

First and last name of applicant must appear on each page. _____

Michigan Department of Health and Human Services

2018 Peer Recovery Coach Certification

**Application for individuals who are Peer
Recovery Coaches previously certified by
January 1, 2018.**

320 S. Walnut, Lansing, MI 48913

Email: MDHHS-PeerSupport@Michigan.gov

Phone: 517-335-2279

Fax: 517-335-1233

QUESTIONS? Call 517-335-2279 - email or fax completed application
Email: MDHHS-PeerSupport@Michigan.gov Fax: 517-335-1233

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Peer Recovery Coach Certification Training Application

Please print clearly. All sections of the form must be completed for the application to be accepted. These instructions explain how to complete the application for the Michigan Certified Peer Recovery Coach certification program.

The process for peer recovery coach certification includes a written application and documented completion of the approved recovery coach training programs. The application process is designed to determine if the individual meets the policy *Peer Recovery Coach Certification* MSA 17-45.

Individuals eligible for certification must:

- ❖ Be at least 18 years of age;
- ❖ Have two continuous years in recovery from addiction(s) with experience in navigating treatment services and/or prevention;
- ❖ Share their recovery story as a tool in helping others;
- ❖ Have received publicly-funded treatment and recovery services for addiction(s);
- ❖ Be employed at least 10 hours per week by a licensed Substance Use Disorder Treatment Organization, a PIHP, a Community Mental Health Services Program, or another organization under contract to one or more of the foregoing organizations that provides substance abuse treatment and/or recovery support services;
- ❖ Be a high school graduate or completed a GED or equivalent;
- ❖ Self-identify as a person who has direct personal experience receiving substance use services;
- ❖ Have a diagnosis of a substance use condition;
- ❖ Have experience working on his/her own recovery and an ability to manage his/her own wellness;
- ❖ Provide completed application;
- ❖ Provide a copy of certification from an existing peer recovery coach training program on or before January 1, 2018. Approved programs include:
 - Connecticut Community for Addiction Recovery (CCAR),
 - Michigan Certification Board for Addiction Professionals (MCBAP) and,
 - Genesee County MDHHS approved certification.

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This application should be submitted, by fax or email with the following:

- A copy of the job description of the applicant;
- A copy of certification from an existing peer recovery coach training program on or before January 1, 2018. Approved programs include:
 - Connecticut Community for Addiction Recovery (CCAR),
 - Michigan Certification Board for Addiction Professionals (MCBAP) or
 - Genesee County MDHHS approved certification.
- Supervisor Acknowledgment Form.

Today's Date: _____

Last Name		First Name	
Mailing address		City, State, Zip	
Home Phone	Cell Phone		Work Phone
Personal Email		Work Email	
Birthdate			
Job Title		Program that you work in	
Employer		Supervisor	

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Please complete the following checklist

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have a high school diploma or GED or equivalent.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have education/training/degree beyond high school. (for information only) Please provide additional information:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have two continuous years in recovery from addiction(s) with experience in navigating treatment services and/or prevention.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am currently employed as a peer recovery coach, working _____ hours per week. My hire date was ____/____/____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I currently or in the past have received publicly-funded treatment and recovery services for addiction(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have served in the military. (for information only)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I meet the policy <i>Peer Recovery Coach Certification MSA 17-45</i> .

Your Current Employment

What are the activities that you perform as a part of your job as a peer recovery coach? <i>Applications must include an attached copy of the job description.</i>

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Please Read –

Sign below to indicate that you have read and agree with the following statements:

- I have two continuous years in recovery from addiction(s) with experience in navigating treatment services and/or prevention.
- I understand that submission of this application does not guarantee approval.
- I attest that I meet the eligibility requirements as outlined on page 2 of this application and I authorize the peer recovery coach training program to confirm my eligibility.
- I am working at least 10 hours per week in a peer recovery coach role as defined in the Michigan Medicaid Provider Manual.
- I meet the policy *Peer Recovery Coach Certification* MSA 17-45.
- All statements in this application are true and accurate.

Signature	Date

This application should be submitted, by fax or email with the following:

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Direct Supervisor Acknowledgement Form

The direct supervisor of the applicant must provide the following information and acknowledgment.

I confirm that the applicant meets the training requirements as defined in the Medicaid Provider Manual and on page 2 of this application.

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Name of PIHP/CMHSP	Name of Agency
Full address of applicant's employer	
Name of applicants direct supervisor	Phone
Supervisor Email	

Supervisor Signature	Date