

Alabama Certified Recovery Support Specialist Training Application

2022

Training is open to individuals who are interested in and willing to pursue employment as a Certified Recovery Support Specialist. Priority is given to individuals already employed as peer specialists, volunteers, and those who have employment commitments pending certification.

Qualifications to Become a Certified Recovery Support Peer Specialist:

- Have a minimum of two (2) years of continuous demonstrated recovery time from a substance use disorder at the date of application.
- Willing to self-identify as a person in recovery for the benefit of others.
- High school diploma or GED. **(A COPY MUST BE INCLUDED WITH APPLICATION)**
- Two (2) written references that attest to appropriateness for certification. **(MUST BE INCLUDED WITH APPLICATION)**
- 40 hours of ADMH Certified Recovery Support Specialist (CRSS) training.
- Pass exam.

Required Knowledge and Skills:

- An understanding of recovery from substance use disorder.
- Basic understanding of substance use disorder and the system of care.
- Basic knowledge of empowerment and the goals and objectives of the consumer movement.
- Ability to work with individuals or groups.
- Basic knowledge of consumer rights and advocacy.
- Ability to:
 - Communicate effectively.
 - Connect with individuals who have a substance use disorder.
 - Understand the unique experience of persons struggling with a substance use disorder.
 - Serve as a role model, showing by example that recovery is possible.
 - Relay coping skills, positive attitude skills, and self-esteem.
 - Facilitate peer support/self-help groups.

Additional Information: ADMH will cover the cost for the training, hotel accommodations, and meals. ADMH does not reimburse for your time during the 40 hours training. Attendees must adhere to the personnel rules and guidelines of the training. In order to retain certification, Certified Recovery Support Specialists (CRSS) must earn 16 Continuing Education Units (CEUs) each calendar year following the year they pass the CRSS exam.

References

Your references **MUST** be included with the application for your application to be considered complete. Your application will not move into the review process until it is complete. Applications must include two (2) written references that attest to your appropriateness for certification. The letters should also comment on your recovery by verifying the length of recovery and any pertinent peer recovery support activities such as volunteer work, sponsorship, etc. Written references can come from a sponsor, counselor, accountability partner, faith-leader, friend, supervisor, or co-worker. One reference should identify you as being a person in long-term recovery. At least one (1) reference must specifically address your ability to support others seeking and maintaining recovery. Please ask your references to include information about your demonstrated leadership abilities, your ability to work with diverse groups of people, and your reliability/accountability.

NOTE:

ONLY FULLY COMPLETED APPLICATIONS WILL BE

ACCEPTED.

PLEASE PRINT OR TYPE

Full Name: _____

Address: _____

Date of Birth: _____

Recovery Date: _____

Phone #: _____

Email: _____

Optional: Race/Ethnicity

- | | | |
|---|--------------------------|-------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> | Caucasian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> | Multiracial |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> | Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> | Other _____ |

Gender: Male Female

In addition to substance use disorder, are you also in recovery from a mental illness? Yes No

Have you been involved in the criminal justice system? Yes No

Have you served in the military? Yes No

I have experienced homelessness. Yes No

I have a valid Alabama Driver's License. Yes No

(Note: Most CRSS positions require driver's license)

I speak a second language, Specify _____ Yes No

If you have a disability that will require a special accommodation to take CRSS Training, please call our office.

Special Populations you are interested in working with

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Women | <input type="checkbox"/> Minorities |
| <input type="checkbox"/> Co-occurring | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> IV Substance Users | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HIV | |
| <input type="checkbox"/> Veteran | |
| <input type="checkbox"/> Gay/Lesbian/Transgender | |

Adolescent

Deaf/Hard of Hearing

College Age

Education

High School

School Name	Dates Attended	Graduated?	Date

GED: Yes No N/A

College/Vocational: _____

Employment

Current Status: Currently Employed? Yes No
 Receiving Disability/SSI? Yes No

Are you now employed or have you in the past been employed as a peer specialist?

Yes No

Where? _____

When? _____

Current or Last Employer:

Employer Name: _____

Address: _____

Telephone: _____

Type of Business: _____

Supervisor: _____

Dates of Employment: From _____ To _____

Reason for leaving: _____

Describe your duties:

(Use back of sheet and corresponding number below if further explanation is needed)

1. Why are you interested in becoming a Certified Recovery Support Specialist?

2. What does recovery from substance use disorder mean to you?

3. Are you comfortable with sharing your substance use disorder with others?

4. What strengths do you have that you feel will be beneficial to providing recovery support?

5. What factors are key to your continued recovery?

6. Other reasons you believe you will make a good recovery support specialist:

Note:

Participation in the Alabama Certified Recovery Support Specialist Training Program requires a significant and long-term commitment of time and energy. You are expected to participate in the full five days of training, including evening sessions, complete assigned homework, and you are expected to take and pass the final exam.

Successful completion of the Certified Recovery Support Specialist training **and** exam does not guarantee you employment as a Certified Recovery Support Specialist. **Securing employment is the responsibility of each attendee.**

Name (Print): _____

Signature: _____

Date: _____

Applications should be submitted to: Deborah Pennington, Peer Specialist I
Email: deborah.pennington@mh.alabama.gov or
Address: Alabama Department of Mental Health
Office of Peer Programs
Attention: Deborah Pennington
100 N. Union Street, Suite 754
P.O. Box 301410
Montgomery, AL 36130-1410

For additional information contact: Office of Peer Programs
Phone: (334) 242-3456
Toll-Free: 1-800-367-0955
Fax: (334) 242-0796

A completed application should include all of the following:

1. Application (All five pages completed in its entirety).
2. Two (2) written references that attest to your appropriateness for certification.
3. Copies of high school diploma/GED or college transcript.

YOU WILL NOT BE CONSIDERED FOR TRAINING WITHOUT THESE DOCUMENTS