# ﻿ Overview of Peer Support Specialist Training

* The content of Therapeutic Advances’ Peer Support Specialist Training has been approved by the Behavioral Healthcare Resource Program (BHRP) and North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS).
* Peer Support Specialist Training is a 40 hour training. Participants must be present and participate for all scheduled 40 hours in order to be considered for certification.
* A training participant can miss up to three hours of course time over the approved 40-hour course.
* If a training participant misses more than 3 hours course time, they will be asked to retake the training in the future.
* The training applicant who missed the 3+ hours course time will need to reapply and pay ½ price for the future class.
* Participants are required to participate in the trainings through lectures, group activities, role-playing and take home activities. You will also be required to share your personal recovery story.
* Participants who were present for the entire training will be awarded a certificate of completion.
* In order to be able to apply for your state certification, the trainee must pass the exam at the end of the training. The trainee can request another opportunity, within a designated period of time, to re-take the exam if they do not pass the first time.
* Completion of this training does not guarantee that the participant will be hired as a Peer Support Specialist. The participant will be responsible to apply and seek employment with applicable providers within their communities.
* If less than five people are present on the first day of class, the class will be cancelled
* Training topics include Role of Peer Support Specialist, Substance Abuse and Co-Occurring Disorders, Recovery Tools, Cultural Diversity, Workplace Skills and Peer Support Code of Ethics.

# Qualifications to take Peer Support Specialist training

* 18 years or older
* Have lived experiences in recovery from a significant mental health or substance use disorder
* Have been in recovery for at least 12 consecutive months
* Have at least a high school diploma or equivalent

Date of Application:

Date of Training:

Location of Training:

Student Name:

Address:

Phone:

Email:

Date of Birth:

1.Why are you interested in becoming a Peer Support Specialist? (500 Characters max)

2.Do you consider yourself in recovery? If so, how long have you been in recovery? (500 characters max)

3.Describe your recovery experience from substance use, mental health challenges, or both. (500 Characters max)

4.Keeping in mind that sharing your story of lived experience can be very emotional, describe how you are willing and able to share your lived experience as a tool with others. (500 characters max)

5.What strengths do you have that would make you a good peer support specialist? (500 characters max)

6.Have you applied to attend a Peer Support Specialist Training anywhere else? If so, where and when. (500 characters max)

7. ADA Statement: We will provide any and all reasonable accommodations (under the ADA) within our ability and to assist prospective students in acquiring other accommodations as needed. If you have any reasonable accommodation request, please explain your need. (500 characters max)

**Attestation: ﻿ I attest that "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.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Submission Instructions**

* Applications must be completed, including 1 reference form completed, prior to be reviewed.
* Completed applications should be received prior to the next scheduled training. If the class is full or all documents for registration are not received you will be notified and placed on waiting list until the next schedule training
* Completed applications and reference forms should be emailed to [**extendingyourportfolio@gmail.com**](mailto:extendingyourportfolio@gmail.com)
* Applications that are approved to move forward with the training, will be notified 48 hours after submitting application.

# Personal Reference Form

The individual named below is submitting an application to participle in an upcoming Peer Support Specialist Training. The applicant has requested for you to provide the required personal reference.

A person that is eligible to take the Peer Support Specialist Training has to meet the below requirements:

* 18 years or older
* Has lived experiences in recovery from a significant mental health and/or substance use disorder
* Has been in recovery for at least one consecutive year • Has at least a high school diploma or equivalent

With the advantage of shared experience, a Peer Support Specialist is someone who helps others diagnosed with a mental illness and/or substance use disorder.

**Instructions:** Complete this reference questionnaire and submit it directly to the training company “ Therapeutic Advances PLLC “ at email [*extendingyourportfolio@gmail.com*](mailto:extendingyourportfolio@gmail.com)We will review your reference letter to make sure you have answered all questions. You will receive correspondence from our company informing you that your reference has been accepted and you can complete the board's reference questionnaire, seal, and sign it. Please give the board’s reference to the applicant so they can submit it with their application to the board.

Name of applicant for whom you are providing a reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.Description of your relationship with the applicant, including how long you have known them:

2.Please share the applicant’s strengths’ that you feel will be an asset in them becoming a peer support specialist:

3.Describe your experience with the individual that indicates his/her demonstrated recovery for at least 12 consecutive months:

By signing this reference form, I certify that the information that has been provided is accurate, to the best of my knowledge. I certify that I have witnessed their personal recovery lifestyle for an extended period of time.

My signature also confirms, to the best of my knowledge, that the applicant meets the indicated requirements (below) to be a Peer Support Specialist.

* 18 years or older
* has been in recovery for at least one year
* has a high school diploma or equivalent

**Signature:**

|  |  |
| --- | --- |
| **Contact Information**  **For Reference**  Name |  |
| Address |  |

Phone Email

**Questions?**

If you have questions about the reference form, contact [Extendingyourportfolio@gmail.com](mailto:Extendingyourportfolio@gmail.com)