



**Your Application**

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



6. What does the word "Recovery" mean to you?

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7. What do you do in your daily life to maintain sobriety and/or your mental and emotional wellness? \_\_\_\_\_

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8. How do you use natural supports (family, community supports and services, friends) in your recovery? \_\_\_\_\_

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9. Why are you interested in peer support services and the possibility of working as a Certified Peer Support Specialist?

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10. Would you be willing to support someone who has different communication needs than yours? Explain

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11. Would you be willing to support someone that is outside of your culture and community? Explain

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12. Would you be willing to support someone whose idea or pathway of "recovery" is different than yours? Explain

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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

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14. How does your Deafness or DeafBlindness empower you to be a skilled Certified Peer Support Specialist? Explain

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15. Describe other strengths you bring to a Peer Support position and what skills you feel you need to develop.

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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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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  
1175 Revolution Mill Drive  
Suite 15  
Greensboro, NC 27405

[sherry.bridges@rhanet.org](mailto:sherry.bridges@rhanet.org)