

**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:

APSP APR APPLICATION 12/2/2022

# II. 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 | \_\_Other | \_\_Prefer not to say |
| **Age:** | \_\_18-30 | \_\_31-45 | \_\_46-60 | \_\_60+ |

# 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: (

)

-

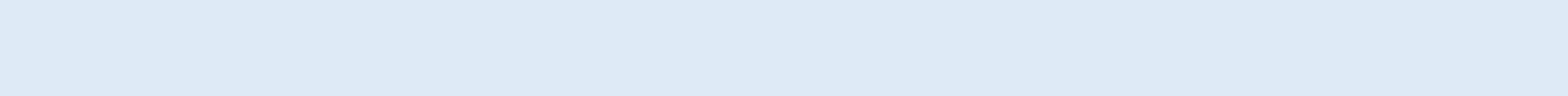
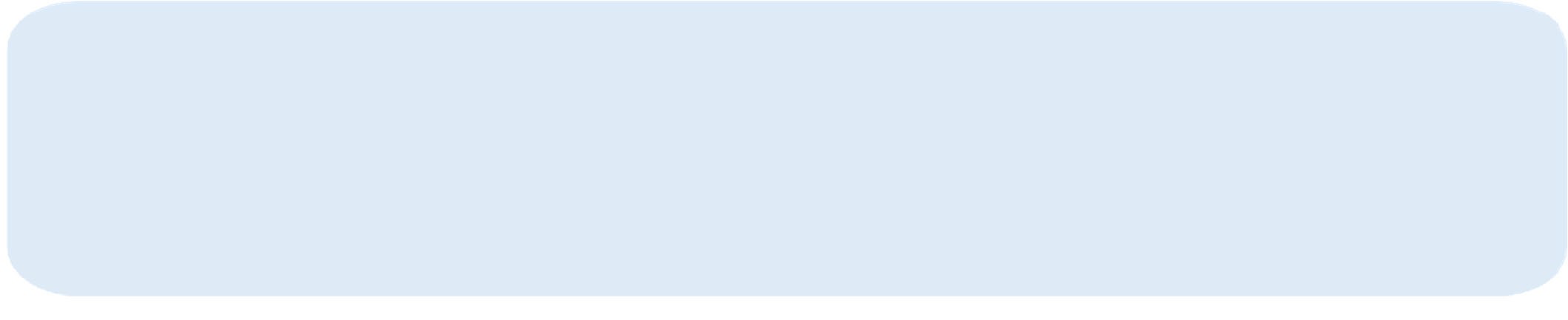
Email Address:

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

## X. Candidate’s Confirmation of Recovery



***“I attest that I have a minimum***

***of two (2) years of recovery from a substance use and/or***

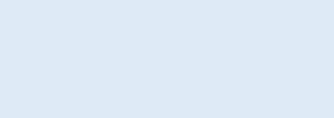
***mental health disorder***

***.***

**”**



Candidate’s Signature



/

/

Date