

## P4P Peer Educator Certification Application

**Name of Training: Programs for Positive (P4P) Peer Educator Certification**

Each applicant must submit a completed application by the established deadline. Applications must be accompanied by a resume. Submissions received without a resume or incomplete will be considered nonresponsive and will not be reviewed. Applicants must have two of their references submit a letter of recommendation electronically. Applications may be submitted via mail, email, or fax. Submission of this application **does not** guarantee selection or enrollment. **Candidates selected for the program will be confirmed via email.**

**Eligibility Requirements:**

- Be at least 18 years old.
- Attendees must be HIV positive.
- Be currently enrolled in care, and have been in HIV care for at least one (1) full year.
- Be in recovery for at least two (2) years, if the candidate has a history of substance misuse.
- Be committed to advancing equality of services for PLWHA
- Exhibit effective verbal and written communication skills
- Show willingness and readiness to discuss and disclose HIV status.

**Contact Information**

Date Submitted	Salutation	First Name	Last name	Title
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			

<b>Current Address:</b>	<b>City:</b>	<b>State:</b>
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<b>Zip Code:</b>	<b>Have you lived here for two years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If no, please provide previous address:**

<b>Telephone:</b> (    )	<b>Fax:</b> (    )
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**Email address:**

**Organization Affiliation:**

**Demographics**

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Transgender F2M	<b>Age:</b>
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<b>Race:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> Native American <input type="checkbox"/> Mixed races <input type="checkbox"/> Other _____	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other _____
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**Please select what of the following categories most apply to your background education:**

High School/GED     Associate Degree     Bachelor Degree     Graduate Degree     PH.D/MD     N/A

**What is your primary occupation?**

Health Educator     Counselor     Social Worker     Nurse     Physician  
 Peer Educator     Client Navigator     Volunteer Advocate     Other \_\_\_\_\_

<b>Experience working in your field of Expertise</b>	_____months	_____years
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**Have you applied for the P4P Peer Educator Certification Program before?**     Yes     No     I Don't Know

**Employment or Volunteer Work**

**Primary Employer and/or Volunteer Organization Name:**

<b>Start Date:</b>	<b>Type of Work:</b> <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer
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<b>Job Title</b>	<b>Supervisor Name:</b>
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Secondary Employer and/or Volunteer Organization Name:	
Start Date:	Type of Work: <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer
Job Title	Supervisor Name:

### Letter of Recommendation

The letter of recommendations must be submitted to ERC in order for your application to be considered complete. We can not move your application into the review process until it is complete. Applications must include two (2) letters of recommendations that attest to your appropriateness for certification. The letters should also comment on your ability to promote HIV advocacy and provision of peer support. Written references can come from our primary provider or organizations that you are affiliated with as a volunteer or as an employee.

As a part of the review process, in addition to the review of a written reference, we contact the individuals submitting your references by telephone. By checking this box, I hereby consent to an independent interview panel representative contacting the references listed below.  Yes  No

### 1<sup>st</sup> REFERENCE (R1)

Name:	Relationship to You:	
Years Known:	Telephone: (    )	Email:

### 2<sup>nd</sup> REFERENCE (R2)

Name:	Relationship to You:	
Years Known:	Telephone: (    )	Email:

### Writing Sample

Each applicant must submit a writing sample explaining why he/she should be selected to participate in the P4P training. Please include your value system, leadership skills that you possess, your ability to demonstrate and promote HIV advocacy or work done in the community. **This essay should be no more than one (1) page, double-spaced, with 12 pt. font, and must be completed by the candidate and submitted with the applicant. Type in writing sample below (minimum 250 to 500 words):**

### Certification of Applicant

I hereby certify that the information I have provided in this application is true and accurate.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Submitted

Please complete and e-mail to [P4P@ERC-Inc.org](mailto:P4P@ERC-Inc.org) OR fax to (404) 410-1187