



Take Your Heart to Work®

North Carolina Certified Peer Support Specialist Training Application

Training is Conducted by Trained Monroe Consulting, LLC Trainers

Please complete the information below:

Please indicate if you are applying for: WRAP® Peer Support Training Both

Today's Date:	
Name:	
Mailing Address: (include City, State, & Zip Code)	
Email Address:	
Phone Number:	
Date of Birth:	
Emergency Contact:	
Emergency Contact Relationship:	
Emergency Contact Phone:	
Are you in recovery from a mental health diagnosis or substance use disorder (substance abuse)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, what is your recovery date?	
Do you identify yourself as a person who has received or is receiving services for mental health and/or a substance use disorder (substance abuse)? *Note: Having received professional services is not a requirement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain your answer to the previous question:	
Are you willing to openly share your lived experience with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe what has been helpful in your recovery. What tools do you use in your daily life?	

Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, where are you employed?	
Are you a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, what is the name of your school?	
Are you Active Duty or a Veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with Vocational Rehabilitation? If you are, please contact your counselor and ask about funding for this training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, please list the name and contact information (phone number & email) for your Vocational Rehabilitation counselor. VR Counselor Name: VR Counselor Phone: VR Counselor Email:	
Who will be responsible for payment of this training course? <input type="checkbox"/> Me (the participant) <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> NC Works <input type="checkbox"/> Peer Recovery Center of Carteret County <input type="checkbox"/> Vocational Rehabilitation & Education (VR&E) <input type="checkbox"/> Another Person or Agency (Please list name & contact information – including phone & email):	
Have you completed a 16-20 hour WRAP® (Wellness Recovery Action Planning®) class? WRAP® is a prerequisite for the Take Your Heart to Work® Peer Support Specialist Certification Training course.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, what did you learn from participating in the WRAP® class? If you answered "No" to the previous question, what do you hope to learn when you participate in a WRAP® class?	
Do you have and actively use a WRAP®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List certified trainings you have graduated from in the last 2 – 3 years:	

What does recovery mean to you? What factors are important in your own recovery?

Are you interested in becoming a Certified Peer Support Specialist?

Yes No

If you answered "Yes" to the previous question, why do you want to become a Certified Peer Support Specialist?

Peer Support Specialists are models of recovery for others. In what ways do you demonstrate recovery and goals geared toward a full and meaningful life in your community?

Share about how you use natural supports (unpaid supports, such as friends, family, etc.) in your recovery:

Would you be able to support someone whose idea or pathway of "recovery" is different than yours?

Yes No

Please explain your answer to the previous question:

Describe (1) What strengths you have that would help you be a better Peer Support Specialist, and (2) What skills you feel you need to develop:

This training class is an intensive course built on interaction and sharing of behavioral health and/or substance use experiences as they lead to recovery. (1) What will be your greatest challenge in attending and participating in the training class, and (2) How will you address that challenge?

Describe (1) Why do you want to participate in this training, and (2) What you hope to learn from this training:

Describe (1) Your expectations for this training, and (2) What “Take Your Heart to Work” means to you:

Please list the Take Your Heart to Work® (and/or WRAP®) class that you would like to attend (including Dates and Location):

Are you able to commit to actively participate in all sessions of the Take Your Heart to Work® training?

Yes No

Please list any accommodations you will need during the Take Your Heart to Work® course: (For example: Do you use a mobility device like a walker, wheelchair, etc.? Reasonable accommodations will be made for all people upon request. If there are no accommodations needed, please answer “None.”)

Please list any allergies you have: (For example: Are you allergic to peanuts, dogs, etc.?)

Prerequisites: The following activities must be completed before you can participate in the Take Your Heart to Work® NC Certified Peer Support Specialist Training course, unless prior approval has been granted.

1. Graduation from a certified wellness plan training. It must be a certified plan that you write for yourself to help you monitor your wellness. The following are examples of accepted trainings: (a) A recent 16-20 hour Copeland Center - certified Wellness Recovery Action Plan® (WRAP®) training; (b) A recent 20 hour National Alliance for Mental Illness Peer-to-Peer training; or (c) Other 16-20 hour certified wellness plan training. Provide additional details and explanation of training for approval. This prerequisite is a requirement for graduation from the Take Your Heart to Work® Peer Support Certification Training course.
2. A graduation certificate or proof of completion of one of the above training sessions is required on or before the first day of the Take Your Heart to Work® course.

<p>3. Completion of an online advanced assignment and submitted to _____ (the course trainer) at least one week prior to the first day of the Take Your Heart to Work® course. Topics include taking care of yourself, and history of the Peer Movement. — You will receive an Acceptance Letter via email if you are approved to participate in the Take Your Heart to Work® training course. You will also receive the Advanced Assignment at least 2-3 weeks before the training. If you do not receive these documents, you will need to wait for the next training. — Note: Accommodations will be made for those who do not have access to the internet.</p>	
<p>Do you agree to complete the required prerequisites before participating in the Take Your Heart to Work® course?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Additional Notifications:</p> <ul style="list-style-type: none"> • Notify _____ (the course trainer) if you are unable to attend a training. There is usually a waiting list, and we would like to provide others the opportunity to attend. • If less than 5 people are present on the first day of class, we will have to cancel the class. If the class has to be cancelled for this (or any other reason – like bad weather), you will be notified by email as soon as the decision is made. An attempt to reschedule will be made. • In the event of your inability to attend the rescheduled training, you will receive a refund upon request. Non-refundable amounts include \$100.00 administrative fee, and fees for the days you did attend. 	
<p>I have read and understand the information in the “Additional Notifications” section:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please list your name as you would like it to appear on your certificate:</p>	
<p>I agree to allow _____ to take photos/videos of myself to use for promotional purposes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I would like more information about _____, including upcoming classes and events. Please add me to the mailing list.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>How did you find out about this class?</p> <p> <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Peer Recovery Center of Carteret County <input type="checkbox"/> Facebook <input type="checkbox"/> Veterans Services Center <input type="checkbox"/> Family Member <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Flier <input type="checkbox"/> Vocational Rehabilitation & Education (VR&E) <input type="checkbox"/> Friend <input type="checkbox"/> Other (please list): <input type="checkbox"/> NC Works </p>	
<p>I understand that I must be at least 18 years old and have lived experience of a mental health and/or substance use disorder to receive the North Carolina Certified Peer Support Specialist (NCCPSS) certification.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I understand that completion of the 40-hour course does not entitle the training participant to receive the NCCPSS certification unless they have the required lived experience of a mental health and/or substance use disorder, as well as having met all criteria required by the NCCPSS Certification Program.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I understand that completion of the Take Your Heart to Work® Peer Support Specialist Certification Training course does not guarantee employment as a Peer Support Specialist.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I have read this application and agree to the terms.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Signature:</p>	<p>Date:</p>