



**PARENT-PEER LEADERSHIP INSTITUTE**

Parent/Family Peer Support Specialist Certification  
Application For Maine Behavioral Health Homes

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name & Email address: \_\_\_\_\_

Completion of this application/registration provides information to help determine if the applicant meets the criteria below for the parent/family peer specialist role. To qualify the applicant must be a parent/caregiver who also is able/willing to articulate their lived experiences of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns. The effectiveness of a Parent/Family Peer is related to their lived experience as a parent caring for their child/youth and in navigating the child serving systems of care. Note: At least 3+ years of lived experience is strongly recommended for this role. (Years of parents lived experience is determined from the date their child/youth received their first mental health diagnosis to today's date and not from time of their birth)

- Please check **ONE**:
  - I have 3+ years of lived experience in the parenting role of (guardian, foster parent, grandparent, caregiver) of a child who has emotional, developmental, behavioral, substance use or mental health concerns.
  - I have 3+ years of lived experience as a parent of a child/youth with emotional, developmental, behavioral, substance use or mental health concerns.
- Number of years of lived experience: \_\_\_\_\_ (Note: This is determined from the date a child/youth received their first mental health diagnosis to today's date and is not from time of their birth. For caregivers/foster parents or grandparents this is determined from date one child began living with you to today's date or date they left your placement)
- I have 3 + years of lived experience navigating the child serving systems of care advocating on behalf of my one child/youth (children's behavioral health, child welfare, special education or juvenile justice systems) **AND** I am able and willing to articulate and communicate the experience of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns to other parents. \_\_\_\_Yes \_\_\_\_No
- I understand that after acceptance of this application, I do commit to completing the three full days of training listed below: \_\_\_\_Yes \_\_\_\_No

**Dates: January 23, 25, and 27, 2023 (a 3 day certification training)**

**Location: Virtual**

**Held from: 8:30 a.m. to 4:30 p.m. with 30 minute lunch break**

Full Payment of \$375 is included in this application: \_\_\_\_Yes \_\_\_\_No

Full Payment will be submitted by first day of training: \_\_\_\_Yes \_\_\_\_No

**Please return this application & payment to:**

c/o Cindy Seekins, Director, G.E.A.R. Parent Network, PO Box 558, Augusta, ME 04332 For questions around qualifications or more information please call 207-441-7216 or 1-800-264-9224.