# VIRGINIA PEER RECOVERY SPECIALIST TRAINING

Highlands Community Services and

Cumberland Mountain Community Services

have joined to offer this training which is sponsored by:

Virginia Department of Behavioral Health and Developmental Services

# DATE & TIME:

Monday, September 9th – Friday, September 13th &

Tuesday, September 17th – 19th, 2019

8:00 am - 5:00 pm

# LOCATED AT:

Virginia Highlands Small Business Incubator, Inc.

851 French Moore Jr. Blvd.

Abingdon, Virginia 24210

### Total training hours: 72

This training is targeting those in recovery from substance use disorder and / or mental health.

The qualifications for this training:

1 year in recovery OR 1 year supporting a person close to you who is in recovery

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### VIRGINIA PEER RECOVERY SPECIALIST TRAINING APPLICATION

September 9th, 10th, 11th, 12th, 13th & September 17th, 18th, & 19th 8:00 AM - 5:00 PM

Located at:

Virginia Highlands Small Business Incubator, Inc.
851 French Moore Jr. Blvd.
Abingdon, Virginia 24210
\*\*\*\*The deadline for this application is August 25th, 2019\*\*\*\*

Please print clearly or type. If you have any questions, please contact Registered Peer Recovery Specialists, Logan Horne or Si'Andra Lewis, who will be facilitating this training. Please send your completed application to Logan Horne.

Logan : <a href="mailto:ahorne@highlandscsb.org">ahorne@highlandscsb.org</a>
Si'Andra : <a href="mailto:dblackwell@cmcsb.com">dblackwell@cmcsb.com</a>

Please understand all applicants need to meet the following criteria:

- Received a High School Diploma or GED
- At least 1 year in recovery OR are a close support to someone in recovery (for Substance Use or Mental Health)

LAST NAME:	FIRST NAME:	MIDDLE NAME:		
NAME YOU PREFER TO BE CALLED:	BEST NUMBER(S) WE CAN CONTACT YOU ON:			
Email Address:				
MAILING ADDRESS:				
PHYSICAL ADDRESS: (if different from above)				
Are you affiliated with an organization?	How many years in recovery OR how many years have you	Please select the one you have received:		
0	served as a close support to			
	someone in recovery?	GED		
		High School Diploma		

Why are you interested in becoming a Virginia Peer Recovery Specialist?		
Please describe briefly how you are qualified for the Virginia Peer Recovery Specialist training? (As a person in recovery, or as a support of someone in recovery)		
Please list any experience (paid or voluntarily) below. (That may not have been mentioned above.)		
Please include any information you believe would be beneficial concerning this application.		

There are only 24 seats available for this particular training. In the case of more than 24 participants applying, why do you think we should choose you?		
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#### If you are accepted into this training, please acknowledge the following:

- I am aware I will have a Peer Recovery Specialists code of ethics to follow
- I am aware this training does not automatically certify me with the state of VA. To become certified I do have to complete an exam through the Board of Counseling following this 72 hour training.
- I am aware that this training may become intense at times on a personal level, and I am able to take a personal break at this point
- I am aware this does not guarantee employment
- I am aware I will be trained as a Peer Recovery Specialist for Substance Use and Mental Health
- I am aware this training may or may not be accepted in any other state
- I am aware that the training is 72 hours and scheduled from 8:00 am 5:00 pm for 8 days. (12 hours of homework and 60 classroom hours.) I am expected to be on time, prepared, corporative, and to complete all homework assignments. By being prepared, I will bring something to write with, paper, and my PRS manual on a daily basis.
- I am aware that I will be taking written tests throughout the training
- I am aware of the expectation to share personal experiences during this training
- I am aware that I am expected to arrange my own transportation to and from the training, pay for my own meal expenses, and contact a facilitator immediately I am unable to attend

Please Print and Sign.	Date