



**2026 Region 7E AMHI Certified
Peer Specialist Training
Application**
**Monday-Friday, November 9-20;
8:30am-4:30pm**



Eligibility and Requirements:

RI International Certified Peer Support Specialist Training (CPSS) or Certified Peer Specialist Training is recognized around the world. To date, they have trained over 15,000 individuals worldwide. Their CPSS Training is certified curriculum in several states, including Arizona, Pennsylvania, Minnesota, and California. It is an approved curriculum of the Veteran's Administration in certifying Peer Support Specialists. CPSS Training has been developed and updated through the years, to support individuals in developing a unique set of skills needed to work as a Peer Support Specialist.

Download the application at www.adultmentalhealth.com. Submit the completed form online, scan and then email, or postal mail it to Amanda Stevenson. Once you have submitted your application and it has been reviewed and approved, you will receive an email for next steps in registration. If you are not approved as eligible, you will receive an email from the Region 7E Planner, Amanda Stevenson, on what you will need to become eligible in the future.

If you meet the following requirements, you are eligible to attend the training opportunity.

1. Please check all that apply to you:

- ☐ 18 years old or older
- ☐ Are a current or former recipient of mental health services
- ☐ Identify as an individual stable in mental health and willing to share your experience with mental health
- ☐ This virtual program requires a computer or tablet with Internet access, a webcam, microphone, and speakers, as well as a quiet area in which to participate in the course, and to complete the homework.

Completion Requirements / Guidelines

- Must earn a final grade of 80% or higher based on participation, attendance, and test scores.
- Must achieve consistent attendance; missing no more than 8 total hours of training.
- Training is 8:30am-4:30pm. Participants must not miss the following training modules:
 - Orientation: Friday, November 6, 2026
 - Module 1, first day of training: Monday, November 9, 2026
 - Story day: Friday, November 13, 2026
 - Ethics and boundaries day: Monday, November 16, 2026
 - Final exam day: Friday, November 20, 2026

2. Please check the most applicable option below:

- ☐ I have read and understand the completion requirements for the Certified Peer Specialist Training
- ☐ I do not understand and/or I am unable to meet the training completion requirements

3. Which eligibility requirement(s), if any, do you not meet right now?

(Check all that apply)

- ☐ Access to internet
- ☐ Access to computer or tablet, phones are not compatible
- ☐ Younger than 18 years old
- ☐ Are not a current or former recipient of mental health services
- ☐ Do not identify as an individual stable in mental health
- ☐ Unwilling or unable to share about your mental health journey
- ☐ Unable to meet the attendance requirement

4. Full first and last name:

5. Preferred phone number with area code:

6. Preferred email address:

7. Preferred full mailing address:

8. County/Tribal Nation you reside in:

Priority will be given to residents in Region 7E (Chisago, Isanti, Kanabec, Mille Lacs, and Pine counties and the Mille Lacs Band of Ojibwe)

9. Enter any language you speak fluently other than English, if any:

10. Do you identify as having a disability?

A disability is defined as an individual who: 1) has physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, or working; 2) has a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

☐ Yes ☐ No ☐ Unsure

11. Are you a military veteran? ☐ Yes ☐ No

12. Are you currently employed or volunteering? ☐ Yes ☐ No

Current employment or volunteer status is not required to take this training.

13. If yes, what is the name of the organization you are employed or volunteer with:

Please work directly with your employer to confirm you are approved to attend the full training schedule, prior to submitting this application.

Essay questions:

RI Consulting provides a deeper dive into the word “recovery” during the training. You will notice the word “recovery” used often in the following essay questions. To support setting you up for success in answering these essay questions, here is the RI Consulting approved definition of recovery: **“Remembering who you are and using your strengths to become all you were meant to be.”**

Essay Question 1:

Becoming a Certified Peer Specialist requires personal lived experience of recovery from mental health or co-occurring diagnoses (mental health and substance use). Please briefly describe how your lived experience can be an asset in supporting mental health recovery in the lives of others.

Essay Question 2:

As a Certified Peer Specialist, you must be dedicated to promoting mental health recovery opportunities in the lives of peers. Why are you interested in promoting mental health recovery opportunities in the lives of peers?

Essay Question 3:

As a Certified Peer Specialist, what are your thoughts about sharing your personal mental health recovery story with individuals you support? Be sure to include your comfort level.

Essay Question 4:

When a Certified Peer Specialist shares parts of their mental health recovery story with another person, what are some positive things that can come out of this for the person being assisted as well as the Certified Peer Specialist?

Essay Question 5:

Please describe the strengths you have that will help you be a great Certified Peer Specialist.

Essay Question 6:

Please describe the strengths you have in terms of academic work (studying, taking tests, completing assignments, etc.):

Essay Question 7:

Please describe how you will use the skills acquired through this training in a job or volunteer opportunity.

Essay Question 8:

Please describe how a Certified Peer Specialist certification fits into your long-term mental health recovery plan

Americans with Disabilities Act

Under the Americans with Disabilities Act, RI Consulting and Region 7E AMHI must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity.

RI Consulting and Region 7E AMHI will take reasonable action that allows individuals to take part in and understand a program or activity, including making reasonable changes to an activity.

If you believe you will not be able to understand or take part in a program or activity because of your disability, please let us know your needs in advance if possible. Any questions as to what defines "reasonable accommodation" may be referred to Amanda Stevenson, Region 7E Planner.

Reasonable accommodation requested after the training begins will be addressed in a timely manner, though, RI Consulting and Region 7E AMHI can offer no guarantee the exact request will be filled after the training has commenced.

Are there any reasonable accommodations pertaining to coursework, classroom, or practical things you may need to help you succeed in training?

☐ Yes

☐ No

If answering "yes," please list the need and your ideas on how to meet that need.

General Information

- Submit the completed application by dropping off in person, mailing, by fax, or email, to:

Amanda Stevenson, Region 7E AMHI Planner
Isanti County Health & Human Services
Oakview Office Complex, Suite A
1700 E Rum River Drive S
Cambridge MN 55008
Direct: 763.688.2511
Fax: 763.689.9877
Amanda.Stevenson@co.isanti.mn.us

- When submitting questions or your application by email, please insert the following into the subject line: 2026 CPS Training Application - Your Name
- Questions may be submitted to Amanda Stevenson via the contact information above.
- The completed application must be received by **12:00 Noon on Monday, October 26, 2026**. Applications received after this date/time will not be considered.
- Please note submitting an application does not guarantee acceptance to the training.
- Class is limited to 11 students. If you are not accepted in the initial round, please advise Amanda Stevenson if you would like to be placed on the waiting list.
- You will receive our decision by Thursday, October 29, 2026, and approved applicants will receive training and login instructions via email.

Attestation

I authorize the staff of RI International and Region 7E AMHI to communicate with other entities as necessary regarding my acceptance and completion of this training.

By adding my full name in the box below and marking the check box, I am stating I meet the Certified Peer Specialist training qualification, and 1) I have read and understand the Certified Peer Specialist training completion requirements, 2) I have the resources to meet the technical requirements, and 3) I agree with the agreement.

Confidentiality notes: This form, including any attachments, is intended only for the person or entity to which it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this form or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the form to the intended recipient, is prohibited. If you have received this form in error, please contact the sender and destroy the original message and all copies.

If you choose not to sign below, you are welcome to email Amanda Stevenson, Region 7E Planner at Amanda.stevenson@co.isanti.mn.us to discuss other options. Please be sure to use subject line: Certified Peer Specialist Training Application Question.

Printed full name:

Date:

☐ I confirm I have read, understand, and agree to the eligibility and training requirements.

For Office Use Only

Date Received

Applicant Name

Technology Confirmed ☐ Yes ☐ No

Eligibility Verified ☐ Yes ☐ No

Registration complete ☐ Yes ☐ No

Accommodations list

RI confirmed registration?

On Waitlist?

Notes

Application #

R7E Resident ☐ Yes ☐ No

Age confirmed ☐ Yes ☐ No

Date Notice to Applicant

Follow up

Accomm follow up

Orientation Confirmed