



CoL – USA Psychiatric Rehabilitation Academy (CUPRA)

DEVELOPMENT OF A CERTIFIED WORKFORCE IN
PSYCHIATRIC REHABILITATION IN PAKISTAN

REGISTRATION AND APPLICATION PACKAGE

Jan .2016-Jan. 2017

CUPRA

Registration Package

Program Purpose: *To train a workforce in psychiatric rehabilitation who can qualify to become CPRPs. Candidates who want a career in providing exceptional psychiatric rehabilitation can enhance their professional status with the CPRP certification. With this certificate they will join a distinguished group of more than 2,600 individuals who demonstrate how psychiatric rehabilitation positively changes the lives of individuals with serious mental illness to one of hope, self-determination, empowerment and recovery. (PRA)*

Eligibility: Candidates will be selected by the CoL Pk. Trust Training Administrator's team based on the following eligibility criteria for the program:- Applicants must agree to attend an orientation training, and complete all required courses; educational webinars; Skype trainings; specified number of hours of experiential work; participate in team discussions; share trainings with non-English speaking staff; covering work in cultural competence and effectiveness for working with underserved populations.

Application Requirements: Prior to applying, interested applicants should carefully review the CoL-USA eligibility requirements.

Acceptance Notification: Award will be based on an interview for enrollment in the 12-14 month Certification Program in Psychiatric Rehabilitation Concepts, Principles and Practices. All applicants will be notified of the Committee's decision after January 1, 2016.

Taking the CPRP exam itself will be the responsibility of each candidate on his or her own time and in direct contact with The Psychiatric Rehabilitation Association. Candidates will be responsible for their own application process and exam registration fee. All information regarding that may be viewed at:

<http://www.psychrehabassociation.org/cprp-next-steps-pathway-3-6>

APPLICATION FORM

PERSONAL INFORMATION:

Name _____

Date of Birth _____

Email Address _____

Home Phone _____

Cell Phone _____

HOME ADDRESS: _____

WORK ADDRESS: _____

EMERGENCY CONTACT:

Name _____

Cell Phone _____

SEX/GENDER:

Male _____ Female _____

MARITAL STATUS:

Married _____ Single _____

DISABILITY:

Are you a person with disability? Yes _____ No _____

Specify Disability _____

ACADEMIC INFORMATION

List the academic degrees you have received in order of most recent to least recent.

INSTITUTION NAME	LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE EARNED	GPA

ADDITIONAL EDUCATION COURSES

List any additional courses, workshops, trainings and certifications relevant to your profession.

INSTITUTION NAME	COURSE TITLE	DATES OF ATTENDANCE

PLEASE LIST CERTIFICATIONS AND LICENSES, ACADEMIC HONORS, AWARDS OR OTHER SPECIAL RECOGNITIONS

PROFESSIONAL ASSOCIATION AND MEMBERSHIP

AFFILIATION	TITLE	LOCATION	DATES MM/YY - MM/YY

PLEASE LIST ANY ARTICLES YOU HAVE AUTHORED OR CO-AUTHORED

NO	NAME OF PUBLICATION	YEAR PUBLISHED
1		
2		
3		
4		

EMPLOYMENT HISTORY

Start with your most recent position and work backward...

NAME AND CONTACT OF EMPLOYER #1	POSITION	FROM	TO	ADDRESS

Your main duties and accomplishments:

NAME AND CONTACT OF EMPLOYER #2	POSITION	FROM	TO	ADDRESS

Your main duties and accomplishments:

NAME AND CONTACT OF EMPLOYER #3	POSITION	FROM	TO	ADDRESS

Your main duties and accomplishments:

NAME AND CONTACT OF EMPLOYER #4	POSITION	FROM	TO	ADDRESS
Your main duties and accomplishments:				

INTERNSHIP / VOLUNTEER EXPERIENCES RELEVANT TO mental health /behavioral health, addictions counseling or other Human Services

NAME OF ORGANIZATION _____

TITLE _____

MAIN DUTIES _____

SUPERVISOR NAME AND CONTACT NUMBER

ADDRESS _____

PROFESSIONAL REFERENCES:

Please provide the names, addresses, and emails of three persons whom you have asked to write recommendations. Recommendation letters are required from an academic advisor, a professor/educator, and from a personal associate who are familiar with your academic ability, experiences, and commitment to learn about & work with people with mental health disorders or with co-occurring disorders in underserved populations. Please have your references complete the recommendation letters and send them directly to the Recover House before the application deadline.

REFERENCE #1:

Name and Title

Address

Phone

Email Address

REFERENCE #2:

Name and Title

Address

Phone

Email Address

REFERENCE #3:

Name and Title

Address

Phone

Email Address

REFERENCE #4:

Name and Title

Address

Phone

Email Address