Arkansas Division of Aging, Adult and Behavioral Health Services

**APPLICATION FOR TRAINING**

**ARKANSAS**

**PEER RECOVERY SPECIALIST**

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| **Please be as legible as possible, so that the State Peer Advisory Committee can clearly review and**  **discuss your application. Incomplete applications will be dismissed and without being** **reviewed.** |

**Training Qualifications & Process**

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| **1.** | A minimum of 24 months of personal recovery from your own addiction |
| **2.** | Register with the Arkansas Substance Abuse Certification Board as a Peer-in-Training (PIT) |
| **3.** | Background check (no murder/sex charges). Attach your background check to this application |
| **4.** | A valid Driver’s License. |
| **5.** | Direct lived experience with drug addiction and successful recovery. |
| **6.** | A minimum of one (1) professional letter of recommendation. |

**Part I – Contact Information**

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| Date: |
| Name: |
| Last First Middle Initial |
| Present Address: |
| Street City State Zip |
| Home Phone: ( ) Cell Phone: ( ) |
| Email Address (required): |

**Sobriety Date/Recovery Date/Time**

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| --- |
| Date: |

**Are you currently participating medication assisted treatment for addiction? YES** ☐ NO ☐

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| If yes, please explain |
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**Recovery Statement**

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| Briefly describe your lived experience and recovery journey to include the date your recovery began. |
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**Education & Training**

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| What is your highest level of education?  ☐ H.S. Diploma ☐ G.E.D. ☐ Some college ☐ Associate ☐ Bachelor’s ☐ Master’s ☐Doctorate |
| Name of School(s) and certification(s) |

**Demographic Information (for statistical purposes only) \****optional\**

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| Race/Ethnicity  ☐African American ☐ Latino/Hispanic ☐Multiracial ☐ Native American ☐ Asian American ☐Caucasian ☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Foreign Languages Spoken  ☐Spanish ☐French ☐ Vietnamese ☐ ASL ☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender  ☐Male ☐Female |
| Age Range  ☐18-30 ☐31-45 ☐ 46-60 ☐ 60+ |

**Supplemental Information**

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| 1. Have you served in the Military?  ☐Yes ☐No |
| 2. Do you have experience working with any special populations or groups?  ☐Veterans ☐ Homeless ☐Addictions ☐Victims of Trauma ☐ Families  ☐Intellectual/Developmental Disabilities ☐Youth ☐ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Name some of your skills or areas of expertise: (*for example, crisis management, working with faith-based groups, working with supported employment, technology expertise)* |

**PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING**

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| 4. What does recovery mean to you? What factors are important in your own recovery? |
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| 6. Why do you want to become a Peer Support Specialist? |
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| 7. | Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why? |
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| 8. | What strengths do you have that will help you be a great Peer Support Specialist? |
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| 9. | Please list ANY and ALL controlled substances you currently take. Our trainings are funded by federal substance misuse grants and some controlled substances may not be accepted |
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| 10. | Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do ***not*** include things that you do to maintain your own recovery. |
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| 11. One key to recovery is the use of natural supports in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training? |
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| 12. Please describe in detail the tools that you are using to maintain your recovery today? |
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**Current & Previous Employment/Volunteer Experience**

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| 13. Are you currently employed as a Peer Support Specialist: ☐Yes ☐No – *see B and C below*     1. **If yes, please have employer fill out form on page 7.**     What is your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Name of Employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    How many hours do you work a week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    What is your hourly wage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    How long have you been employed in this position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Employer’s Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     1. **If no, are you looking for work as a PSS?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      1. **If no, are you currently working in another capacity?**     What is your job title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Name of your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| May we contact your employer? ☐ Yes ☐ No  Employer’s contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please list your other work experience for the past five years beginning with your most recent job held previous to the one listed in #3 above. If you were self-employed, provide business name.** *Attach additional sheets if necessary.* | | |
| **Employer or Volunteer Agency** | **Position/Title** | **Location** |
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**Please list 3 professional and personal references (not related to you):**

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| --- | --- |
| **Name** | **Telephone number** |
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I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. **I certify that I am at least 18 years of age and have a minimum of two years demonstrated continuous and current recovery before applying for certification.** I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways which did not abuse, neglect or exploit any consumer or family member situation in my role as a Peer Support Specialist. All personal information provided in this form will remain confidential and data will only be used in graphs creating a no identifying profile of those completing the certification process.

# **Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**