

# **North Carolina Peer Support Specialist Training Application**

## **Overview of Peer Support Specialist Training**

- The content of Cardinal Innovations Healthcare’s Peer Support Specialist Training has been approved by the Behavioral Healthcare Resource Program (BHRP) and North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS).
- Peer Support Specialist Training is a 40-hour training. Participants must be present and participate for all scheduled 40 hours to be considered for certification.
- Participants are required to participate in the trainings through lectures, group activities, role-playing and take-home activities. You will also be required to share your personal recovery story.
- Participants who were present for the entire training will be awarded a certificate of completion. (This certificate along with 20 additional hours can be sent to UNC PSS Chapel Hill for NC certification)
- To apply for your state certification, the trainee must pass the exam at the end of the training. The trainee can request another opportunity, within a designated period of time, to re-take the exam if they do not pass the first time.
- Completion of this training does not guarantee that the participant will be hired as a Peer Support Specialist. The participant will be responsible to apply and seek employment with applicable providers within their communities.
- Training topics include Role of Peer Support Specialist, Substance Abuse and Co-Occurring Disorders, Recovery Tools, Cultural Diversity, Workplace Skills and Peer Support Code of Ethics.

## **Qualifications to take Peer Support Specialist training**

- **18 years or older**
- **Have lived experiences in recovery from a significant mental health or substance use disorder**
- **Have been in recovery for at least 12 consecutive months**
- **Have at least a high school diploma or equivalent**

# North Carolina Peer Support Specialist Training Application

Date of application: \_\_\_\_\_

Date of training: \_\_\_\_\_

Location of training: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Why are you interested in becoming a Peer Support Specialist? (500 characters max)

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Do you consider yourself in recovery? If so, how long? (500 characters max)

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Describe your recovery experience from substance use, mental health challenges or both. (500 characters max)

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Keeping in mind that sharing your story of lived experience can be very emotional, describe how you are willing and able to share your lived experience, as a tool, with others. (500 characters max)

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What strengths do you have that would make you a good Peer Support Specialist? (500 characters max)

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Have you applied to attend a Peer Support Specialist Training anywhere else? If so, where and when?

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Applicant's Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions**

- **Applications must be completed, including the 2 requested references, prior to being reviewed.**
- **Completed applications should be received no later than 30 days prior to the next scheduled training. If the application is not received 30 days prior, you will be notified and placed "on-hold" until the next scheduled training.**
- **Completed applications should be mailed to: Sue Polston 370 N. Louisiana Ave C-4 Asheville, NC 28806 or electronically to [spolston@sunriseinasheville.org](mailto:spolston@sunriseinasheville.org)**
- **Applications that are approved to move forward with the training, will be notified 14 days prior to the next scheduled training.**