



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

Have you gone through Peer Support training before? Yes, No

Date of previous training: _____

Reason for not pursuing:

Reason for letting lapse:

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.*

6. Would you be comfortable supporting multiple recovery pathways that may differ from your own personal approach? (e.g. 12 Step, Natural Recovery, MOUD, SMART, Faith Based, etc.)

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 it’s 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 Michael Little with
NAADAC via email.

mlittle@naadac.org