



Application for Arkansas Peer Specialist Program (APSP) Advanced Peer Recovery Support Specialist (APR)

I. Personal Data

Name: _____

Address: _____

City/State/County/ZIP+4 _____ / _____ / _____ / _____

Phone (h): _____ (cell): _____ (w): _____

E-mail: _____

I. Demographic Information

Please answer the following optional demographics questions. We use this data for statistical and grant-reporting purposes only.

Race/Ethnicity: ☐ African American ☐ Latino/Hispanic ☐ Native American
☐ Asian American ☐ Caucasian ☐ Other _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other ☐ Prefer Not to Say

Age: ☐ 18-20 ☐ 21-24 ☐ 24-44 ☐ 45-64 ☐ 65-74 ☐ 75+

III. APR Eligibility & Application Requirements

Please note: Incomplete applications will not be reviewed. Please complete all application sections and include all required supporting documentation.

Candidate must:

1. Submit a completed and signed Advanced Peer Recovery Specialist Application.
2. Submit a copy of current PR credential.
3. Attest to a minimum of two (2) years of recovery from a substance use and/or mental health disorder
4. Submit a signed and dated copy of the Arkansas Peer Recovery Code of Ethics to attest that they have read, understand, and will adhere to the Code of Ethics.

IV. Recovery Questions

1. What is your primary area of recovery? ___ Substance Use ___ Mental Health ___ Co-occurring
2. Do you currently take Suboxone, Subutex or Methadone? ___ Yes ___ No
3. Please describe multiple pathways to recovery and how you have practiced this principle in your work:

4. How has your definition of recovery changed since becoming a Peer Support Specialist?

5. How are you maintaining your recovery today? How do you plan to maintain it in the future? (Do not include what you do for work)

V. Peer Support Questions

1. **Peer Recovery Statement:** Briefly describe your experience as a Peer Specialist.

2. Please explain why you want to become an Advanced Peer Support Specialist:

3. Please list your strengths and challenges:

4. List and briefly describe the four domains of Peer Recovery:

5. Briefly explain Peer Ethics and when you would report a potential ethical violation:

6. Describe how you have used your core training:

VIII. PEER SUPERVISOR (PRPS) REFERENCE EVALUATION

Name: _____

Supervisor's Name: _____

Supervisor's Title: _____

Company's Name: _____

Work Phone: (_____)_____-_____- Cell Phone: (_____)_____-_____

Email Address: _____

Length of relationship: _____

This candidate is applying for the Advanced Peer Specialist Training. Your evaluation is of the utmost importance to the candidate's application process.

Supervisor's Signature

Date

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>N/A</u>
a. Trustworthy						
b. Honest						
c. Effective Communication Skills						
d. Effective Writing Skills						
e. Commitment to Recovery						
f. Commitment to Serving Others						
g. Effective Community Networking Skills						
h. Effective Problem-Solving Skills						
i. Effective Critical Thinking						
j. Effective Decision Making						
k. Ability to Learn from Mistakes						
l. Humility						
m. Learn from mistakes						
n. Empathetic						
o. Flexibility						
p. Time management						
q. Thorough and Timely Documentation						
r. Engagement in Peer Supervision						
s. Exhibits Qualities of a Leader						

_____ *“I recommend the candidate for the Advanced Peer Recovery Training.”*

_____ *“I do not recommend the candidate for the Advanced Peer Recovery Training.”*

“I hereby certify that all of the information given herein is true and complete to the best of my knowledge and belief.”

Supervisor Signature

Date

Candidate's Signature

Date

Please return this application and supporting documentation to Cheyenne Delaney via email at cheyenne.delaney@dhs.arkansas.gov