

OnTrack Wellness and Recovery Center
APPLICATION FOR TRAINING
PEER SUPPORT SPECIALIST

Part I – Contact Information

Date:			
Name:			
Last	First	Middle Initial	
Present Address:			
Street	City	State	Zip
Home Phone: ()		Cell Phone: ()	
Email Address (required):			

Part II – Recovery Statement

Briefly describe your lived experience with behavioral health challenges (mental health and/or substance use) and recovery journey to include the date your recovery began.

Part III – Education & Training

What is your highest level of education?		
☐ H.S. Diploma ☐ G.E.D. ☐ Some college ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate		
Name of School(s)		
Certificates and Licenses		
Type:	Number:	Issuing Agency:

Demographic Information (for statistical purposes only) *optional*

Race/Ethnicity	
☐ African American ☐ Latino/Hispanic ☐ Multiracial ☐ Native American ☐ Asian American	
☐ Caucasian ☐ Other _____	
Foreign Languages Spoken	
☐ Spanish ☐ French ☐ Vietnamese ☐ ASL ☐ Other _____	
Gender	
☐ Male ☐ Female	
Age Range	
☐ 18-30 ☐ 31-45 ☐ 46-60 ☐ 60+	

Date Approved: _____ (for office use only)

Part IV – Supplemental Information

2

1. Have you served in the Military?

☐ Yes ☐ No

2. Do you have experience of working with any special population or groups?

☐ Veterans ☐ Homeless ☐ Addictions ☐ Trauma ☐ Families ☐ Physical Health

☐ Intellectual/Developmental Disabilities ☐ Youth ☐ Others

3. Name some of your skills or areas of expertise: *(for example, crisis management, working with faith-based groups, working with supported employment, technology expertise)*

Part V – PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING

4. What does recovery mean to you? What factors are important in your own recovery?

5. Please describe what Peer Support means to you:

6. Why do you want to become a Peer Support Specialist?

7. Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why?

8. What strengths do you have that will help you be a great Peer Support Specialist?

9. Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do **not** include things that you do to maintain your own recovery.

10. One key to recovery is the use of natural support in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training?

11. An important aspect of the Peer Specialist Training program is that everyone must be personally responsible for their actions and decisions. Please describe personal responsibility and how you will incorporate it into your work as a peer support specialist:

12. How are you maintaining your recovery today?

13. Are you currently employed as a Peer Support Specialist: ☐ Yes ☐ No – see B and C below

4

A. If yes, please have employer fill out form on page 7.

What is your job title? _____

Name of Employer? _____

How many hours do you work a week? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

Employer's Contact Information _____

B. If not, are you looking for work as a PSS? _____

C. If not, are you currently working in another capacity?

What is your job title? _____

Name of your employer? _____

May we contact your employer? ☐ Yes ☐ No

Employer's contact information: _____

Please list your other work experience for the past five years, beginning with your most recent job held previous to the one listed in #3 above. If you are self-employed, provide business names. Attach additional sheets if necessary.

Employer or Volunteer Agency	Position/Title	Location

Please list 3 professional and personal references (not related to you):

Name	Telephone number

Certification Tracks

Applicants may pursue certification through **Track A or Track B**. Applicants must review the requirements for both tracks before applying and select the track that matches their qualifications. **Once an application is submitted, the applicant cannot switch certification tracks**

Applicants are responsible for carefully reviewing the eligibility requirements, application instructions, and documentation requirements for **both certification tracks before applying**. Applicants should select the track that accurately reflects their qualifications and circumstances at the time of application.

Once an applicant has applied and the certification process has begun, the applicant must remain on the certification track selected on the submitted application. Applicants cannot switch from Track A to Track B, or from Track B to Track A, after applying.

Applicants are therefore encouraged to carefully evaluate their eligibility and qualifications before selecting a certification track. Selection of a certification track should be based on the applicant's actual qualifications and ability to satisfy all requirements associated with that track.

By applying, the applicant acknowledges that the selected certification track is final for that application and understands that the applicant will be required to complete the applicable eligibility, training, examination, and certification requirements associated with the selected track.

Eligibility, Reciprocity, and Lived/Recovery Experience

Eligibility for Training and Certification

Applicants seeking Peer Support Specialist training and certification through the North Carolina Certified Peer Support Specialist (NCCPSS) Program must meet all established eligibility requirements before beginning training and certification. Applicants must be at least eighteen (18) years of age, have lived experience with behavioral health challenges that meet the Program's established criteria, and be in recovery from a serious mental illness (SMI) and/or substance use disorder (SUD), as applicable. Applicants with co-occurring mental health and substance use disorders must be in recovery from both conditions to qualify for certification.

Applicants must have been in recovery for at least eighteen (18) continuous months before beginning Peer Support Specialist training and certification. Applicants must also possess a high school diploma or equivalent. Meeting one eligibility requirement does not replace or waive any other required eligibility requirement.

The NCCPSS Program does not accept Peer Support Specialist certification issued by another state as equivalent to North Carolina certification. Therefore, the NCCPSS Program does not provide reciprocity for Peer Support Specialist certifications from other states.

A Certified Peer Support Specialist (CPSS) who holds certification from another state and wishes to become certified in North Carolina must meet the applicable North Carolina certification requirements and complete the required process for NC certification. Out-of-state certification does not, by itself, qualify an individual for North Carolina certification or exempt the individual from North Carolina's established eligibility, training, examination, or other certification requirements.

Lived and Recovery Experience

Eligibility for NCCPSS certification requires applicants to have lived experience with mental health and/or substance use challenges that meet the Program's established certification criteria. Lived experience must align with the Program's applicable definitions and eligibility requirements for serious mental illness (SMI) and/or substance use disorder (SUD).

Lived experience alone does not automatically establish eligibility for Peer Support Specialist certification. Applicants must meet all applicable eligibility requirements, including the required period of recovery and educational requirements.

The NCCPSS Program does not grant certification based solely on lived experience involving tobacco, caffeine, gambling, social media addiction, or other behaviors or addictions that are not clearly included within the Program's established definitions and certification criteria for serious mental illness or substance use disorder. Applicants are responsible for ensuring that their lived and recovery experience meets the Program's established eligibility criteria before applying for training and certification (pss.unc.edu).

Applicant Acknowledgment

I acknowledge that I have reviewed and understand the NCCPSS eligibility requirements, including the requirements concerning age, lived experience, recovery, education, and North Carolina certification. I understand that certification from another state does not provide reciprocity for North Carolina certification and that I must meet the applicable North Carolina requirements to obtain NCCPSS certification.

I further acknowledge that lived experience must meet the NCCPSS Program's established certification criteria and that lived experience with tobacco, caffeine, gambling, social media addiction, or other conditions or behaviors not included within the Program's applicable definitions of serious mental illness or substance use disorder does not, by itself, establish eligibility for NCCPSS certification.

By signing below, I certify that the information I have provided regarding my lived experience, recovery experience, education, and eligibility is true, accurate, and complete to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____

Date: _____

OnTrack Wellness and Recovery Center

PERSONAL REFERENCE LETTER (Mandatory)

50-hours North Carolina Peer Support Specialist Training Certification

The individual named below is applying for participation in a 50-hour Peer Support Specialist Training Certification Program. The applicant must meet the following requirements: - 18 Years or older. - Have lived experience in significant mental health or substance use disorder. - Have been in recovery for at least ~~one year~~ **18mos.** - Have a high school diploma or equivalent.

Name of Applicant: _____

Instructions: Please complete the personal reference form. Place completed the personal reference letter form and submitted to adhccare@gmail.com or mail the personal reference letter in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to: OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311 as part of the complete application packet.

1) Please describe the nature of your relationship with this individual and how long you have known this individual:

2) Describe your experience with this individual that indicates his/her demonstrated recovery for at least 12 months:

3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed his/her personal recovery lifestyle for at least one year and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge, that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support in order to promote overall wellbeing and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (at least 18 years of age; and has been in recovery for at least one year) to be considered for this 50-hour certification training as a North Carolina Peer Support Specialist. All personal information on this form is confidential and will be used solely to determine eligibility for 50-hour training.

Signature of Reference _____ Date _____

We appreciate your support of this individual for the recognition of their accomplishments in their recovery journey and desire to become a Peer Support Specialist. If you have any questions, please email adhccare@gmail.com or write me at the address listed below.

Dr. Annie R. Hasan
OnTrack Wellness and Recovery Center
1425 McArthur Road
Fayetteville, NC 28311
910-624-6513