

# Michigan Youth Peer Recovery Coach Certification Training Program Application



Michigan Department of Health and Human Services (MDHHS)  
Bureau of Specialty Behavioral Health Services  
400 S. Pine St., Lansing, MI 48933

Training Day	Time	Location
Thursday, July 6 <sup>th</sup>	8:30am-4:30pm	In-person: Metro Detroit (TBD)
Friday, July 7 <sup>th</sup>	8:30am-4:30pm	In-person: Metro Detroit (TBD)
Monday, July 10 <sup>th</sup>	8:30am-4:30pm	In-person: Metro Detroit (TBD)
Tuesday, July 11 <sup>th</sup>	8:30am-4:30pm	In-person: Metro Detroit (TBD)
Wednesday, July 12 <sup>th</sup>	8:30am-4:30pm	In-person: Metro Detroit (TBD)

*\*If virtual, this training requires a reliable internet connection and a laptop or desktop device with video meeting capabilities.*

*\*Training is subject to be rescheduled if we do not have at least 6 people in the group.*

**Email your application to: [MoL@michigan.gov](mailto:MoL@michigan.gov)**

**Please read the following application materials carefully and print or type clearly. ALL sections of this document must be completed for the application to be accepted and reviewed.**

Individuals eligible for training must:

- Be between the ages of 18-25 years old
- Have received treatment and recovery services for addiction(s)
- Self-identify as a person who has direct personal experience receiving substance use services
- Have two continuous years in recovery from addiction(s) with experience in navigating treatment services and/or problem identified prevention services
- Be willing to 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 their own recovery and an ability to manage their own wellness
- 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 training (40 hours)
- Actively participate in discussions, role plays, and activities
- Complete and pass the certification exam upon completion of training

Application review process considers factors such as:

- Current experience with recovery and/or job duties
- Understanding of the multiple pathways of recovery
- Leadership skills
- Ability to share lived experience in recovery from an addiction and/or substance use condition
- Letters of reference
- Peer-to-peer interview

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

# APPLICANT INFORMATION

Last Name	First Name
Preferred First Name	Preferred Pronouns
Mailing Address	City, State, Zip
Phone	Home, cell, or work?
Please provide three days/times of the week most convenient to you.	
Day	Time
Email Address	Birthdate (mm/dd/yyyy)
Current Employer (if applicable)	Job Title (if applicable)

# APPLICANT CHECKLIST

Please complete the following checklist by marking “Yes” or “No”.

- Yes  No I have completed this application by myself.
- Yes  No I have a high school diploma, GED or equivalent.
- Yes  No I have education/training/degree beyond high school (this is not a required qualification).
- If yes, explain: \_\_\_\_\_
- Yes  No I have had 2 years of continuous recovery, currently or in the past, from addiction or substance use condition.
- Yes  No I currently am or have received services for substance use disorder or addiction.
- Yes  No I also have a co-occurring diagnosis in addition to my substance use condition.
- Yes  No I have shared my recovery experience with others.
- Yes  No I have lived experience in the following areas (check all that apply):
- Homelessness  Crisis services  Peer-run programs  Support groups
  - Medication-assisted recovery  Residential treatment  Incarceration
  - Working with a recovery coach  Working as a recovery coach
  - Other recovery experience not listed above:  
\_\_\_\_\_
- Yes  No I agree to attend the 5-day training, actively participate, and take the certification exam upon completion of training.
- Yes  No I am willing to participate in continuing education and training opportunities in recovery.

# APPLICATION NARRATIVE

The following questions are used to discuss your recovery experience and understanding of the principals of recovery. All application materials, including your responses to these questions, will remain confidential with MDHHS and will not be shared with anyone outside of the Youth Peer Recovery Coach training program. Please note that your answers will be reviewed during the phone interview.

- 1) How would you describe a Peer Recovery Coach?

- 2) Why are you interested in becoming a Youth Peer Recovery Coach?

- 3) What is your personal definition of recovery from a substance use disorder or addiction?

- 4) Peer Recovery Coaches must be willing to share their recovery stories for the benefit of others. Please describe how sharing your story would benefit peers you work with and give an example, if applicable.

- 5) What are some skills that would make you effective at working with others who are in recovery?

- 6) How long have you been in continuous recovery currently or in the past?

7) Describe what you do to stay in recovery today.

8) Describe some of your gifts, talents, and strengths that could be used in recovery coaching to benefit peers.

9) Is there anything else you would like us to know about you?

# ACKNOWLEDGEMENT AND AUTHORIZATION

**Please read carefully and sign below to indicate that you acknowledge and agree with the following statements:**

- I have completed this application in its entirety by myself with no assistance.
- I am a person who has a formal diagnosis of a substance use condition and/or addiction who 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 understand that I will be required to attend a 5-day training and successfully pass a certification exam to become certified.
- I agree to publicly share my recovery experience to support the recovery journey of others.
- I agree to follow the Peer Recovery Coach Code of Ethics.
- All statements in this application are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This application can be sent by email ([MoL@michigan.gov](mailto:MoL@michigan.gov)). Completed applications must include:**

- Applicant information
- Applicant checklist
- Application narrative
- Authorization and authorization form
- Two letter of reference forms

If you have any questions, please contact [MoL@michigan.gov](mailto:MoL@michigan.gov)



Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Michigan Peer Recovery Coach Training Application  
**LETTER OF REFERENCE OUTLINE**

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person providing reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long you have known the applicant: \_\_\_\_\_

Please describe what strengths the applicant would bring to the role of a recovery coach.

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Please describe areas the applicant may benefit from attending the training.

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