



Application for Peer Recovery Peer Supervisor (PRPS)

I. Personal Data

Name: _____

Address: _____

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

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

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. PRPS Eligibility & Application Requirements

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

Candidate must:

1. Submit a completed and signed Arkansas Peer Recovery Peer Supervisor Application.
2. Submit a copy of current APR credential.
3. 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.
4. Attest to a minimum of three (3) years of recovery from substance use and/or mental health disorder (see page 7 of application).
5. Attest to being consistently employed as a PR or as an APR for at least one year (see page 7 of application).

IV. Education Record

What is your highest level of education?

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

V. 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 an Advanced Peer Support Specialists?

5. How has your personal recovery changed or evolved since you applied for core training?

6. How are you maintaining your recovery today? How will you maintain your recovery in the future? (Do not include what you do for work)

VI. Peer Support Questions

1. Peer Supervision Statement: Briefly describe your experience receiving Peer Supervision.

2. Please describe what was helpful and what was not helpful while receiving Peer Supervision.

3. Please describe why you want to become a Peer Supervisor.

4. Please describe your goals in becoming a Peer Supervisor.

5. Please list at least three strengths that will assist you as a Peer Supervisor and explain how they will assist you.

6. Please list three challenges that you need to work on and explain how you plan to do so.

7. Do you have a n organization that will support you in your process of becoming a Peer Support Supervisor? __Yes (if yes please explain) __No

VII. Peer Supervisor (PRPS) Reference Evaluation

Candidate's 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 Peer Supervision Training. Your evaluation is of the utmost importance to the candidate's application process.

Please rate the candidate in each area listed below using the following scale:

- 1- Poor,
- 2- Below average,
- 3- Average
- 4- Above average
- 5- Excellent,
- 6- N/A- not applicable

	<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 Peer Recovery Peer Supervision Training.”*

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

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

Supervisor Signature

Date

VIII. Candidate’s Conformation of Recovery

“I attest that I have a minimum of three (3) years of abstinence from a substance use or three of recovery from a mental health disorder.”

Candidate’s Signature

Date

“I attest I have been consistently employed as a PR or an APR for at least one year.”

Candidate’s Signature

Date

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