

**Office of Peer Recovery & Engagement**  
**CERTIFIED PEER SUPPORT WORKER TRAINING PROGRAM**  
**READINESS FOR TRAINING GUIDE**

Thank you for your interest in serving New Mexicans with behavioral health issues. The Certified Peer Support Worker (CPSW) training program prepares people who are successfully engaged in recovery from mental health and addiction issues to help others in their recovery journey. Because of their own personal recovery experiences, Certified Peer Support Workers are uniquely qualified to enhance services delivered by provider agencies and other organizations. New Mexico CPSWs are currently employed in Core Service Agencies and other provider settings, in peer-run wellness centers, with Managed Care Organizations, and in other settings.

**Who are Certified Peer Support Workers?**

CPSWs are individuals in recovery with mental health and/or substance use conditions who have successfully completed a training class and passed a certification exam. Certified Peer Support Workers use their experience to inspire hope and instill in others a sense of empowerment. They are trained to deliver an array of support services and to help others identify and navigate systems to aid in recovery.

**What are Peer Support Services?**

Peer support is “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.” (Mead 2001). Peer support services are programs, groups, events, and discussions within the behavioral health system led by people in recovery, based on the philosophy of peer support. Services are delivered within the structure of an agency or organization, or in a person’s home. The following are some examples of peer support services:

- Providing support for clients’ physical health conditions or concerns
- Giving assistance with independent living skills (e.g. money management, problem solving, establishing boundaries, reducing stress)
- Working together to develop socialization and recreational skills
- Setting a plan to provide aid and comfort to a person in crisis
- Developing recovery and resiliency skills

**Certified Peer Support Workers Training**

The Office of Peer Recovery & Engagement (OPRE), through the Behavioral Health Services Division (BHSD) of the NM Human Services Department, offers a training program for individuals seeking certification as Peer Support Workers. The training requires 40 hours of classroom time over five days and covers topics such as

professionalism, ethics, components of recovery and resiliency, mental health and substance use disorders, building communication skills, stress management, and supportive housing. The curriculum is structured to train individuals in skills and content universal to peer support issues and to provide an understanding of how peer support services are structured in New Mexico.

To be considered for training, the CPSW application must be completed in full, and all eligibility requirements met. The application includes a written application and a brief (15- 20 minute) telephone interview. We may ask that you provide written documentation from your therapist, counselor, or sponsor to demonstrate two years of sustained recovery.

### **Training Readiness**

Working as a CPSW is rewarding but also can be stressful, and is not for everyone. You should consider the following before deciding to attend certification training:

#### **Training**

- The training environment is a formal classroom atmosphere and requires participants to focus during class time and review some material outside of class. If you have not been in a classroom situation for some time, you may find it difficult to adjust to a structured environment.
- Training is intensive and tiring. Short breaks are provided in the morning and afternoon, but you will need sufficient energy to stay focused, alert, and involved.
- Training is interactive and involves role-playing, public speaking, and working within groups. You will need to be comfortable sharing personal information and working closely with others.
- You will be asked to participate in activities using components of your own recovery story. Be certain you are comfortable sharing your recovery story with others.
- You will be required to listen to the recovery stories of others. This situation makes some people uncomfortable, particularly if stories touch a “trigger.”
- This is not a self-empowerment class. This training is designed specifically to teach you how to support other peers in their recovery in a compassionate yet professional manner.

#### **Logistics**

- The dress code for this training is professional casual. We want you to feel as if you are already in the workplace. This means nice-looking jeans or khakis, a polo or dress shirt and sweater; the same applies for women, who may wear a suitable

- dress or skirt instead. Please do not wear shorts of any type, T-shirts or holey pants, or other dress not suitable for workplace wear.
- If you are traveling to the training and will be staying at the training site, please remember the training starts early Monday morning and ends on Friday. Please make your travel plans with this in mind.
  - You must attend all five days of class from 8:30 a.m. to 4:30 p.m. If you miss a class or are more than 10 minutes late one time, you will not be allowed to continue the training.
  - We ask that you keep your cell phone off during the training. You will have time to respond to voicemails during breaks and lunch.

### **Training Eligibility Requirements**

To be eligible for CPSW training, you must meet all of the following requirements:

- Be least 18 years of age
- Have a valid New Mexico mailing address
- Have a high school diploma or GED
- Be a current or former consumer of mental health and/or substance use treatment/support services
- Have at least two years of demonstrated mental health or substance use recovery and be able to provide written certification from a therapist, counselor or sponsor
- Be able to manage your own wellness

According to current NM state regulations, the following felony convictions disqualify an applicant “from employment or contractual services with a care provider” (7.1.9.11 NMAC):

- Homicide
- Trafficking, or trafficking in controlled substances;
- Kidnapping, false imprisonment, aggravated assault or aggravated battery;
- Rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses;
- Crimes involving adult abuse, neglect or financial exploitation;
- Crimes involving child abuse or neglect;
- Crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or

- An attempt, solicitation, or conspiracy involving any of the felonies in this subsection.

While the Office of Peer Recovery and Engagement does not bar people with any of the above from the CPSW training, candidates should be aware that each agency has regulations, rules, and policies that may preclude a person with a felony background from employment.

### **Cost of Training - Exam & Fees**

There is no charge for the training; OPRE will provide supplies used in exercises, a training manual, and an exam study guide. You should bring pens or pencils, paper, and highlighters. If you require other supplies throughout the course of an all-day meeting, please bring them.

You will need to pay travel and hotel expenses. Lunches and beverages will be provided free of charge, but other meals are your responsibility.

**Test Fee.** On the first day of training, you will need to give the state training Observer a money order or company check (please, no personal checks) for \$120 made payable to NMCBBHP (New Mexico Credentialing Board for Behavioral Health Professionals) to ensure your registration for the certification exam.

Please know that the NMCBBHP charges a \$50 administrative fee if you cancel your place at the exam after registration. Since the \$120 registration fee is non-refundable, the total cost of not taking the exam after registration is \$170.

**Cancellations.** If you have a personal medical emergency that prohibits you from taking the certification exam and wish to request a waiver of the cancellation fee, you must notify the NMCBBHP directly no later than 24 hours in advance of the test. Their email is [info@nmcbbph.org](mailto:info@nmcbbph.org). They will review your request and notify you directly of their decision.

### **Testing, Certification and Recertification**

In order to attain certification, participants must successfully complete the five-day training course and pass New Mexico's certification exam with a score of 75% or better (45 correct answers out of 60 questions). The NMCBBHP administers the certification exams quarterly in Albuquerque, usually at the Los Griegos Community Health Center.

Individuals who pass the exam will be certified as CPSWs in New Mexico for a period of two years. To maintain certification, you must take an additional 40 hours of continuing education units (CEUs) during the two-year certification period, including 6 CEUs each in ethics and cultural competency. Continuing education topics and CEU resources will be discussed during training.

### **Next Steps/Contact Information**

If you believe you are ready for training, you can download an application from our website: [www.bhc.state.nm.us/BHConsumers/OACertPeerSpecialistTraining.html](http://www.bhc.state.nm.us/BHConsumers/OACertPeerSpecialistTraining.html).

If you would like us to send you an application or have questions about the training or application process, please contact the Office of Peer Recovery and Engagement (505) 476-6290. Be aware that the application process includes a telephone interview; please be sure to provide a phone number where you can be contacted for your interview.

## **OFFICE OF PEER RECOVERY & ENGAGEMENT**

### **CERTIFIED PEER SUPPORT WORKER APPLICATION FOR TRAINING**

Please read the CPSW Training Readiness Guide before completing this application.

#### **About This Training**

Thank you for your interest in serving New Mexicans with behavioral health issues. The CPSW training program prepares people who have successfully engaged in recovery from mental health and substance use to help others in their recovery journey. Using your own experiences and personal growth, you will learn to support the recovery and wellness of others through peer-delivered services and recovery principles. Successful completion of the training and the exam will certify you to provide peer support services in New Mexico.

#### **Training Dates and Times**

- Trainings are Monday through Friday, 8:30 a.m. to 4:30 p.m. Lunch and breaks will be provided during the day.
- Individuals who are more than 10 minutes late to a class will not be allowed to continue training.

#### **Dress Code**

- Acceptable: “business casual” clothing - khakis and nice-looking jeans, dress shirts, polo shirts, or a clean plain T-shirt and jacket or sweater for men; women may wear any of the above, a skirt, or a dress.
- Not acceptable: shorts, worn and holey jeans, T-shirts with inappropriate imprints, or overly revealing clothing.

#### **Registration Fees, Expenses**

- Training classes and many supplies are free. However, you will need to bring pens, paper, and highlighters as well as other supplies you need for an all-day meeting.
- If you require special accommodations, please contact Mark Garnand and let him know (505) 476-6290, or [Mark.Garnand@state.nm.us](mailto:Mark.Garnand@state.nm.us).

- Travel and accommodations are your responsibility.
- Lunches and beverages are provided free of charge.
- The nonrefundable certification exam fee is due day one of training. Individuals who do not pay this fee will not be registered for the exam. Money orders or company (no personal) checks in the amount of \$120 should be made payable to NMCBBHP.

A Training Manual and related documents will be provided to you in the first class. You will need these throughout the training. Because they contain valuable information for certification testing and your career working as a CPSW, we strongly recommend you hold onto this manual. Should you need to replace the Training Manual, there will be a \$20 charge (payable to The Life Link) to cover printing costs.

**Application Process** : Please FAX your completed application to: CPSW Training, OPRE, (505)476-9272, or mail to: CPSW Training, OPRE, NM HSD/BHSD, PO Box 2348, 37 Plaza la Prensa, Santa Fe, NM 87504

- Completed applications should be submitted to the Office of Peer Recovery & Engagement no less than 30 days prior to the scheduled training.
- We will contact you to conduct a brief telephone interview three to four weeks before the training. Please be certain to provide us with a suitable phone number to ensure you can complete a 15-20 minute interview. Your application is not complete until the interview has been conducted.
- Applicants will be notified of their eligibility to attend training.

**Questions?**

Contact the Office of Peer Recovery & Engagement (505) 476-6290

*When sending your application, please return only pages 7-10.*

**OFFICE OF PEER RECOVERY & ENGAGEMENT**

**CERTIFIED PEER SUPPORT WORKER TRAINING**

**CONTACT INFORMATION**

Name:

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Mailing Address: \_\_\_\_\_ City:

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State, ZIP: \_\_\_\_\_ Email:

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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which phone number should we use for your 15-20 minute interview?

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\_\_\_\_\_

\*After receipt and approval of your application and approximately two to three weeks prior to the training, one of our staff will contact you by telephone for an informal 15- to 20-minute interview.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### CANDIDATE ELIGIBILITY CHECKLIST (Please initial all that apply to you)

\_\_\_\_\_ I am at least 18 years of age.

\_\_\_\_\_ I have a valid New Mexico mailing address.

\_\_\_\_\_ I have a high school diploma or GED (required to attend training).

\_\_\_\_\_ I am a current or former recipient of mental health and/or substance use treatment/support services.

\_\_\_\_\_ I have at least two years of demonstrated mental health or substance use recovery and can provide written certification from my therapist, counselor, or sponsor if requested.

\_\_\_\_\_ I am able to manage my own wellness.

\_\_\_\_\_ I have read and understand the READINESS FOR TRAINING GUIDE. It is essential that you understand the principles in the Guide before applying for training.

The State of New Mexico pays for Certified Peer Support Worker training to aid in behavioral health workforce development within the state. If you live in another state, you will need to be trained and certified in your state of residence.

- For Arizona go to: [http://www.recoveryinnovations.org/riaz/peer\\_training.html](http://www.recoveryinnovations.org/riaz/peer_training.html)
- For Texas go to: <http://www.Viahope.org>
- For Colorado go to <http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251578892077>

### TRAINING PARTICIPATION REQUIREMENTS CHECKLIST (Please read and initial to indicate your understanding of the following)

\_\_\_\_\_ I will attend, be on time, and actively participate in all five days of training and understand that I cannot miss any training session for any reason.

\_\_\_\_\_ I will participate in discussions and role-plays using my personal experiences.

\_\_\_\_\_ I understand I must take the certification exam to complete certification as a CPSW.

\_\_\_\_\_ I understand that I must bring a money order or a company (not a personal) check to the training in the amount of \$120, payable to NMCBBHP, to register for the certification exam.

\_\_\_\_\_ I understand that I am not guaranteed employment or a volunteer position as a result of participating in this training.

\_\_\_\_\_ I understand that if I cannot attend the training, I will provide five business days' notice by phone to the Training Coordinator. If I do not provide this notice, I will not be able to attend a CPSW training for one year.

**RECOVERY EXPERIENCE**

1. How long have you been in recovery?

\_\_\_\_\_

2. What self-care training have you had?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why do you believe it is important for CPSW to share recovery stories with peer clients?

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

4. Why do you want to become a CPSW?

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5. What factors are most important in your own recovery?

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\_\_\_\_\_  
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6. Are you currently, or have you ever been, employed as a peer worker? \_\_\_\_\_ If yes, please explain.

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7. Did you complete this application yourself? \_\_\_\_\_  
If not please explain, and tell us who completed the application and why:

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8. Please indicate your highest level of education: High School/GED \_\_\_\_\_ Some college \_\_\_\_\_ College degree \_\_\_\_\_ Advanced degree \_\_\_\_\_

9. Which training are you applying for? (date and location) - If you are unsure, leave this blank.

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10. Currently, most of our trainings are held in Albuquerque, although we hold some in other areas of NM. How will you get to the training that you have applied for?

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11. Please list any reasonable accommodations you may need for the training:

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Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate. Your application will not be considered if not signed and fully completed.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Optional Demographic Information**

(optional information to help us gauge diversity in the peer workforce)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Age Group: 18-25 \_\_\_\_\_ 26-39  
\_\_\_\_\_ 40-55 \_\_\_\_\_ 56+ \_\_\_\_\_

Race/Ethnicity: American Indian/Alaska Native \_\_\_\_\_ Black/African American \_\_\_\_\_  
Hispanic/Latino \_\_\_\_\_ Asian/Hawaiian Islander \_\_\_\_\_ White/Anglo \_\_\_\_\_ Other \_\_\_\_\_

If you are Native American, which tribe/ pueblo/ or group?  
\_\_\_\_\_

Are you a vet? \_\_\_\_\_ If yes, which branch of service?  
\_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for Certified Peer Support Worker Training and Testing.

I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, agents, and other representatives of the board from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date. I also affirm that I will conform to the New Mexico Certified Peer Support Worker Code of Ethical Standards.

Signature  
\_\_\_\_\_

Date \_\_\_\_\_

Thank You!