



NAME OF APPLICANT: _____

DATE: _____

APPLICANT'S EMAIL: _____

PHONE #: _____

NAME OF PEER SUPPORT

EMPLOYMENT TRAINING PROGRAM: CENTER FOR HEALTH AND RECOVERY (CHR)

A. PRE-SCREENING

1. Completing and submitting this application does not guarantee admission into a Peer Support Employment Training Program (PSETP). CHR may have other requirements such as assessments, referrals, additional forms and/or tuition which must be completed or paid prior to start of the Employment Training program. Please contact Jennifer Brunson at CHR to determine eligibility for training.

Initial :

- I have contacted CHR (the training agency) and understand their enrollment criteria.
2. Are you applying to this training program because you intend to practice peer support and deliver peer support services as a Peer and Recovery Support Specialist (PRSS)?
 - Yes, I wish to practice peer support and deliver peer support services as a PRSS.
 - No, I wish to attend this training for another purpose.
 - I am not sure, at this time.
 3. If you are applying to this program for any purpose other than to prepare you for employment as a PRSS, you will not be selected for enrollment and must seek an alternative program to best achieve your goals. Check the box below to attest you understand this.
 - I understand that individuals applying to this program for any purpose other than preparing for employment as a PRSS will not be enrolled and must seek an alternative program to achieve their goals.

4. Self-identification as a person with lived experiences of behavioral health conditions is a requirement to receive a PRSS credential. Upon completion of this program your name, the name of the training program and date of graduation will be transmitted to AHCCCS as specified in AMPM Policy 963, Attachment C. No other information will be provided to AHCCCS. This record of your credential may be necessary to later verify you are qualified and may be employed as a PRSS. If you answer “No” to the question below you will not be admitted to this training program.

Yes, I self-identify as a person with lived experiences of behavioral health conditions and consent to a record of my PRSS credential to be shared with AHCCCS for purposes of verifying my qualifications.

No, I do not consent to this information being shared and understand I will not be admitted to this training program.

B. PEER SUPPORT PRACTICE AND EMPLOYMENT

1. Completion of a Peer Support Employment Training Program is not a guarantee of employment. Initial the box below to attest you understand this.

I understand completion of this training is not a guarantee of employment.

2. Most employers require their new hires to have a High School Diploma or General Education Development (GED). Read the following and check the box that is true for you:

I have a High School Diploma or GED.

I am in the process of obtaining a High School Diploma or GED.

I do not have, but would like to obtain, a High School Diploma or GED.

I do not have, nor am I interested in obtaining, a High School Diploma or GED.

C. PURPOSE OF THE TRAINING

1. This training is intended to prepare you to practice and deliver peer support services in the AHCCCS (Medicaid) programs. Please describe when and why you have decided to become a Peer Recovery Support Specialist ?

2. What are you looking forward to most about this training?

3. A PRSS often spends a lot of time doing paperwork and may have other duties unrelated to practicing and delivering peer support services. What concerns, if any, do you have about this?

4. Some work environments may seem more Recovery-Oriented and more welcoming than others. What concerns, if any, do you have about working as a PRSS in environments that you may feel are less Recovery-Oriented and less-welcoming?

D. SELF-IDENTIFICATION

A Peer and Recovery Support Specialist (PRSS) is an individual who has lived experience of mental health conditions, substance use and/or other traumas resulting in emotional distress and significant life disruption, for which they have sought help or care; and can demonstrate their own efforts at self-directed recovery and expertise, including knowledge of approaches to support the recovery of others. Read the following statements and tell us if they are true or not true, for you.

1. "I willingly self-identify to others as having lived experience of mental health conditions, substance use and/or other traumas resulting in emotional distress and significant life disruption, for which I have sought help or care." Is this statement true for you?

 Yes, this statement is true for me.
 No, this statement is not true for me.

2. "I am actively sustaining my own recovery and/or healing process; and managing my own wellness." Is this statement true, for you?

 Yes, this statement is true for me.
 No, this statement is not true for me.

3. "I am willing to share these lived experiences, when appropriate, for purposes of education, role modeling and providing hope to others about the reality of recovery." Is this statement true, for you?

- Yes, this statement is true for me.
- No, this statement is not true for me.

E. PERSONAL RECOVERY

The following Yes/No questions relate to how you practice your own recovery.

Answering "YES" to any of the following questions means that you are willing to share your response at a later date. You will NOT be asked to share your response at this time.

1. Are you willing to share what you have had to overcome to get where you are today?

- Yes, I am willing to share this.
- No, I am not willing to share this.

2. Are you willing to share what has helped you to move from where you were to where you are now in your recovery?

- Yes, I am willing to share this.
- No, I am not willing to share this.

3. Are you willing to share what having "lived experience" means to you?

- Yes, I am willing to share this.
- No, I am not willing to share this.

4. Are you willing to share some of the beliefs and values you have, or have developed, which help to strengthen your recovery?

- Yes, I am willing to share this.
- No, I am not willing to share this.

F. COMMITMENT TO TRAINING PARTICIPATION AND ACCOMMODATION

1. The training program may require complete attendance for the duration of the training. If accepted to this program can you commit to this?

- Yes, I can commit to attending the entire training.
- No, I cannot commit to attending the entire training.

2. Are there any barriers which may keep you from attending the entire training (e.g. childcare, work schedule, transportation)? If so, please describe; otherwise, leave blank.

3. The training is highly interactive and requires activities involving small group work, role-playing, and reading aloud to the class. Are you comfortable with this kind of participation?

Yes, I am comfortable.

No, I am not comfortable.

4. As part of the training you will be asked to participate in discussions, role-plays, and to share your personal story of recovery in front of the class. What concerns, if any, would you have about this?

5. During the training you will listen to the recovery stories of others. Sometimes these stories may be uncomfortable to hear. Are you willing to communicate any discomfort to the trainers if this were to happen?

Yes, I will.

No, I will not.

6. What do you see as being the most difficult challenge in PRSS training, and how will you approach it?

Response

7. Are there any accessibility needs for you to fully participate in the training? (e.g. service animal, note taker, large text, sign language interpreter)? If so, please describe; otherwise, leave blank.

Response



G. ATTESTATIONS

INITIAL RESPONSES PLEASE

1. I have completed this application on my own.

- Yes, I completed this application on my own.
- Yes, I completed this application with assistance.
- No, this application was completed for me.

Initial

- I understand that a PRSS Credential is not health information and is necessary for employment and delivering services as a PRSS. Evidence of my credential may be shared with potential employers and others without a release of information.
- I understand that I will be required to take a competency exam at the end of the training, and I must receive a passing score of 80 or more to receive my peer credentials. If I do not receive a passing grade, I may apply to take the exam over 1 time. If I do not receive a passing score the 2nd time, I may be required to take the entire course over or specific portions based on trainer review. Failure to receive a passing score after “re-taking the course the 2nd time and retesting the 3rd time will result further recommendations of the trainer.
- I have answered the questions in this application truthfully, and to the best of my ability.

Signature

Today's Date