

Certified Peer Recovery Specialist Application

Part One: Training

***Please note that pursuant to Tenn. Code Ann. § 10-7-503, all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application. The Certified Peer Recovery Specialist Training is provided free to all accepted applicants; however, you will be responsible for your own transportation, lodging, meals, and beverages.*

Name _____ Today's Date _____

Other Names

All training applicants are screened against the Tennessee Sex Offender Registry and the Tennessee Abuse Registry prior to application approval. Applicants on the sex offender registry are handled on a case by case basis and can still be approved for certification in some situations. Please list your name assigned at birth (if different) and any other names used (for example, previous married names):

Name preferred on certificate _____

Address _____ Gender _____

City, State, ZIP _____

Phone (w/area code) _____

Email (required) _____

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

Have you previously served or are currently in the military? YES NO

Which of the following best represents your racial or ethnic heritage? Please select all that apply.

- Black or African American
- Native Indigenous, First Nations, and/or Aboriginal
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- Not Listed (Please Specify): _____
- Hispanic or Latinx/Latine/Latino
- White
- Asian (South, Southeast, East, and/or Central)

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 degree, concentration _____
- Bachelor's Master's PhD, major _____
- LADAC Other, specify _____
- Copy of high school diploma (or equivalent) or unofficial college transcript included.

Are you eighteen years of age or older? YES NO
Are you currently employed? YES NO

List the last two jobs you have held as well as your current job, if applicable. Include the name of your employers and the dates of your employment. **Note: an employment history is not necessary for consideration.*

- 1. _____
- 2. _____

- 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

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. Please check the appropriate box: I confirm that I

- do have a conservator
- do **not** have a conservator

Recovery Narrative

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. 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 led 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 _____

*If you have any questions about how to complete this application, contact the Peer Recovery Coordinator (below).
Once complete, fax or scan and email your application to:*

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
6th Floor Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
Email: cprs.tdmhsas@tn.gov