



# Peer Recovery Specialist (PRS) Training Application

**APPLICATION DUE BY: MONDAY, APRIL 5, 2021 at 4:00 PM**

**TRAINING DATES: May 5th & 6th, 13th & 14th, 19th & 20th, 26th & 27th and  
June 9th & 10th (This is a 10-day virtual training from 9:00 a.m. to 4:30 p.m.)**

Congratulations on taking the first step in the process of becoming a Peer Recovery Specialist. Thank you for your interest in the Department of Behavioral Health and Developmental Services (DBHDS) Office of Recovery Services (ORS) 72-hour Peer Recovery Specialist Training. This training includes 60 hours of contact time and 12 hours of outside homework, as well as quizzes and a final test. Upon successful completion of the training, we hope that you will continue your journey and seek certification as a Peer Recovery Specialist. The DBHDS 72-hour PRS training is the only training accepted by the Virginia Certification Board as part of the certification process.

This application must be completed in order to be considered for admission to a class. Once your application is reviewed and if you are accepted, you will be called for a required personal interview.

If you have any questions about this form, please contact the trainers at [CSBOIFA@fairfaxcounty.gov](mailto:CSBOIFA@fairfaxcounty.gov) or Mary McQuown, Peer Recovery Specialist Liaison at 757-403-3007 or [Mary.McQuown@DBHDS.virginia.gov](mailto:Mary.McQuown@DBHDS.virginia.gov).

## Training Information

1. Trainer Name: **Monique McPherson and Cynthia Evans**
2. Training Start Date: **Wed., May 5, 2021**
3. Please review the following information:
  - a. **If in-person:** All travel and lodging costs are the responsibility of the participant. Check with the trainer to determine if lunch/snacks will be provided. By applying for this training, you agree that you meet these requirements.
  - b. **If virtual:** All PRS Trainings are currently offered virtually, and the following technology and knowledge requirements apply. By applying for this training, you agree that you have access to the following:
    - i. Reliable High-Speed Internet
    - ii. Computer with Webcam and microphone (Standard tablets will not have the same functionality and cannot be used during the training)
    - iii. A valid and functioning e-mail address that is regularly monitored
    - iv. Zoom Account (Free version. The applicants having a Zoom account allows the trainers to pre-assign breakout rooms and opens other Host features and controls than non-account holders)

- v. Understanding and ability to access and complete online forms and quizzes while running the Zoom application.
- vi. Understanding and ability to access an online shared drive.
- vii. A private area to attend the training to ensure their privacy and the privacy of other students.
- c. Do you agree to the applicable information noted above?
  - Yes
  - No (Please note that if you select “No,” your application cannot be considered.)
- 4. Are you planning to become a Family Support Partner?
  - Yes
  - No
  - Unsure

## Criminal Background Acknowledgement Form

Before beginning the process of becoming a Certified Peer Recovery Specialist (CPRS), the Office of Recovery Services (ORS) wants you to be informed about the impact that a criminal history may have on your ability to secure employment in the behavioral health field. There are certain crimes (called barrier crimes) that prevent individuals from being employed in the behavioral health field. It is important to understand this before making the decision to enter the -PRS profession. ORS strongly recommends that if you have a criminal history, you make the determination whether the criminal conviction will prevent you from gaining employment in the behavioral health field. This can be done by obtaining an FBI criminal background check and comparing it to the list of barrier crimes in the Code of Virginia.

Please review and agree to the following statements before submitting your application. Please note that if you do not agree to the following statements, your application cannot be reviewed.

1. I understand that a criminal background may impact my ability to find employment in the behavioral health field.  
Agree
2. I have received information on how to request an FBI background check.  
Agree
3. I have received information regarding what are considered barrier crimes (crimes that may prevent employment in the behavioral health field) in the Code of Virginia.  
Agree
4. I understand that it is strongly recommended that I request a background check before pursuing a PRS career path.  
Agree
5. I understand that it is my decision/responsibility whether to request a background check.  
Agree

## Your Information

1. First name:
2. Last name:
3. What pronouns do you use?  
He/him

- b. She/her
  - c. They/them
  - d. Other (please specify):
4. Home phone:
  5. Cell phone:
  6. Home address (Street, City, ZIP):
  7. Home email (Please choose a regularly monitored email. This email will be used for all correspondence.):
  8. Please type your name as you'd want it to appear on your certificate of completion:

## Demographics

These questions are not required and will only be used for informational purposes. These responses will not be considered when evaluating your application.

1. What gender do you identify with?
  - Man
  - Woman
  - Transgender
  - Do not identify as male, female, or transgender
  - Prefer not to answer
  - Prefer to self-describe (please specify):
2. Which best describes your race or ethnicity? [Select all that apply.]
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Hispanic, Latino or Spanish Origin
  - Middle Eastern or North African
  - Native Hawaiian or Other Pacific Islander
  - White / Caucasian
  - Prefer not to answer
  - Other race, ethnicity, or origin (please specify):
3. What is your date of birth?
4. Which age range category do you fall into?
  - 18-25
  - 26-40
  - 41-55
  - 56-65
  - 66 and up
  - Prefer not to answer

## Employment & Education

1. What is your current employment status?
  - I am employed
  - I am a volunteer

- c. I am employed and volunteer  
I am looking for employment/volunteer opportunities  
Other (please specify):
- 2. Current employer:
- 3. Current job title:
- 4. Work Phone:
- 5. Work Email:
- 6. Work address (Street, City, ZIP):
- 7. Name of organization(s) you volunteer for:
- 8. Have you been told by an organization or agency that you will be hired as a Peer Recovery Specialist or Family Support Partner once you complete this course?  
Yes  
No
- 9. If yes, what is the name of the hiring organization?
- 10. What is the highest level of education you have attained?  
Less than high school/GED  
High school/GED  
Some college  
College degree  
Vocational school  
Post-college graduate degree  
Prefer not to answer
- 11. Please list the name and completion date of any recovery or peer support related trainings that you have completed. (Examples of relevant trainings include: WRAP, CELT, WHAM, eCPR, NAMI Peer to Peer, NAMI Basics, NAMI Family to Family, Advanced Parent Leadership Training, HFW)

## Essay Questions


Answer all of the following essay questions on your own. Your answers can be brief, but please use complete sentences. This is not about right & wrong answers. It is to assess your understanding of the requirements to be a participant in this Peer Recovery Specialist training and your lived experience with recovery from mental health and/or substance use challenges or as a parent/caregiver of a youth or young adult with mental health and/or substance use challenges. Peer Recovery Specialists assist individuals they serve in many activities requiring these skills.

1. What difference do you anticipate in your life as a result of successfully completing the Peer Recovery Specialist Training?

2. What types of experiences, if any, have you had in advocating or supporting individuals living with mental health and/or substance use challenges? Please describe.
  
3. Do you consider yourself a person in recovery and what does that mean to you?
  
4. What skills and resources do you use in your recovery?
  
5. Is there anything else you would like us to know in considering you for the Peer Recovery Specialist Training?

## Reference Information

Please provide information for a personal or professional reference.

1. Reference Name:
  2. Reference Phone Number:
  3. Reference Email Address:
  4. What is your relationship to this reference? (e.g., friend, employer)
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# Peer Understandings

Please review all of the statements below and click agree to accept each statement. Note that all statements must be accepted in order for your application to be reviewed.

Peer Understanding Summary: I understand that Peer Recovery Specialists work from the perspective of their lived experience with mental health and/or substance use challenges and their recovery or as a parent/caregiver of a youth or young adult with mental health and/or substance use challenges. I agree to be open about the fact that I have lived experience with mental health and/or substance use challenges or am a parent/caregiver with the above stated experience. I understand that in doing so, I help educate others about the reality of recovery from mental health and/or substance use challenges.

1. I have lived experience in recovery from a mental health and/or substance use challenge or am a parent/caregiver of a youth or young adult with a mental health and/or substance use challenge.  
Agree
2. I openly identify and agree to openly disclose my experience with substance use and/or mental health challenges and recovery.  
Agree
3. I will participate fully in the entire 72-hour training, attend all the training modules, take all quizzes and tests and complete all homework.  
Agree
4. I understand that if I miss more than 8 hours of training time, I will not be able to receive a certificate of completion.  
Agree
5. I understand that I am responsible for all meals and responsible to make all my own travel and lodging arrangements (if applicable).  
Agree
6. I understand that this Peer Recovery Specialist training is not a job placement program and that no guarantee of job placement is included as part of this training.  
Agree
7. I understand this training is just one part of the Peer Recovery Specialist certification process in Virginia.  
Agree

## Final Submission & Signature

By typing my name below, I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I also certify that I have completed this application on my own.

Name:

Date:

