This is an image of an up and down arrow key.  **Only use arrow down/up keys to navigate. Do not use tab key.**

**MDHHS-6121, Peer Recovery coach Certification**

**Training Application**

Michigan Department of Health and Human Services (MDHHS)

(Revised 10-24)

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |

**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 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 they or their own recovery and is a suitable candidate for certification training.

Individuals eligible for certification training must meet the following Medicaid provider requirements:

* 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 support coach application

•• Supervisor signature and acknowledgement form

•• Two written letters of reference (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.)

•• Current job description

•• Acknowledgement of truthfulness and accuracy of application

•• Peer-to-peer interview

•• Training fee, salary, meals that are not provided and transportation costs 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.

|  |
| --- |
| Today’s Date |

**section 1 – applicant information**

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Birthdate |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address | City | State | Zip Code |

|  |  |
| --- | --- |
| Primary Phone | Work Phone |

|  |  |
| --- | --- |
| Personal Email | Work Email (required) |

|  |  |
| --- | --- |
| Job Title | Program that you work in |

|  |  |
| --- | --- |
| Employer Name | Supervisor’s Name |

**section 2 – complete the following checklist**

|  |  |
| --- | --- |
| I have a high school diploma, General Education Diploma (GED), or can provide college transcripts in lieu of a high school diploma or GED. | Yes  No |
| I have education/training/degree beyond high school. (For information only)  Detail: | Yes  No |
| I have been in recovery for two continuous years at one point and time after the age of 18 | Yes  No |
| I am currently employed as a peer recovery coach or will be on the day of the training, working  hours per week. My hire date as a recovery coach was **.** | Yes  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 will share parts of my recovery story in supporting others. | Yes  No |
| I have served in the military (For information only) | Yes  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. | Yes  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. | Yes  No |

**section 3 – 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.

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

|  |
| --- |
| Describe what being in recovery means to you. |

|  |
| --- |
| Peer recovery coaches must be willing to share their recovery story for the benefit of others. Describe at least one example of how you have done this. |

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

|  |
| --- |
| What strengths, skills, and abilities have you developed in your recovery journey? |

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

|  |
| --- |
| Describe some of the tools you use in the areas of health, wellness, and recovery. |

**section 4 – your current employment**

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

|  |
| --- |
| Tell us about a time when a person’s cultural background affected your approach to a personal or professional situation. |

|  |
| --- |
| Describe what you find most **and** least rewarding about your current position. |

|  |
| --- |
|  |

**section 5 – michigan certified peer support specialist code of ethics**

|  |
| --- |
| **Certified Peer Recovery Coaches (CPRC), as professionals, who are credentialed by the State of Michigan acknowledge and agree to follow the code of ethics. The standards listed below will direct CPRCs as they function in their roles in providing recovery support services with the persons they serve.** |
| **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 improve their knowledge and skills of recovery-based services through ongoing education and training. |
| **Certified Peer Recovery Coaches** will share their lived experiences to inspire hope, encourage change, and assist to identify resources and supports that promote recovery. |
| **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 not pursue or engage in sexual or intimate relationships through 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 avoid relationships that conflict or create risk of harm in the best interest of individuals they serve. When dual relationships are unavoidable, it is the responsibility of the Certified Peer Recovery Coach to seek supervisory consultation. |
| **Certified Peer Recovery Coaches** who have a social media presence will aim to uphold professional boundaries in their personal social media use and will attempt to avoid any overlap between personal and professional activities. |
| **Certified Peer Recovery Coaches** will not give, lend, borrow and/or accept gifts, of significant value, including financial transactions, or personal favors of any kind, from persons they serve. |
| **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 inform their supervisor or other member of their agency immediately of any reported or suspected intent of serious and imminent harm, abuse, neglect, or exploitation of an individual served, children, or any other protected population. |
| **Certified Peer Recovery Coaches** will value and advocate for diversity, equity and inclusion and 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, condition, or state. |

|  |
| --- |
|  |

**section 6**

|  |
| --- |
| Read and 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 recovery coach 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) and attend 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 |

|  |
| --- |
| A peer-to-peer telephone interview will be a part of this application process. Provide days/times most convenient to you. |

|  |  |
| --- | --- |
| Days | Times |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Primary phone number to be reached at |

|  |
| --- |
| 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. |

|  |
| --- |
|  |

**section 7 – 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](https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) (state.mi.us) |

|  |
| --- |
| Our agency agrees to support the applicant’s attendance by paying the individual’s salary, meals not provided and transportation costs for the five-day training, and test date. |

|  |
| --- |
| If the applicant is approved for certification, our agency will pay Michigan Disability Rights Coalition a $500 training fee to cover the cost of instruction, materials, provided accommodations and testing. 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. |

|  |
| --- |
| If the applicant leaves the agency before the date of the training, it is the supervisor's responsibility to notify the MDHHS Peer Services Unit at [MDHHS-PeerSupport@michigan.gov](mailto:MDHHS-PeerSupport@michigan.gov) to receive a refund. |

**section 8**

|  |
| --- |
| Name of Community Mental Health Service Program (CMHSP)/Provider Agency |

|  |
| --- |
| Name of Employer: |

|  |  |  |  |
| --- | --- | --- | --- |
| Address of Applicant’s Employer | City | State | Zip Code |

|  |  |
| --- | --- |
| Name of Applicant’s Direct Supervisor | Phone |

|  |
| --- |
| Supervisor Email |

|  |
| --- |
| Supervisor Credentials |

|  |  |
| --- | --- |
| Person responsible for payment | Email |

|  |  |
| --- | --- |
| Supervisor Signature | Date |

|  |
| --- |
|  |

**section 9 – 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? |

|  |
| --- |
| Describe this person’s role at the agency. |

|  |
| --- |
| How will the agency benefit from the applicant attending the training? |

|  |  |
| --- | --- |
| Name of applicant | Date |

|  |  |
| --- | --- |
| Name of person providing reference | Relationship to applicant |

|  |
| --- |
| How long have you known the applicant? |

|  |
| --- |
| Describe this person’s role at the agency. |

|  |
| --- |
| How will the agency benefit from the applicant attending the training? |

**(Do not type beyond this point)**

|  |
| --- |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. |

**End of form**