA-CPS training?
- 2) If you are selected for the 18-hour OA-CPS training, state how you will use the training in your role as a peer specialist working with older adults.
- 3) Complete the questionnaire on a separate piece of paper.

ANSWERS SHOULD NOT EXCEED 1 PAGE.

*If selected for the 18-hour OA-CPS training, I agree to participate in follow up telephone interviews and questionnaires to help OMHSAS gather data and outcomes related to the training.

CPS Signature _____ Date _____

PLEASE ATTACH:

1) COPY OF YOUR PEER SPECIALIST CERTIFICATE

2) BRIEF QUESTIONNAIRE

3) CURRENT EMPLOYER: _____

4) (If NOT currently employed, list expected employment start date):

5) SUPERVISOR SIGNATURE: _____

Date: _____

*I attest that the applicant is employed by our agency or will be employed as a result of participating in the OA CPS training.

Registration may be submitted via fax at 215-636-6328 to:

Bob Turri, Business Manager

Mental Health Association of SE PA

Attn: IRCI

Or mailed to:

Bob Turri, Business Manager

Mental Health Association of SE PA

Attn: IRCI

1211 Chestnut Street

Philadelphia, PA 19107

All applications must be postmarked by March 14, 2012