

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Michigan Department of Health and Human Services

320 S. Walnut, Lansing, MI 48913

Email: MDHHS-PeerSupport@Michigan.gov

2023 Peer Recovery Coach Certification Training Application

Trainings for 2023 will be held online via zoom unless otherwise noted.

Once trainings are allowed to be conducted face to face, zoom trainings may be changed to a training location

Dates of Training:	Location of Training:
January 9 – 13, 2023	Online via Zoom
February 13 – 17, 2023	Online via Zoom
March 13 – 17, 2023	Online via Zoom
April 10 – 14, 2023	Online via Zoom
May 8 – 12, 2023	Online via Zoom
July 17 – 21, 2023	Online via Zoom
August 14 – 18, 2023	Online via Zoom
September 18 – 22, 2023	Online via Zoom
October 16 – 20, 2023	Online via Zoom
December 4 – 8, 2023	Online via Zoom

****To conduct peer support specialist trainings, we must have ten or more individuals, or the training will be subject to be rescheduled****

****This training is not affiliated with the Michigan Certification Board of Addiction Professionals (MCBAP) peer mentor credential and does not meet the requirements of a MCBAP development plan****

Email: MDHHS-PeerSupport@Michigan.gov

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Updated October 2022

Peer Recovery Coach Certification 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 certification training program. The application measures skills and requirements necessary to be a Certified Peer Recovery Coach.

The application process for peer recovery coach training includes a written application, two professional letters of reference, and a peer-to-peer telephone interview. The professional 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. The application process is designed to determine whether the applicant has substantial experience with his or her own recovery and is a suitable candidate for certification training.

Individuals eligible for certification training 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;
- ❖ Meet the MDHHS application approval process for specialized training and certification.

The process includes:

- Completed peer recovery coach application
- Supervisor signature and acknowledgment form
- Two written letters of reference
- 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
- Training fee paid by the agency that employs the peer recovery coach;
- ❖ Be freely chosen by beneficiaries utilizing peer recovery coach services; and
- ❖ Adhere to the MDHHS Peer Recovery Coach Code of Ethics

Applicants must be willing to:

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

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Other training opportunities are available for individuals with lived experience in the following areas: Mental Health (Peer Support Specialist), Youth (Youth Peer Support), Developmental Disabilities (Peer Mentors), Family (Parent Support Partners), and Public Health (Community Health Workers)

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.)
- ❖ Interest in and understanding of the role of a peer recovery coach
- ❖ Understanding of the concept of recovery
- ❖ Leadership skills
- ❖ Ability to share their lived experience in mental health recovery
- ❖ Two professional letters of reference
- ❖ Peer to peer phone interview

Today's Date: Click or tap to enter a date.

Last Name:		First Name:
Click or tap here to enter text.		Click or tap here to enter text.
Mailing Address:		City, State, Zip
Click or tap here to enter text.		Click or tap here to enter text.
Home Phone:	Cell Phone:	Work Phone (required):
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Personal Email:		Work Email:
Click or tap here to enter text.		Click or tap here to enter text.
Birthdate:		
Click or tap to enter a date.		
Job Title:	Program that you work in:	
Click or tap here to enter text.	Click or tap here to enter text.	
Employer Name:	Supervisor's Name:	
Click or tap here to enter text.	Click or tap here to enter text.	

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Please complete the following check list:

<input type="checkbox"/> YES <input type="checkbox"/> NO	I have a high school diploma, General Education Diploma (GED), or can provide college transcripts in lieu of a high school diploma or GED.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have education/training/degree beyond high school. <i>(For information only)</i> Detail: Click or tap here to enter text.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have been in recovery for two continuous years at one point and time after the age of 18.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I am currently employed as a peer recovery coach, working _____ hours per week. My hire date as a recovery coach was Click or tap to enter a date.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I currently or 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).
<input type="checkbox"/> YES <input type="checkbox"/> NO	I self-identify as having a substance use disorder co-occurring disorder(s), and/or non-substance addictive disorder(s) with a substantial life disruption and share my recovery story in supporting others.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have lived experience in the following areas: Click or tap here to enter text.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have served in the military <i>(For information only)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	I agree to attend the five-day peer recovery coach training. If I miss any time, I understand I will need to repeat the session and may be required to re-take the entire training. I agree to take the certification exam.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I agree to follow the zoom peer worker guidelines (attached).
<input type="checkbox"/> YES <input type="checkbox"/> NO	I agree to notify MDHHS Peer Support Unit if my employment changes at any given time after submitting this application. If I still meet the Medicaid requirements and am employed, I understand I will need to complete and send in a new application.

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Application Narrative

The following questions are used as part of the application process to review the applicant's recovery experience and understanding of the principals of recovery. Your answers will be reviewed during the peer-to-peer phone interview.

1) Why do you want to become a State of Michigan Certified Peer Recovery Coach (CPRC)?

Click or tap here to enter text.

2) Describe what being in recovery means to you.

Click or tap here to enter text.

3) Peer recovery coaches must be willing to share their recovery story for the benefit of others. Please describe at least one example of how you have done this.

Click or tap here to enter text.

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4) What was your pathway(s) to recovery and what are some of the services and supports that you found helpful?

Click or tap here to enter text.

5) What strengths, skills, and abilities have you developed in your recovery journey?

Click or tap here to enter text.

6) What are some of your strengths that you will build on while supporting others in their journey of recovery?

Click or tap here to enter text.

7) Describe some of the tools you use in the areas of health, wellness, and recovery.

Click or tap here to enter text.

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Your Current Employment:

1) What are the job duties that you perform as a peer recovery coach?
(A copy of your current job description is required when submitting your application)

Click or tap here to enter text.

2) Share some examples of how you have worked with individuals who are culturally diverse.

Click or tap here to enter text.

3) Describe what you find most **and** least rewarding about your current position.

Click or tap here to enter text.

Michigan Certified Peer Recovery Coach Code of Ethics

Certified Peer 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 persons they serve in achieving their needs, personal pursuits, and self-directed goals.

Certified Peer Recovery Coaches will advocate for and support all pathways to and of recovery.

Certified Peer Recovery Coaches will intentionally value and actively implement diversity, equity, and inclusion.

Certified Peer Recovery Coaches will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, or condition.

Certified Peer Recovery Coaches will not pursue or engage in sexual or intimate relationships through the use of technology or in-person with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.

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

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

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

Certified Peer Recovery Coaches will share their lived experiences to inspire hope, encourage change, and assist to identify resources and supports that promote recovery.

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Please Read –

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

- 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 two 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 have received substance use/addiction treatment services in a public and/or private setting
- I understand that I will be required to attend a five-day training (make up any sessions missed and/or may be required to re-take the entire training), follow the zoom peer worker guidelines (attached), and successfully pass a written exam to qualify for certification.
- 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:
	Click or tap to enter a date.

This application must be submitted by email prior to the training date and must include:

- A copy of the current job description of the applicant
- Two professional written references. - 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. (The letter should not be from someone you serve)
- Supervisor Acknowledgment Form (page ten)

A peer-to-peer telephone interview will be a part of this application process. Please provide days/times most convenient to you.	
Days:	Times:
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Primary phone number to be reached at: Click or tap here to enter text.	

Upon receiving your application, applicants will receive a confirmation email. Applicants will receive a telephone interview within three weeks. Applicants will receive confirmation of acceptance or denial approximately three days after the telephone interview is completed.

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Direct Supervisor Acknowledgement

The direct supervisor of the applicant must check the boxes below, provide the following information and acknowledgement. The direct supervisor must meet the following criteria (*only one of the first two boxes will be checked, all other boxes need to be checked*):

- I am a Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) in a setting that receives Medicaid reimbursement.
- I am a case manager, treatment practitioner, prevention staff, or an experienced Certified Peer Recovery Coach who has over two continuous years in recovery and over two years in the direct provision of recovery coach services and supports (Programs funded by the Substance Abuse Block Grant (SABG) and/or Public Act 2 (PA2) funding).
- I confirm that the applicant meets the training requirements as defined by the Medicaid Provider Manual. [MedicaidProviderManual.pdf \(state.mi.us\)](#)
- Our agency agrees to support the applicant's attendance by providing them a meeting space that is conducive to learning without other individuals present and pay the individual's salary for the five-day training, one-day study session, and test date.
- Our agency will pay Michigan Disability Rights Coalition a **\$300.00 application fee** if the applicant is approved for training. If the applicant is unable to attend and notification is not provided within five business days prior to the training the application fee will not be refunded.
- All training materials must be returned at the expense of the agency if the applicant does not attend.

Name of Community Mental Health Service Program (CMHSP)/Provider Agency:	Name of Employer:
Click or tap here to enter text.	Click or tap here to enter text.
Full address of applicant's employer:	
Click or tap here to enter text.	
Name of applicant's direct supervisor:	Phone:
Click or tap here to enter text.	Click or tap here to enter text.
Supervisor Email:	
Click or tap here to enter text.	
Supervisor Credentials:	
Click or tap here to enter text.	
Supervisor Signature:	Date:
Click or tap here to enter text.	Click or tap to enter a date.

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Michigan Peer Workers,

We have received feedback from trainers and peers sharing concerns about participation of individuals while attending a MDHHS sponsored peer online trainings. We are including guidelines in the registration process to ensure that the trainings are safe, and peers are representing professional standards. It is expected that even though we cannot meet in person, the same guidelines will be followed on the Zoom platform. In addition to these guidelines below, please respect any additional participation requirement provided by trainers. Please review the guidelines you will be expected to follow and sign at the bottom.

Training guidelines sponsored by MDHHS include:

- Be attentive –please be active and present. Don’t work on other tasks (like checking email, answering your cell phone, or talking to others) during the virtual meeting. You might miss out on key information and/ or an opportunity to give input;
- Silence your cell phone – please make sure your cell phone is on silent;
- Be respectful –please raise your hand – don’t interrupt other people when they are speaking (or attempt to speak over them). If you want to speak, physically raise your hand or use the “raise hand” feature that is available in the participant’s panel;
- Mute yourself – please mute your microphone when you are not talking. This will help eliminate any feedback or background noise that can be heard in your environment;
- Please arrive on time at the beginning of the training so you can introduce yourself and fully participate;
- Please arrive on time after breaks;
- **Do not drive and zoom** – This is a safety requirement. If a participant is driving, they will be removed from the training;
- Please do not smoke or use a vape;
- No swearing please;
- Have your camera **ON** at all times; we want people to be present and participate as we would in a face-to-face training.
- Please attend all sessions or entire training whichever applies; and
- Be yourself and have fun!

By signing this I understand and agree to follow these guidelines during all MDHHS sponsored trainings I attend.

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First and Last Name

Date

We hope you will leave with great skills to implement with the people you serve. If you have any questions or concerns, please reach out to us at MDHHS-peersupport@michigan.gov

Last Name: Click or tap here to enter text.

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Michigan Peer Recovery Coach Certification Training Application Professional Letter of Reference (current or past employers/co-workers)

Name of applicant:
Date:
Name of person providing reference:
Relationship to applicant:
How long have you known the applicant?
Please describe this person's role at the agency:
How will the agency benefit from the applicant attending the training?

Last Name: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Michigan Peer Support Specialist Training Application
Professional Letter of Reference (current or past employers/co-workers)

Name of applicant:
Date:
Name of person providing reference:
Relationship to applicant:
How long have you known the applicant?
Please describe this person's role at the agency:
How will the agency benefit from the applicant attending the training?