

Date Received _____	Date Approved _____	Notes _____
Initials _____	Initials _____	_____



Certified Peer Recovery Specialist Application

Part One: Training

Working as a Certified Peer Recovery Specialist in Tennessee can be an immensely rewarding occupation. It is a way to help others experience the recovery that you have experienced yourself. However, it is not the job for everyone, and it is one you need to be ready to undertake. To help us know you are ready, complete the following information. All information will remain confidential. The Certified Peer Recovery Specialist Training is provided free to all accepted applicants; however, you will be responsible for your own transportation, lodging, meals, beverages, and snacks.

Training city **that you desire:** _____

Name _____ Today's Date _____

Previous names _____

Address _____ Gender _____ Veteran YES NO

City, State, ZIP _____

Phone (w/area code) _____

Email (required) _____

Social Security Number **(Required)** _____ Date of Birth _____

Persons with a disability who require accommodations should notify the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov to request or discuss accommodations at the CPRS Training. Three weeks of advance notice is preferred, but every effort will be made to provide accommodations when requested.

Are you eighteen years of age or older? YES NO

Are you currently employed? YES NO

List the last two jobs you have held, the name of your employers, and the dates of your employment.

**Note: an employment history is not necessary for consideration.*

1. _____

2. _____

Indicate your highest level of education and **include a copy of your high school diploma or equivalent or unofficial college transcripts.**

- High School Diploma GED or equivalent
- Vocational certificate, specialty _____
- Associate's Degree, concentration _____
- Bachelor's Master's PhD, major _____
- LADAC Other, specify _____

- Copy of high school diploma (or equivalent) or unofficial college transcript included.

- 1. Are you in recovery from a mental health disorder? YES NO
If yes, have you been in recovery from a mental health disorder for at least the past 24 consecutive months? YES NO
- 2. Are you in recovery from a substance use disorder? YES NO
If yes, have you been in recovery from a substance use disorder for at least the past 24 consecutive months? YES NO
- 3. Are you willing to disclose to peers, staff, and the public that you have lived experience with a mental illness, substance use disorder, or both? YES NO
- 4. You will be expected to participate in discussions and role-plays using elements of your own recovery story. Are you comfortable sharing your recovery story with others? YES NO
- 5. You will also be required to listen to the recovery stories of others. Sometimes these stories may be uncomfortable for you, particularly if they touch upon one of your "triggers." Are you okay with this? YES NO
- 6. The required training is intensive and can be fatiguing. Do you feel you generally have the energy to stay focused and alert? YES NO
- 7. If accepted, you must attend all of the 40-hour, weeklong training. Will you commit to that? YES NO

8. The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation?

YES

NO

Conservator Status

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or an adult who needs assistance in decision-making. It gives the conservator specific authority and duty to act on behalf of the individual in making decisions affecting the person’s life. In Tennessee, the definition of a conservator is *a person appointed by the court to provide partial or full supervision, protection and assistance*. A conservator acts as the agent of the court. Certified Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

By affixing my initials and signature below:

I confirm that I do **not** have a conservator.

Initials _____

Recovery Narrative

Please write complete answers to the following questions without outside help. Your answers can be brief, but use complete sentences, type or make your handwriting clear and legible, and limit your responses to the space provided. This is not a test with right and wrong answers. It is a way to assess your readiness to take the certification training.

Describe how your personal recovery journey has helped you to get where you are today. _____

What are some of the things you do on a regular basis to keep yourself focused on your recovery? _____

Describe at least two of your strengths and how they have helped you in your recovery. _____

What is your plan to deal with triggers and/or a recurrence of your symptoms? _____

Have you ever led a group? YES NO

If so, what did you like about it? _____

If you have not lead a group before, how do you feel about leading a group? _____

Have you ever taught a class? YES NO

If so, what did you like about it? _____

If you have not taught a class before, how do you feel about teaching a class? _____

Describe your best experience in employment, service work, or volunteer work and what made it meaningful. _____

Describe your support system and how it has helped you in your recovery.

Describe why you want to become a Certified Peer Recovery Specialist. _____

Why do you feel you would be a good candidate to work with peers who have lived experience of mental illness and/or substance use disorder?

Is there anything else you would like us to know? _____

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.

Your signature _____ Date _____

Your printed name _____

Name preferred on certificate _____

If you are employed, please have your immediate supervisor sign below attesting that you are approved to attend all

of the 40-hour training.

Supervisor's Name _____ Credentials _____

Title _____

Agency/Organization _____

Phone (with area code) _____

Email _____

Signature of Immediate Supervisor _____ Date _____

****IMPORTANT: Attach a copy of your high school diploma or equivalent or unofficial college transcripts to this application to be considered.***

If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov.

Once complete, fax or scan and email your application plus a copy of your high school diploma (or equivalent) or unofficial college transcripts to the address below. You will be notified if your application is accepted.

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
5th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
Email: cprs.tdmhsas@tn.gov