

PEER SUPPORT SPECIALIST TRAINING (PSST) REGISTRATION 2021

Please complete and submit the registration form. We will contact you to confirm your training registration once we receive payment. Please read our cancellation and refund policy on our website at: <https://projectable.org/training/>

Please read the following training type statement and then mark your initials in the blank space to confirm you have read and understand this training program is eligible to train Peer Support Specialists to work with Adults in Mental Health.

Individuals who successfully complete **Project ABLE's Peer Support Specialist Training (PSST)** are eligible to be certified as a Peer Support Specialist (PSS) to work with Adults in Mental Health through the Oregon Health Authority (OHA).

_____ (Initial)

Please read the following personal lived experience statement and then mark your initials in the appropriate space(s) to confirm you have read and meet the personal lived experience training requirement.

_____ (Initial) I am a self-identified individual with personal lived experience with a mental health issue(s).

Select Training Date & Location

- McMinnville: January 4th – 8th, 2021 (Class Full)
- McMinnville: January 25th – 29th, 2021 (Class Full)
- McMinnville: February 8th – 12th, 2021 (Class Full)
- McMinnville: February 22nd – 25th, 2021 (Class Full)
- McMinnville: March 15th – March 19th, 2021
- McMinnville: April 12th – April 16th, 2021
- McMinnville: May 10th – May 14th, 2021
- McMinnville: June 7th – June 11, 2021

Registration includes course materials. Due to COVID restrictions our trainings are currently being conducted online via ZOOM and we are sending out materials to participants.



Name: _____

Organization: _____

Phone: _____

Email: _____

Mailing/Shipping Address for Materials to be sent:

Registration Fee: \$525

Or \$475 when total amount due is paid (3) weeks prior to training date.

Total Registration: \$ _____

(All registration fees include a \$50 non-refundable deposit)

Please make payment payable to: Project ABLE

- To make a payment with a credit or debit card please check here _____ and an invoice with payment button will be emailed to you.
- To make a payment by check please send payment to:
Project ABLE
Attn: Accounts Receivable
1599 State Street NE
Salem OR 97301

Vocational Rehabilitation Participants please contact Kyla Tincher, VR Coordinator at: ktincher@projectable.org or 503.363.3260

MORE TRAINING AND REGISTRATION INFORMATION

Please visit: www.projectable.org or

Cindie DeMyer, Training Specialist at:

cdemyer@projectable.org or

Office: 503-363-3260

Cell: 971-239-8843

Fax: 503-585-0491