Michigan Department of Health and Human Services

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

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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:

- Have a high school diploma, General Education Diploma (GED), or provide college transcripts in lieu of a high school diploma or GED;
- Have a substance use disorder, co-occurring disorder(s), and/or non-substance addictive disorder(s) and have received treatment from a public or private provider;
- Have two continuous years in recovery at some point in time after the age of 18;
- Have personal experience in navigating complex substance use disorder, co-occurring disorder(s), and/or non-substance addictive disorder(s) treatment services (self-help groups are not included);
- Self-identifies as having a substance use disorder, co-occurring disorder(s), and/or non-substance addictive disorder(s) with a substantial life disruption and shares their recovery story in supporting others;
- Be employed by a CMHSP or contract provider at the beginning of training;
- 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.
- Meet the MDHHS application approval process for specialized training and certification. The process includes:
    - Completed application
    - Supervisor signature and acknowledgment form
    - Current job description
    - Read, understand, and agree to the MDHHS Peer Recovery Coach Code of Ethics
    - Acknowledgement of truthfulness and accuracy of application
    - Peer-to-peer interview
- Be freely chosen by beneficiaries utilizing peer recovery coach services; and
- Adhere to the MDHHS Peer Recovery Coach Code of Ethics

This application should be submitted, by 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

Please complete the following checklist

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

Your Current Employment

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

Michigan Certified Peer Recovery Coach Code of Ethics

Certified Recovery Coaches will actively pursue recovery in their own lives as well as role model recovery for others.

Certified Peer Recovery Coaches will assist and advocate for the person they service in achieving their needs and goals.

Certified Peer Recovery Coaches will advocate for the integration of persons they serve into self-selected recovery communities and will support all pathways to recovery.

Certified Peer Recovery Coaches will provide recovery services, regardless of the age, gender, gender expression, race, ethnicity, national origin, sexual orientation, religion, marital status, political beliefs, language, and socioeconomic status.

Certified Peer Recovery Coaches will not engage in sexual or intimate relationships with persons they serve, while the peer recovery coach relationship or agency relationship exists.

Certified Peer Recovery Coaches will respect the privacy of those they serve and will abide by confidentiality as required by state and federal laws.

Certified Peer Recovery Coaches will not give, lend, borrow and/or accept gifts, of significant value, from persons they serve.

Certified Peer Recovery Coaches will improve their knowledge and skills of recovery services through ongoing education and training.

Certified Peer Recovery Coaches will share their lived experiences to identify resources and supports that promote recovery.

Please Read –

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

- I have completed this application by myself.
- I am a person who has a primary diagnosis of a substance use disorder, co-occurring disorder(s), and/or a non-substance addictive disorder(s).
- 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 support specialist training program to confirm my eligibility.
- I am employed by a CMHSP or contract provider and working in a peer recovery coach role as defined in the Michigan Medicaid Provider Manual.
- I agree to respect and follow the Michigan Certified Peer Recovery Coach Code of Ethics included in this application.
- I agree to share my recovery story in supporting others.
- All statements in this application are true and accurate.

Signature	Date

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.

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:	

Upon receiving your application, applicants will receive a telephone interview within 3 weeks. Applicants will receive confirmation of acceptance after the telephone interview is completed.

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 by the Medicaid Provider Manual and listed 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**