

Your Application		
Date of this application:		
Full Name:		
Preferred Name:		
Date of Birth:		
Check all that apply:		
Deaf DeafBlind Hard of Hearing (non-signer) Hard of Hearing (fluent ASL Signer) Mailing address:		
Is this the address on your license? Yes No  If YES, what is the address listed on your license?		
County of Residence:  Your email address:		
*If you do not have an email address, we strongly recommend obtaining one as we will communicate with you before, during, and after training via email*		
Your telephone number:(text/talk) (VP)		
Emergency Contact:		
Name: (relationship)		
Phone Number:(text/talk)(VP)		
Training Needs:		
Please list required accommodations:		

Questionnaire: Your answers will be reviewed, and the training committee will determine if this training is right for you. Please answer each question fully. You may use additional paper if needed. 1. How did you hear of this training? 2. Are you familiar with peer support and the role of a Certified Peer Support Specialist? \_\_\_\_\_ Yes \_\_\_\_\_ A little \_\_\_\_\_ Never heard of Peer Support or CPSS 3. Have you received or now receiving services for mental health, or a substance use disorder? Please Explain: **Substance Use Disorder:** How long have you been sober? \_\_\_\_\_ How do you maintain your sobriety? **Mental Health Disorder:** Have you been hospitalized in the past? \_\_\_\_\_ Yes \_\_\_\_\_No When was your most recent hospitalization? \_\_\_\_\_ How do you maintain your mental wellness? \_\_\_\_\_\_ 4. Are you willing to openly share your lived experience with others? \_\_\_\_\_Yes \_\_\_\_\_ No 5. In the section below, please share your lived experience and recovery journey. Please use additional paper if needed.

6.	What does the word "Recovery" mean to you?
7.	What do you do in your daily life to maintain sobriety and/or your mental and emotional wellness?
3.	How do you use natural supports (family, community supports and services, friends) in your recovery?
Э.	Why are you interested in peer support services and the possibility of working as a Certified Peer Support Specialist?
١٥.	Would you be willing to support someone who has different communication needs than yours?  Explain
<b>.</b> 1.	Would you be willing to support someone that is outside of your culture and community?  Explain
12.	Would you be willing to support someone whose idea or pathway of "recovery" is different than yours? Explain

13.	The Deaf and DeafBlind community is a small community. What does "confidentiality" mean to you? Why is it important to be always confidential? Explain
14.	How does your Deafness or DeafBlindness empower you to be a skilled Certified Peer Support Specialist? Explain
15.	Describe other strengths you bring to a Peer Support position and what skills you feel you need to develop.
	By signing below, I understand that I must have lived experience of a mental health and/or substance use disorder to receive the North Carolina's Certified Peer Support Specialist Certification.
	I understand that completing the approved 80-hour course does not entitle me, the training participant, to the CPSS certification unless I have the required lived experience of a mental health and/or substance use disorder as well as all other criteria required by the NCPSS certification program.
	Applicant's Signature: Date:
	Thank you for your application. Your application must be submitted in its entirety to be considered for this class. Program participants will be selected based upon qualifications and availability.
	Please mail or email your completed application to:  RHA Health Services  11.75 Povelution Mill Drive

1175 Revolution Mill Drive Suite 15 Greensboro, NC 27405 sherry.bridges@rhanet.org