



Certified Peer Recovery Coach 2020 Peer Recovery Coach Online Certification Training Program Application

Michigan Department of Health and Human Services
Office of Recovery Oriented Systems of Care
320 S. Walnut, Lansing, MI 48913
Phone: 517-335-2279

Rank	Training Dates	Location
	September 14 – 18, 2020	Online – Zoom
	October 5 – 9, 2020	Online – Zoom
	November 9 – 13, 2020	Online – Zoom
	December 7 – 11, 2020	Online – Zoom

*****To conduct recovery coach training, we must have ten or more people or the training will be subject to be rescheduled*****

Please email your application to:
Email: MDHHS-PeerSupport@Michigan.gov

QUESTIONS? Call 517-335-2279 - Email completed application
Email MDHHS-PeerSupport@Michigan.gov

Peer Recovery Coach Certification Online Training Application

Please print clearly. Applications must be filled out by the applicant. 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 training program. The application measures the skills and requirements necessary to be a State Certified Peer Recovery Coach (CPRC). Applications should be submitted 30 days prior to the date of the training.

The application process for peer recovery coach training includes a written application, two letters of reference, a current job description, and a peer to peer telephone interview. The letters of reference need to be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The application process is designed to determine whether the applicant has substantial experience with his or her own recovery and meets the Department of Health and Human Service Medicaid policy requirements.

Individuals eligible for certification training must:

- ❖ Be at least 18 years of age
- ❖ 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 provide substance abuse treatment and/or recovery support services
- ❖ Have received publicly-funded treatment and recovery services for addiction(s)
- ❖ Self-identify as a person who has direct personal experience receiving publicly funded substance use services
- ❖ 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 a diagnosis of a substance use condition and/or addiction. Peers focus on shared experiences. Individuals with a secondary co-occurring condition may also be eligible. *
- ❖ Have experience working on his/her own recovery and an ability to manage his/her own wellness
- ❖ Be employed, providing recovery coach services for a minimum of 10 hours a week and/or employed as a recovery coach on the day of the training.
- ❖ Provide completed application and 2 letters of reference forms (The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues.)

Applicants must be willing to:

- ❖ Attend all five days of the in-person training
- ❖ Actively participate in discussions and role plays
- ❖ Complete and pass the certification exam

*Other training opportunities are available for individuals with lived experience in the following areas:

Mental health conditions (Peer Support Specialist) Youth (Youth Peer Support) Developmental Disabilities (Peer Mentors) Family (Parent Support Partners) Public Health (Community Health Workers)

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

Application review process considers factors such as:

- ❖ Current job duties (Applicant must be performing peer recovery coach duties as outlined in the Michigan Medicaid Provider Manual. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>)
- ❖ Understanding of the multiple pathways of recovery
- ❖ Leadership skills
- ❖ Ability to share their lived experience in recovery from an addiction and/or substance use condition
- ❖ Letters of reference
- ❖ Peer to peer phone interview

Today's Date _____

Last Name		First Name	
Mailing address		City, State, Zip	
Home Phone	Cell Phone		Work Phone
Personal Email		Work Email	
Birthdate (optional)			
Job Title		Program That You Work In	
Employer		Supervisor	

Please complete the following checklist

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have completed this application by myself.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have a high school diploma, GED or equivalent.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have education/training/degree beyond high school. (for information only) Detail:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have had 2 years of continuous recovery, currently or in the past, from addiction and/or substance use condition.
<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 am or have received publicly funded services for a substance use condition and/or addiction.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	In addition to my substance use condition, I also have a co-occurring diagnosis.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have served in the military.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have shared my recovery experience with others.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have lived experience in the following areas: <input type="checkbox"/> Homelessness <input type="checkbox"/> Crisis Services <input type="checkbox"/> Addiction <input type="checkbox"/> Peer-run programs <input type="checkbox"/> Medication-Assisted Recovery <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Co-Occurring <input type="checkbox"/> Support Groups <input type="checkbox"/> Incarceration <input type="checkbox"/> Worked with a Recovery Coach
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other lived experience not listed above:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to attend the 5-day training, actively participate and take the certification exam.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am willing to participate in continuing education and training in recovery.

Application Narrative

The following questions are used as part of the application process to discuss your recovery experience and understanding of the principals of recovery. All applications will remain with the Michigan Department of Health and Human Services and will not be shared with anyone outside of the Peer Recovery Coach training program. Your answers will be reviewed during the peer to peer phone interview.

4) A Peer Recovery Coach must be willing to share their recovery story for the benefit of others. Please describe at least two examples of how you have done this.

5) Please describe your definition of multiple pathways to recovery.

6) What are some of your skills that make you effective at working with others who are in recovery?

7) How long have you been in continuous recovery currently or in the past?
8) Describe what you do to stay in recovery today.
9) What are some of your gifts, talents, and strengths that you use to benefit the individuals you serve?

Your Current Employment

10) 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>

11) Describe what you find most and least rewarding about your current position.
12) Give an example of how you have worked with individuals from various backgrounds. (social, cultural, ethnic, gender, etc.)
13) How do you hope this training will strengthen your work as a peer recovery coach?
14) What else would you like us to know about you?

Please Read –

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

- I have completed this application by myself with no assistance or direction.
- I am a person who has a diagnosis of a substance use condition and/or addiction who is currently or has been in continuous recovery for at least two years.
- I understand that submission of this application does not guarantee approval.
- I attest that I meet the eligibility requirements as outlined on page two 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 understand that I will be required to attend a 5-day, online training and successfully pass a written exam to qualify for certification.
- I agree to publicly share my recovery experience to support the recovery journey of others.
- All statements in this application are true and accurate.
- I agree to follow the Peer Recovery Coach Code of Ethics.

Signature	Date

This application should be submitted, by fax or email, at least 30 days prior to the training date and must include:

- A copy of the job description of the applicant
- 2 letters of reference form. - The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues.
- Supervisor Acknowledgment Form (page 10)

A peer to peer telephone interview will be a part of this application process. Please provide the days/times most convenient to you.	
Days	Times
Primary phone number to be reached at:	

Applicants will receive confirmation of acceptance after a telephone interview and qualification review within three weeks prior to the training date. The telephone interview will be conducted three weeks prior to the training.

Direct Supervisor Acknowledgement

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. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- Our agency agrees to support the applicant’s attendance at the 5-day certification training and follow-up training including Michigan best practices, study session and certification exam.
- I confirm that the services this person is providing meet the requirements for Medicaid reimbursement.
- Our agency will provide a completed registration form 1 week prior to the training. The registration form will be accepted after the application is approved.

Name of PIHP/CMHSP	Name of Agency
The full address of the applicant’s employer	
Name of applicants direct supervisor	Phone Number
Supervisor Email	Title

Supervisor Signature	Date

