MHAROC Peer Academy Registration

**Name (First and Last): Agency and Role/Position [If Applicable]:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: E-mail:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

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

**Emergency Contact - Name (First and Last): Phone:**

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

Are you attending the Peer Academy to work toward becoming a New York Certified Peer Specialist (NYCPS)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes, full certification |  | Yes, provisional certification |  | No/I’m not sure |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

# Have you ever used the Academy of Peer Services website before?

*If yes, do you remember which courses you took, and/or how many you completed?*

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

# Have you worked or volunteered as a peer support specialist?

*If yes, please describe this experience briefly*

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# At the Peer Academy, I am interested in… [Check all that apply]:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Learning new peer support skills |  | Technical help with Academy of Peer Services |  | Assistance with completing NYCPS application |
|  | Support to prepare for certification |  | A community to discuss peer support work |  | Finding peer support volunteer and work opportunities |

# Is there anything else you are hoping to get from your experience with the Peer Academy?

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**Please send your completed registration via e-mail to Kirsten at** [**kmuckstadt@mharochester.org**](mailto:kmuckstadt@mharochester.org)**, or send/bring your completed registration to**

**MHA Life Skills Services at 344 N. Goodman St. Rochester, NY 14607.**

**Please call (585) 224-2005 with any questions.**