



## Take Your Heart to Work®

### North Carolina Certified Peer Support Specialist Training Application

Training is Conducted by Trained Monroe Consulting, LLC Trainers

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, substance use disorder (substance abuse), Trauma or Big Life challenges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the previous question, what is your recovery date?	
Do you find yourself as a person who has received or is receiving services for mental health and/or a substance use disorder (substance abuse), Trauma or Big Life challenges? *Note: Having received professional services is not a requirement to attend this training or become certified by the NCCPSS registry.	<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?	
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Are you a student?	Yes	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 making payment for this training?		
<input type="checkbox"/> Me (the participant)  <input type="checkbox"/> Vocational Rehabilitation  <input type="checkbox"/> NC Works  <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 highly recommended, but not required to attend this training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "Yes" to the previous question, what did you learn from taking part in the WRAP® class? If you answered "No" to the previous question, have you attended a NAMI course, WHAM, PATH, Human Services course, any type of training that would enhance your ability to offer Adult Peer Support Services?		
What do you do to monitor your Wellness and Recovery daily?		

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, what about becoming a Certified Peer Support Specialist appeals to you?

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

Share about how you use natural supports, unpaid supports: (such as friends, family, church, NA, AA, COA, Celebrate Recovery, or other supports in your recovery:

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

Yes  No

Please list as many pathways as possible of recovery and wellness you are aware of currently:

Describe (1) What strengths you have that would help you be an effective 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, Trauma or Big life challenges as they can lead to recovery. (1) What will be your greatest challenge in attending and taking part in this training, and (2) How will you address that challenge(s)?

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Describe (1) What motivates you to take part in this training, and (2) What do you hope to learn from this training?

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

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

Are you able to commit and actively take part in all sessions of the Take Your Heart to Work® 50-hour training?

Yes  No

The participant will need to be responsible for meeting the need of any accommodation(s) 2 weeks before the start date of training. Please list any accommodation(s) you will need during the Take Your Heart to Work® course: (For example: Do you use a mobility device like a walker, wheelchair, etc.?) Do you have a certified service animal? Reasonable accommodation(s) will be supported for all people upon request. (If there are no accommodations needed, please answer “None.”)

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

**Prerequisites:** The following suggestions are encouraged when you take part in a Take Your Heart to Work® NC Certified Peer Support Specialist 50-hour Training course.

1. Do you have a plan that helps you monitor/check your wellness?
2. Completion of an online/written Advanced Assignment and given to \_\_\_\_\_ (the course trainer) at least one week prior to the first day of the Take Your Heart to Work® training. You will also receive the Advanced Assignment at least 2-3 weeks before the training.

Topics will include taking care of yourself, and the history of the Peer Movement. You will receive a Welcome Letter via email if you are approved to take part in the Take Your Heart to Work® training course. — Note: Accommodations will be made for those who do not have access to the internet/printer

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Do you agree to complete the required prerequisite/Advanced Assignment before taking part in the Take Your Heart to Work® course?	Yes	No
<b>Additional Notifications:</b> <ul style="list-style-type: none"> <li>• 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 with the opportunity to attend.</li> <li>• If less than 5 people are present on the first day of class, the class will be cancelled. If the class has been cancelled for this (or any other reason – like severe weather, sickness), you will be notified by email, text, or phone call as soon as the decision is made. An attempt to reschedule will take place as soon as possible.</li> <li>• In case of your inability to attend the rescheduled training, you will need to make sure you understand the Individual Trainers’ Refund (ITR)policies on this matter. If no attempt has been communicated between you and the trainer to move your payment...the funds will not be transferrable. Non-refundable amounts could include a \$100.00 plus administrative fee, cost of manual and fees for the actual days you attended.</li> </ul>		
I have read and understand the information in the “Additional Notifications” section:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please PRINT your name as you would like it to appear on your certificate:		
I agree to allow _____ to take photos/videos of myself to use for promotional purposes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like more information about _____, including upcoming classes and events. Please add me to the mailing list.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you find out about this class? <input type="checkbox"/> Counselor/Therapist <input type="checkbox"/> Facebook <input type="checkbox"/> Family Member <input type="checkbox"/> Flier <input type="checkbox"/> Friend <input type="checkbox"/> NC Works <input type="checkbox"/> Veterans Services Center <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Vocational Rehabilitation & Education (VR&E) <input type="checkbox"/> Other (please list):		
I understand that I must be at least 18 years old and have lived experience of mental health and/or substance use disorder, trauma, or big life challenges to receive the North Carolina Certified Peer Support Specialist (NCCPSS) certification. (12 months of sustainable recovery before you are certified)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that completion of the 50-hour course does not entitle the training participant to receive the NCCPSS certification unless they have the required lived experience (12 months minimum of sustainable recovery) with a mental health and/or substance use disorder, trauma or big life challenges as well as having met all criteria required by the NCCPSS Certification Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
You need to have a High School diploma or GED to become certified by the NCCPSS Registry. Do you understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have read this application and agree to the terms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature:	Date:	

