

EDUCATION INFORMATION

- 1) Do you have a High School Diploma or GED? YES NO
- 2) Name of last school attended: _____ City: _____ State: _____
- 3) Indicate the last year of school completed: 6 7 8 9 10 11 12 13 14 15 16+
- 4) Indicate the highest degree earned: H/S GED Associate Bachelors Masters Doctorate Other

PROFESSIONAL INFORMATION

*The following statement applies to Questions 1-8 of this section: **In West Virginia or in any other state, the District of Columbia, a United States territory, or a foreign jurisdiction,***

- 1) Have you ever been licensed, certified, or registered as a Peer Recovery Support Specialist, or any other behavioral health professional? NO YES If yes, please explain:

Credential Type: _____ Issue Date: _____

State/Region: _____ Expiration Date: _____

- 2) Have you ever:

- Had your license, certification, or registration to practice suspended, revoked, surrendered or subjected to any kind of disciplinary action? NO YES
- Had a complaint filed against your behavioral health and/or community practice? **You do not need to report any complaints dismissed without merit.** NO YES
- Been convicted of a felony and/or crime that harmed another person? NO YES

Attach a page fully explaining the circumstances/details of any questions marked 'YES'

SERVICE AGENCY INFORMATION

Agency Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Phone Number: _____ Still Working Here: YES NO

Average Hours per Week: _____ Supervisor: _____

Date Started: _____ How Long There: _____

Position Type: Full-time Employment Part-time Employment

Area of Focus: Substance Use Co-Occurring

If you have worked at additional agencies, please attach additional page(s) with details using the format above.

Peer Recovery Support Specialist (PRSS) Attestation of Recovery

I affirm that I have read and agree to adhere to the National Ethical Guidelines and Practice Standards for Peer Supporters and understand that violation of these Ethical Standards may result in loss of certification, and possibly other penalties.

Applicant Signature/Date

Please Print or Type Your Name

Statement of Personal Recovery

I, the undersigned individual, affirm that I have successfully pursued my own personal health recovery experience involving the use of alcohol and/or other drugs. I affirm that I have not used any alcohol, opiate, narcotic, barbiturate, stimulant, or other drug affecting my central nervous system, or other drug causing physical or psychological dependence, to which I was addicted or upon which I was previously dependent, within the past two years. I further affirm that I have not used controlled substances which were obtained illegally, or mis-used any controlled substances which were obtained with a valid prescription order from a licensed health care provider, within the past year. I affirm that in the event I experience a relapse in my recovery or experience other psychological or physical health conditions which may interfere with and impair my professional functioning, I will seek appropriate therapeutic care, and I will request an inactive status as a Peer Recovery Support Specialist for medical reasons for as long as is necessary.

Applicant Signature/Date

Please Print or Type Your Name

(Optional) My present period of continued recovery from alcohol or other psychoactive drugs is _____ years and/or _____ months.