

# EMPOWERED LIFE: RECOVERY SUPPORT PEER TRAINING APPLICATION

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Email:

Phone:

Are you 18 or older? Yes  No

How did you hear about this training?

## EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Position:

Are you current or former military? Yes  No

Are you currently a full-time student? Yes  No

## EMERGENCY CONTACT

Name of a relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

## ELIGIBILITY QUALIFICATIONS

Do you self-identify as having a life experience of being diagnosed with mental illness and/or substance use disorder?  Yes  No

Have you been in recovery for at least one year?

Yes  No If so, how long? \_\_\_\_\_

Do you have a high school diploma or GED?  Yes  No

Do you have a valid NC drivers license?  Yes  No

**PLEASE GIVE A BRIEF EXPLANATION OF WHY YOU WOULD LIKE TO BECOME A NC CERTIFIED PEER SUPPORT SPECIALIST?**


**HOW CAN YOUR OWN LIFE EXPERIENCES BE USED TO HELP OTHERS IN RECOVERY?**


**PLEASE LIST ANY RELATED TRAININGS.**

1.	3.
2.	4.

**PLEASE INDICATE YOUR PREFERRED TRAINING CLASS.**

**DATE:**

**LOCATION:**

**SIGNATURES**

I certify that the above information is true and accurate. I understand that providing false information may result in disqualification.

Signature of applicant:

Date:

**\*\*The Empowered Life: Recovery Support Peer Training cost is \$350 (non-refundable) per participant. Payment should be made payable to Little Gerald Services at the time the application is submitted. This is a mandatory 40-hour course. Failure to fulfill the full 40-hour training requirement within 30 days will require the applicant to re-apply and complete a new application. Contact our office for payment assistance options through other local agencies.**