



Peer Recovery Training Application

I. Personal Information

Full Legal Name: _____

Address: _____

City/State/County/ZIP: _____ / _____ / _____ / _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

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 ☐ Non-Binary ☐ Other ☐ Prefer Not to Say

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

III. Referral Source

How did you hear about us? ☐ Social Media ☐ Commercial ☐ Employer
☐ Friend/Family ☐ Peer Specialist ☐ Conference

IV. Education Record

1. What is your highest level of education?

☐ High School ☐ Some college ☐ Bachelor's degree ☐ Master's degree
☐ Doctorate ☐ Other (please list): _____

Supporting documents required: Please submit a copy of your GED, high school diploma, or higher-level education diploma or transcript.

V. Recovery Questions

1. What is your primary area of recovery?

☐ Substance Use ☐ Mental Health ☐ Co-Occurring

2. Do you currently ingest any of the following? ☐ No

☐ Suboxone ☐ Subutex ☐ Methadone ☐ Vivitrol ☐ Naltrexone

3. Are you currently in possession or use of a Medical Marijuana Certification Card?

☐ Yes ☐ No

4. Recovery Statement: briefly describe your lived experience and recover journey.

5. What does recovery mean to you?

6. How are you maintaining your recovery today? How do you plan to maintain it in the future?

VI. Peer Support Questions

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

2. List some of your skills or areas of expertise:

3. Why do you think it's important to share your recovery story as a Peer Support Specialist?

4. Do you have any experience as a Peer Support Specialist? __Yes (explain) __No

5. 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 personal recovery.*

VII. Candidate's Confirmation of Recovery

"I attest that I have a minimum of two (2) consecutive years of recovery from substance use and/or mental health disorder."

➤ Signature: _____ Date: ____/____/____

"I attest that I have maintained a minimum of two (2) consecutive years of abstinence from illicit drugs and alcohol."

➤ Signature: _____ Date: ____/____/____

VIII. Arkansas Peer Recovery Code of Ethics

All current and potential candidates for the Arkansas Peer Support Specialist Program are required to adhere to the Arkansas Code of Ethics. These ethics can be found on our website. Ethics code violations may result in the disciplinary actions, including loss of your credential.

"I attest that I have read, understand, and will adhere to the Arkansas Peer Recovery Code of Ethics."

➤ Signature: _____ Date: ____/____/____

IV. Candidate's Affirmation

"I certify that I meet the eligibility requirements for the Arkansas Department of Human Service's Peer Support Specialist Program (APSP), and the information in this application and its supporting documents is accurate, correct, and complete. I also certify that I do not hold a credential, license or certification that is or has been subject to criminal or ethical complaint. The APSP is authorized to contact any institution, organization, or individual listed on or included with this application for verification of the information provided this includes sharing this application and supporting documents with the Arkansas Peer Advisory Committee. I understand that APSP retains ownership of the application and may from the time to time, make available names and other information to potential service uses."

➤ Signature: _____ Date: ____ / ____ / ____

Please send in the following documents with your application:

1. A copy of your GED, high school diploma, or higher-level education diploma or transcript.
2. A "Open Criminal History" **background check** from the Arkansas State Police

Please return this application and supporting documents to the Cheyenne Delaney at DHS via email.

Cheyenne.Delaney@dhs.arkansas.gov