

Alabama Certified Recovery Support Specialist Training Application

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)*
- *Possess a valid driver's license. *(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 approved Certified Recovery Support Specialist (CRSS) training.
- *Pass exam with a minimum score of 70.

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 hour 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.

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

- ___ African-American
- ___ Native American
- ___ Hispanic
- ___ Asian

- ___ Caucasian
- ___ Multiracial
- ___ Latino
- ___ 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 ___

Special populations that you have interest in working with:

- | | |
|--|---|
| <input type="checkbox"/> Women | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Co-Occurring | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> College Age |
| <input type="checkbox"/> IV Substance Users | <input type="checkbox"/> Minorities |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Gay/Lesbian/Transgender | <input type="checkbox"/> Other _____ |

Education

High School:

School Name	Dates Attended	Graduated?	Date	Major

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 _____ Full-time ___ Part-time ___

Reason for leaving: _____

Describe your duties:

References

Your references **MUST be included with the application in order 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.

(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: **Pamela Butler**, Coordinator of Recovery Resources
Email: pamela.butler@mh.alabama.gov or
Address: Alabama Department of Mental Health
Office of Substance Abuse Treatment Services
Attention: **Pamela Butler**
100 N. Union Street, Suite 430
P.O. Box 301410
Montgomery, AL 36130-1410

For additional information, please contact Ms. Pamela Butler at:

Phone: (334) 322-6970

Toll-Free: 1-800-367-0955

Fax: (334) 242-0759

Email: pamela.butler@mh.alabama.gov

A completed application should include all of the following:

1. Application (All four pages completed in its entirety).
2. Two (2) written references that attest to your appropriateness for certification.
3. Copies of a valid driver's license **and** high school diploma/GED or college transcript.

YOU WILL NOT BE CONSIDERED FOR TRAINING WITHOUT THESE DOCUMENTS!