



## **2019 Peer Recovery Coach Certification Training Program Application**

Michigan Department of Health and Human Services  
Office of Recovery Oriented Systems of Care  
320 S. Walnut, Lansing, MI 48913  
Phone: 517-335-2279

<b>Training Dates</b>	<b>Location</b>
<b>January 7-11, 2019</b>	St. Paul of the Cross Conference Center - Detroit, MI
<b>May 2-6, 2019 (Weekend Training)</b>	Saginaw Township Fire Station – Saginaw, MI
<b>June 24-28, 2019</b>	St. Paul of the Cross Conference Center - Detroit, MI

**Please email or fax your application to:**  
**Email: [MDHHS-PeerSupport@Michigan.gov](mailto:MDHHS-PeerSupport@Michigan.gov)**  
**Fax: 517-335-1233**

QUESTIONS? Call 517-335-2279 - Email or fax completed application  
Email [MDHHS-PeerSupport@Michigan.gov](mailto:MDHHS-PeerSupport@Michigan.gov) Fax: 517-335-1233

## Peer Recovery Coach Certification Training Application

**Please print clearly. Applications must be filled out by the applicant. All sections of the form must be completed for the application to be accepted.** These instructions explain how to complete the application for the Michigan Certified Peer Recovery Coach training program. The application measures skills and requirements necessary to be a Certified Peer Recovery Coach (CPRC). Applications should be submitted 30 days prior to the date of training.

The application process for peer recovery coach training includes a written application, two letters of reference, current job description, and a peer to peer telephone interview. The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The application process is designed to determine whether the applicant has substantial experience with his or her own recovery and meets the Department of Health and Human Service policy requirements.

Individuals eligible for certification training must:

- ❖ Be at least 18 years of age
- ❖ Be employed at least 10 hours per week by a licensed Substance Use Disorder Treatment Organization, a PIHP, a Community Mental Health Services Program, or another organization under contract to one or more of the forgoing organizations that provides substance abuse treatment and/or recovery support services
- ❖ Have received publicly-funded treatment and recovery services for addiction(s)
- ❖ Self-identify as a person who has direct personal experience receiving substance use services
- ❖ Have two continuous years in recovery from addiction(s) with experience in navigating treatment services and/or prevention
- ❖ Share their recovery story as a tool in helping others
- ❖ Have a diagnosis of a substance use condition and/or addiction. Peers focus on shared experience. Individuals with a secondary co-occurring condition may also be eligible. \*
- ❖ Have experience working on his/her own recovery and an ability to manage his/her own wellness
- ❖ Provide completed application and 2 letters of reference forms (The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues.)

Applicants must be willing to:

- ❖ Attend all five days of the in-person training
- ❖ Actively participate in discussions and role plays
- ❖ Complete and pass the certification exam

\*Other training opportunities are available for individuals with lived experience in the following areas:

Mental health conditions (Peer Support Specialist) Youth (Youth Peer Support) Developmental Disabilities (Peer Mentors) Family (Parent Support Partners) Public Health (Community Health Workers)

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Application review process considers factors such as:

- ❖ Current job duties (Applicant must be performing peer recovery coach duties as outlined in the Michigan Medicaid Provider Manual. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>)
- ❖ Understanding of the multiple pathways of recovery
- ❖ Leadership skills
- ❖ Ability to share their lived experience in recovery from an addiction and/or substance use condition
- ❖ Letters of reference
- ❖ Peer to peer phone interview

Today's Date

Last Name		First Name	
Mailing address		City, State, Zip	
Home Phone	Cell Phone	Work Phone	
Personal Email		Work Email	
Birthdate (optional)			
Job Title		Program That You Work In	
Employer		Supervisor	

**Please complete the following check list**

<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have completed this application by myself.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have a high school diploma or GED or equivalent.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have education/training/degree beyond high school. (for information only) Detail:
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have had 2 years of continuous recovery from an addiction and/or substance use condition.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I am currently employed as a peer recovery coach, working _____ hours per week. My hire date was ____/____/_____
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I currently am or have received publicly funded services for a substance use condition and/or addiction.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	In addition to my substance use condition I also have a co-occurring diagnosis.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have served in the military.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have shared my recovery experience with others.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I have lived experience in the following areas: <input type="checkbox"/> Homelessness <input type="checkbox"/> Crisis Services <input type="checkbox"/> Addiction <input type="checkbox"/> Peer-run programs <input type="checkbox"/> Medication Assisted Recovery <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Support Groups <input type="checkbox"/> Incarceration <input type="checkbox"/> Worked with a Recovery Coach
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	Other lived experience not listed above:
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I agree to attend the 5 day training, actively participate and take the certification exam.
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	I am willing to participate in continuing education and training in recovery.

**Application Narrative**

The following questions are used as part of the application process to discuss your recovery experience and understanding of the principals of recovery. All applications will remain with the Michigan Department of Health and Human Services and will not be shared with anyone outside of the Peer Recovery Coach training program. Your answers will be reviewed during the peer to peer phone interview.

1) What does becoming a "Certified Peer Recovery Coach" (CPRC) mean to you?
2) How would you describe a Peer Recovery Coach?
3) What is your personal definition of recovery from a substance use condition and/or addiction?

4) A Peer Recovery Coach must be willing to share their recovery story for the benefit of others. Please describe at least one example of how you have done this.
5) Please describe your definition of multiple pathways to recovery.
6) What are some of your skills that make you good at working with others who are in recovery?

7) How long have you been in continuous recovery currently or in the past?
8) Describe what you do to stay in recovery today.
9) What are some of your gifts, talents, and strengths that you use to benefit the individuals you serve?

**Your Current Employment**

10) What are the activities that you perform as a part of your job as a peer recovery coach? <i>Applications must include an attached copy of the job description.</i>

11) Describe what you find most and least rewarding about your current position.

12) Give an example of how you have worked with individuals from various backgrounds. (social, cultural, ethnic, gender, etc.)

13) How do you hope this training will strengthen your work as a peer recovery coach?

14) What else would you like us to know about you?



**Please Read –**

**Sign below to indicate that you have read and agree with the following statements:**

- I have completed this application by myself with no assistance or direction.
- I am a person who has a diagnosis of a substance use condition and/or addiction who is currently or has been in continuous recovery for at least 2 years.
- I understand that submission of this application does not guarantee approval.
- I attest that I meet the eligibility requirements as outlined on page 2 of this application and I authorize the peer recovery coach training program to confirm my eligibility.
- I am working at least 10 hours per week in a peer recovery coach role as defined in the Michigan Medicaid Provider Manual.
- I understand that I will be required to attend a 5 day, in classroom training and successfully pass a written exam to qualify for certification.
- I agree to publicly share my recovery experience to support the recovery journey of others.
- All statements in this application are true and accurate.

Signature	Date

This application should be submitted, by fax or email, at least 30 days prior to the training date and must include:

- A copy of the job description of the applicant
- 2 letter of reference forms. - The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues.
- Supervisor Acknowledgment Form (page 10)

**Applicants will receive confirmation of acceptance after telephone interview and qualification review within 2 weeks prior to training date.**

## Direct Supervisor Acknowledgement

The direct supervisor of the applicant must provide the following information and acknowledgement.

- I confirm that the applicant meets the training requirements as defined in the Medicaid Provider Manual. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- Our agency agrees to support the applicant’s attendance at the 5-day certification training and follow-up trainings including: Michigan best practices, study session and certification exam. Including overnight accommodations, meals (as necessary) mileage and salary.
- I confirm that the services this person is providing meets the requirements for Medicaid reimbursement.
- Our agency will provide a \$450.00 registration fee for each applicant with a completed registration form 1 week prior to the training. The registration form and fee will be accepted after the application is approved.

Name of PIHP/CMHSP	Name of Agency
Full address of applicant’s employer	
Name of applicants direct supervisor	Phone Number
Supervisor Email	Title

<b>Supervisor Signature</b>	<b>Date</b>

## Michigan Peer Recovery Coach Training Application

### Letter of Reference Outline

Name of applicant \_\_\_\_\_

Date \_\_\_\_\_

Name of person providing reference \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

How long have you known the applicant \_\_\_\_\_

Please describe what strengths the applicant would bring to the role of recovery coach.

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Please describe areas the applicant may benefit in from attending the training.

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## **Michigan Peer Recovery Coach Training Application**

### **Letter of Reference Outline**

Name of applicant \_\_\_\_\_

Date \_\_\_\_\_

Name of person providing reference \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

How long have you known the applicant \_\_\_\_\_

Please describe what strengths the applicant would bring to the role of recovery coach.

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