

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](mailto: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](mailto: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;
- ❖ 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)<br>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?  
*Applications must include an attached copy of the job description.*

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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 |
|-----------|------|
|           |      |

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- Supervisor Acknowledgment Form.

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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                     |                |
|                                      |                |

|                             |             |
|-----------------------------|-------------|
| <b>Supervisor Signature</b> | <b>Date</b> |
|                             |             |