



WholeLife Community

a 501-C3 Non Profit Organization, division of Arizona Creative Works

MetroCenter Mall • Suite 2090 • 9617 N. Metro Parkway W. • Phoenix, AZ 85051 • (602) 477-9562

wholelifeaz@gmail.com • www.wholelifeaz.com • www.wholelifemusic.com

Peer Recovery Support Specialist Training Application

Working as a Certified Peer Recovery Specialist can be an immensely rewarding occupation. It is a way to help others experience the recovery that you have experienced yourself. However, it is not the job for everyone, and it is one you need to be ready to undertake. To help us know you are ready, complete the following application. All information will remain confidential.

Name (also list any previously used names) _____

Social Security Number **(Required)** _____ Date of Birth _____

Are you eighteen years of age or older?

☐ YES

☐ NO

Are you currently employed?

☐ YES

☐ NO

List the last two jobs you have held, the name of your employers, and the dates of your employment. *(Note: an employment history is not necessary for consideration.)*

1. _____

2. _____

Check your highest level of education.

☐ High School Diploma ☐ GED

☐ Vocational certificate, specialty _____

☐ Associate's Degree, concentration _____

☐ Bachelors, ☐ Master's, ☐ PhD, major _____

Are you in recovery from a mental health disorder? If yes,	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been in recovery from a mental health disorder for at least the past 12 consecutive months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you in recovery from a substance use disorder? If yes,	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been in recovery from a substance use disorder for at least the past 12 consecutive months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you willing to disclose to peers, staff, and the public that you have lived experience with a mental illness, substance use disorder, or both?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAYBE
--	------------------------------	-----------------------------	--------------------------------

Are you comfortable sharing your recovery story with others	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
---	------------------------------	-----------------------------	--------------------------

You will also be required to listen to the recovery stories of others. Sometimes these stories may be uncomfortable for you, particularly if they touch upon one of your “triggers.” Are you okay with this?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAYBE
--	------------------------------	-----------------------------	--------------------------------

The required training is intensive and can be fatiguing. Do you feel you generally have the energy to stay focused and alert?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAYBE
---	------------------------------	-----------------------------	--------------------------------

If accepted, you must attend all of the 80-hour, training. It is held over 5 weeks. Will you commit to that?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAYBE
--	------------------------------	-----------------------------	--------------------------------

Some of the the training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> MAYBE
--	------------------------------	-----------------------------	--------------------------------

Conservator Status

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or an adult who needs assistance in decision-making. It gives the conservator specific authority and duty to act on behalf of the individual in making decisions affecting the person’s life. In Tennessee, the definition of a conservator is *a person appointed by the court to provide partial or full supervision, protection and assistance*. A conservator acts as the agent of the court.

Certified Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

By affixing my initials and signature below:

I confirm that I do **not** have a conservator.

Initials _____

Please write complete answers to the following questions without outside help. Your answers can be brief, but use complete sentences. Type or use legible handwriting. This is not a test with right or wrong answers; it is a way to assess your readiness to take the certification training.

Describe how your personal recovery journey has helped you to get where you are today? _____

Describe at least two of your strengths and how they have helped you in your recovery. _____

Describe, some of the things you do to assist you with your recovery, and to deal with cravings and triggers.

Do you believe that there are Multiple Pathways to Recovery? _____Y _____N

Have you ever led any type of a group activity? _____Y _____N. Are you comfortable doing so? _____Y _____N

Have you ever taught a class or workshop before; how do you feel about teaching? _____

Describe your best experience(s) in employment, service work, or volunteer works, and what made it meaningful.

Describe your support systems and how it has helped you in your recovery. _____

Describe why you want to become a Certified Peer Recovery Specialist. _____

Why do you feel you would be a good candidate to work with peers that have challenges with Substance Use?

_____+++++

Is there anything else you would like us to know? _____)

If you are an AHCCCS client, and receiving services for behavioral health, there is a good chance that the training can be paid by AHCCCS. Otherwise, the tuition for the training is \$1200. We have some scholarships, work-study, payment plans and discounts available for candidates. Please indicate if you have AHCCCS, which insurance plan, and if not, your ability to make bi-weekly payments, towards tuition. There is a required minimum down payment of \$200.00 to reserve your spot in the class. We are limited to 10 Students per class section.

My signature below, affirms that all of the information contained in this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to deny my certification.

Your Signature _____ Date _____

Your printed Name _____

Name preferred on certificate _____