



Application for Ethics Training

Certified Peer Recovery Specialist Training

Department of Behavioral Health and Developmental Services Approved Curriculum

Training Days/Hours: **November 3, 2020, 10am to 4pm**

NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

EMAIL: _____

TELEPHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Telephone Number: _____

A ZOOM LINK WILL BE PROVIDED. *REQUIRED ARE: LAPTOP/DESKTOP
COMPUTER WITH A WEB CAM AND MICROPHONE, VALID EMAIL ADDRESS THAT IS
REGULARLY MONITORED AND AN INTERNET SPEED OF AT LEAST 10MHZ.****

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.

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

Signature

Date

Return this application no later than November 25, 2020 to:
Arm & Arm Inc.
8220 Russell Rd, Alexandria, VA 22309
ArmandArm2014@yahoo.com
Phone: (571) 245-4568.