

# **Application for Peer Recovery Specialist Training**

## **Peer Recovery Specialist Training**

Department of Behavioral Health and Developmental Services Approved Curriculum

Training Dates:

**To Be Determined**

The Peer Specialist Program curriculum focuses on the principles and philosophy of recovery. The course facilitates learning by relating each session of the training encounter to the participants' personal experience of recovery and provides practice in the core skills of peer-to-peer support. The curriculum is presented within a three-part framework, which emphasizes:

### ***1. Principles of Recovery and Peer Support***

The content of the Peer Recovery Specialist training course is centered on the principles of the recovery model of behavioral health and on the core values and practices that should guide peer-to-peer support. By relating these concepts to the participants' personal experiences, this interactive course ensures an enduring understanding of recovery and peer support by participants.

### ***2. Essential Skills of Peer Support***

The training sessions progress so that participants learn to translate the *concepts* of recovery and peer support into the *specific skills and attitudes* required for success as a Peer Recovery Specialist. Skill development is an explicit focus, with time allotted for addressing several discreet competencies, such as active listening, group facilitation, personal sharing, problem solving, code of Ethics, etc.

### ***3. Experiential Group Process***

Training sessions are designed for participants to learn in a variety of ways—primarily through direct, personal experience, rather than by lecture. The curriculum is implemented through dynamic and engaging methods, which include role-playing simulations of practice situations, instructor feedback, individual reflection, and small and whole group dialogue and discussion.

By participating in the training, participants will:

- ☐ gain new knowledge and understanding;
- ☐ develop new skills;
- ☐ Increase personal awareness; and
- ☐ enhance personal recovery

NAME: \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

## LIVED EXPERIENCE

*To qualify you need to declare that you have lived experience with mental health and/or substance use issues.*

Please describe your lived experience: (use a separate sheet if necessary)

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## EDUCATION

Do you have a high school diploma or a GED? (Check one): ☐ YES ☐ NO

Date of graduation or the date you received your GED. \_\_\_\_\_

## WORK/VOLUNTEER EXPERIENCE

If you have a resume, please attach to this application. **If you do not have a resume**, then on a separate page please include information regarding your employment and volunteer experience. Include the following:

- a. The DATES of this employment/volunteer experience,
- b. The name(s) of the organizations.
- c. The number of hours volunteered or worked per week.
- d. What your responsibilities there were.

OR

Indicate where and when you completed education in the past three years.

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## QUESTIONS TO HELP US GET TO KNOW YOU

ON A SEPARATE PIECE OF PAPER PLEASE ANSWER **ALL** OF THE QUESTIONS BELOW. YOUR ANSWERS WILL HELP THE REVIEW COMMITTEE TO CHOOSE BETWEEN MULTIPLE APPLICANTS SO PLEASE ANSWER AS WELL AS YOU CAN.

1. What does recovery mean to you? What factors were important in your own recovery?
  2. Peer specialists are models of recovery for others. In what ways do you demonstrate recovery and its goal of a full and meaningful life in the community?
  3. Please share why you are interested in peer support services and the possibility of working as a Peer Recovery Specialist. Also, discuss where work fits in to your current plans. Is it something that you are looking to do right now, or are you interested in the training as an early step on your path into the workforce?
  4. Describe what strengths you'd bring to the position and what skills you feel you need to develop.
  5. The PRS training is an intensive ten-day training course built on interaction and sharing of behavioral health experiences. What will be your greatest challenge in attending the PRS training and how will you address this challenge?
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## ACKNOWLEDGEMENT

PLEASE READ THIS CAREFULLY: The Peer Recovery Specialist Training includes ten (09) full days of classroom training. In order to successfully complete the course as a prerequisite for State Certification/Registration participants are expected to:

- Be present and participate on all of the scheduled classroom training and be involved in all group activities.
  - The classroom training involves both lectures and group activities. The group activities are a place in which respect and support are very important
  - Participants will learn skill building through role playing, take home activities and sharing of personal experiences of recovery from mental health challenges
- Successfully complete tests based on the classroom training,
- Demonstrate readiness to provide peer support services in a professional setting.

**State Certification/Registration includes numerous requirements in addition to successful completion of the class with include (but not limited to) completion of 500 hours of volunteer or paid experience in providing peer recovery support and passing an examination. Please see <https://www.vacertboard.org/certifications> – Peer Recovery Specialist Application for details.**

By signing below, I understand the demands of this training as stated in this application and supporting documents, answered the above questions honestly.

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*Signature*

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*Date*

***Return this application by no later than \*\*\*\*\* to:  
The submission of an application does not guarantee placement in the class. You will be notified by phone or email if you have been accepted into the training class or not. Please email a copy of your completed application to Arm & Arm Inc. by March 27, 2019 for consideration at the following email address:  
[ArmandArm2014@yahoo.com](mailto:ArmandArm2014@yahoo.com). For questions please Contact us at: (571) 245-4568.***