



Pennsylvania Behavioral Health and Aging Coalition  
Opening Doors for Older Pennsylvanians

**ATTENTION: Certified Peer Specialists**

**REGISTER NOW!**

Pennsylvania Behavioral Health and Aging Coalition

*Presents a*

**Three Day Older Adult Peer Specialist Enhanced Certificate**

Choose from 1 of 2 sessions:

March 27<sup>th</sup>, 28<sup>th</sup>, & 29<sup>th</sup>, 2012

Allied Services  
475 Morgan Highway  
Scranton, PA 18508

OR

May 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> 2012

Community Care Behavioral Health Organization  
2505 Green Tech Drive, Suite F  
State College, PA 16803

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: 525 South 29<sup>th</sup> Street, Harrisburg, PA 17104, Attention: Rebecca May-Cole.

***Please Note:***

*Registrations for the March 27-29, 2012 session must be received by: March 12, 2012.*

*Registrations for the May 2-4, 2012 session must be received by: April 18, 2012.*

***Participation is limited to 20 individuals.***

525 South 29<sup>th</sup> Street, Harrisburg, PA 17104  
717-541-4219 or 1-888-588-0223  
Fax #: 717-370-6016

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.

**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.

Section 3

Registration is \$400 per participant.

**Method of Payment:**

\_\_\_ Check (made payable to PA Behavioral Health & Aging Coalition and mailed to 525 S 29<sup>th</sup> Street, Harrisburg, PA 17104)

**Refund/Cancelation:**

Canceled registrations more than two weeks before the activity will be refunded less a 20% service charge. Cancelations less than two weeks before the program will be invoiced or a substitute is permitted. If registering less than two weeks before the program, the fee is due in full.

Registration may be submitted via fax at 717-370-6016 to:

Pennsylvania Behavioral Health & Aging Coalition or e-mail to: [rebecca@olderpa.org](mailto:rebecca@olderpa.org)

**Please call for further information: 717-541-4219**