OnTrack Wellness and Recovery Center

APPLICATION FOR TRAINING

PEER SUPPORT SPECIALIST

Part I - **Contact Information**

Date:
Name:
Last First Middle Initial
Present Address:
Street City State Zip
Home Phone: ( ) Cell Phone: ( )
Email Address (required):

Part II - **Recovery Statement**

Briefly describe your lived experience with behavioral health challenges (mental health and/or
substance use) and recovery journey to include the date your recovery began.

Part III - **Education & Training**

What is your highest level of education?
☐ H.S. Diploma ☐G.E.D. ☐ Some college ☐Associate☐Bachelor's ☐Master's☐Doctorate
Name of School(s)
Certificates and Licenses
Type: Number: Issuing Agency:

Demographic Information (for statistical purposes only) **optional**

Race/Ethnicity
☐ African American ☐Latino/Hispanic ☐Multiracial ☐Native American ☐Asian American
☐ Caucasian ☐Other
Foreign Languages Spoken
☐ Spanish ☐French ☐Vietnamese ☐ ASL ☐ Other _____
Gender Age Range
☐Male ☐Female ☐18-30 D31-45 D46-60 060+

☐ Any request for reasonable accommodations: ☐Yes☐No

Date Approved:_____._for office use only)

Part IV- Supplemental Information

1. Have you served in the Military?

☐ Yes ☐No

2. Do you have experience working with any special populations or groups?

D Veterans ☐Homeless ☐Addictions ☐Trauma ☐Families ☐ Physical Health

☐ Intellectual/Developmental Disabilities ☐Youth ☐ Others

3. Name some of your skills or areas of expertise: *(for example, crisis management, working with faith-based groups, working with supported employment, technology expertise)*

Part V -PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING

4. What does recovery mean to you? What factors are important in your own recovery?

5. Please describe what Peer Support means to you:

6. Why do you want to become a Peer Support Specialist?

7. Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why?

8. What strengths do you have that will help you be a great Peer Support Specialist?

9. Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do ***not*** include things that you do to maintain your own recovery.

10. One key to recovery is the use of natural supports in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training?

11. An important aspect of the Peer Specialist Training program is that everyone must be personally responsible for their actions and decisions. Please describe personal responsibility and how you will incorporate it into your work as a peer support specialist:

12. How are you maintaining your recovery today?

Part VI - Current & Previous Employment/Volunteer Experience

13. Are you currently employed as a Peer Support Specialist: ☐Yes ☐No-see *Band* C *below*

A. If yes, please have the employer fill out the form on page 7.

What is your job title? _____

Name of Employer? _____

How many hours do you work a week? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

Employer's Contact Information _____

_____

B. If no, are you looking for work as a PSS? _____

C. If no, are you currently working in another capacity?

What is your job title? _____

Name of your employer?

May we contact your employer? ☐Yes ☐No

Employer's contact information: _____

Please list your other work experience for the past five years beginning with your most recent job held previous to the one listed in #3 above. If you are self-employed, provide a business name. *Attach additional sheets if necessary.*

Employer or Volunteer Agency	Position/Title	Location

Please list 3 professional and personal references (not related to you):

Name	Telephone number

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I **certify that** I **am at least 18 years of age and have a minimum of one year of demonstrated continuous and current recovery before applying for certification.** I **also certify/understand that** I **must have lived experience with behavioral health challenges (mental health and/or substance use) to receive North Carolina's Certified Peer Support Specialist Certification.** I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways that did not abuse, neglect, or exploit any consumer or family member situation in my role as a Peer Support Specialist.

CANCELLATION: If OnTrack Wellness and Recovery Center has less than five people present on the first day of class, the class will be canceled. If for any reason, class is canceled, OnTrack Wellness and Recovery Center will notify the participant within 48 hours of cancellation by phone or verified email, and the participant must confirm receipt of the notice. In addition, OnTrack Wellness and Recovery Center will send a follow-up email providing training participants with options to participate in a later class or receive a refund. Please do not pay for a class that you are not sure you want to take; a 35% administrative fee will be charged.

REFUND POLICY: If a class is canceled due to lack of attendance, the participant will be contacted by phone or verified email and must confirm receipt of the notice within 48 hours of canceling an approved 50-hour training. A follow-up email will be provided to notify participants of the option to participate in a later class or receive a full refund.

Signature of Applicant_____Date_____

If you are currently employed as a Peer Support Specialist or your participation is being sponsored, you must have your employer or sponsoring agency complete the following form:

OnTrack Wellness and Recovery Center

PERSONAL REFERENCE LETTER
(Mandatory)

5O-hours North Carolina Peer Support Specialist Training Certification

The individual named below is applying for participation in a SO-hour Peer Support Specialist Training Certification Program. The applicant must meet the following requirements: - 18 Years or older. - Have lived experience in significant mental health or substance use disorder. - Have been in recovery for at least one year. - Have a high school diploma or equivalent.

Name of Applicant:_____ _

Instructions: Please complete the personal reference form. Place completed the personal reference letter form and submit to adhccare@gmail.com or mail the personal reference letter in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to: OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311 as part of the complete application packet.

1) Please describe the nature of your relationship with this individual and how long you have known this individual:

_____
_____
_____
_____
_____

2) Describe your experience with this individual that indicates his/her demonstrated recovery for at least 12 months:

_____
_____
_____
_____

3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

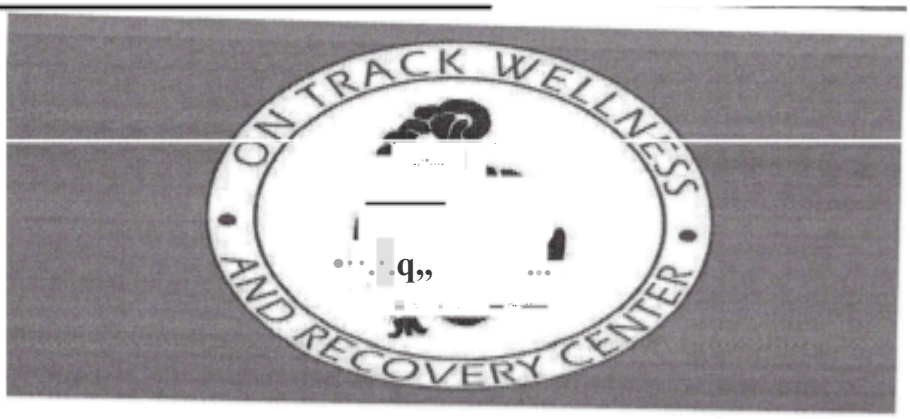
_____
_____
_____
_____
_____

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed his/her personal recovery lifestyle for at least one year and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support in order to promote overall wellbeing and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (is at least 18 years of age; and has been in recovery for at least one year) to be considered for this SO-hour certification training as a North Carolina Peer Support Specialist. All personal information provided in this form will remain confidential and data in determining eligibility for SO-hour training.

Signature of Reference._____ Date _____ _

We appreciate your support of this individual for the recognition of their accomplishments in their recovery journey and desire to become a Peer Support Specialist. If you have any questions, please email adhccare@gmail.com or write me at the address listed below.

Dr. Annie R. Hasan
OnTrack Wellness and Recovery Center
1425 McArthur Road
Fayetteville, NC 28311
910-624-6513



Cancellation/Refund Policy

Cancellation/Refund Policy

- Complete the **Cancellation Request Form** and email it to **OnTrack Wellness and Recovery Center** to request a refund or another training date. No telephone cancellations will be accepted.
- A full refund will be provided if:
    - The class is canceled in advance by the course owner due to attendance requirements.
    - The training cannot be completed due to unforeseen circumstances (weather, illness, etc.).
    - A participant withdraws in writing at least three weeks before the first day of class.
    - Other extenuating circumstances occur, such as medical emergencies where immediate communication is not possible. In these cases, participants may have the option to attend a future class date or location.
- If a class is canceled, **OnTrack Wellness and Recovery Center** will notify participants within 48 hours by phone or verified email. Participants must confirm receipt of the notice. A follow-up email will be provided with options to attend a future class or receive a refund.
- Cancellations received after the stated deadline will not be eligible for a refund. Participants may:
    - Substitute another person to attend; or
    - Apply the payment as a credit toward a future course.
- Refunds will not be issued to participants who do not provide advance notice of cancellation or who do not attend the scheduled training.
- If a participant is unable to attend after registering and paying:
    - A refund minus a **35% administrative fee** may be issued if cancellation is received within 24 hours.
    - After the 24-hour deadline, a **35% refund** will be issued.
- Participants may transfer to another class one time prior to the class start date. If the participant is unable to attend the second scheduled class, payment will be forfeited, and a new registration fee will be required.
- All refund requests must be submitted by the participant or credit card holder and include the participant's name and/or transaction number.
- Refunds will be issued by check within **30 business days**.

THIS SECTION IS TO BE FILLED OUT BY THE EMPLOYER OR SPONSORING AGENCY ONLY*

To Employer or Sponsoring Agency:

The individual you have employed as a Peer Support Specialist or are sponsoring for training is applying to participate in Peer Support Specialist employment training. The skills and knowledge your employee or sponsee gains through this training will bring valuable resources back to your organization and support the delivery of person-centered, recovery-oriented services.

Please note that this training requires the employee or sponsee to attend the full 80-hour Peer Support Specialist (PSS) training, which is a requirement for becoming a North Carolina Certified Peer Support Specialist. All required training materials will be provided.

Providers or sponsoring organizations will be expected to submit a $390 PSS registration for their Peers to attend the PSS training for the additional 20-hours WRAP training if needed. This payment must be submitted prior to training, to OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311.

Please provide the following information:

Name of person to whom the invoice should be submitted:
Email address:
Telephone number:

I certify that my employee meets the minimum qualifications required to become a Peer Support Specialist, including:

- Having lived experience with behavioral health challenges;
- Having at least one year of demonstrated recovery;
- Possessing a high school diploma or GED; and
- Being at least 18 years of age.

Additionally, I authorize my employee to attend the Peer Support Specialist training scheduled for _____ (date).

I further certify that my agency agrees to pay the required registration fee of $390 for the Peer Support Specialist (PSS) training, plus an additional $175 for the 20-hour WRAP training, if needed. The total cost for both trainings is $565. Payment must be submitted in advance in order for my employee to participate in the training.

Cancellation Policy:

If OnTrack Wellness and Recovery Center has fewer than five participants present on the first day of class, the training session will be canceled.

Refund Policy:

If a class is canceled due to insufficient attendance, participants will be notified by phone or verified email. Participants must confirm receipt of the cancellation notice within 48 hours. A follow-up email will be provided outlining the available options, including transferring registration to a future training date or receiving a full refund.

Employer Signature:_____Date:_____

Cancellation Request Form Request

Participants who wish to cancel a course must submit their request in writing using this form.

Cancellation/Refund Policy

Complete the **Course Cancellation Request Form** and return it to **OnTrack Wellness and Recovery Center**.

Telephone cancellations will not be accepted.

A **35% administrative fee** will be assessed for all refunds. No refunds will be issued after the start date of the class.

In lieu of a refund, participants may:

- Transfer their registration to another participant (participant substitution), or
- Receive a credit toward a future course.

Course credits must be used within **1 year of the original course cancellation date**.

Refunds will normally be processed within **30 business days**.

Participants who wish to cancel a course must submit their request in writing using this form.

Once the form has been completed in its entirety, please email it to:
adhccare@gmail.com

Participant Information

First Name: _____**Last Name:** _____

Agency/Business: _____

Phone Number: _____

Email Address: _____

Course Information

Course Title: _____

Course Dates: _____

Course Location: _____

Course Fee: _____

Cancellation Information

Reason for Cancellation:

Select One:

☐ **Refund** (Complete the information below)

☐ **Hold as a Credit**
(Credit must be used within 1 year of course cancellation.)

Refund Information

If requesting a refund, select refund type:

☐ **Refund back to credit card**

Name on Credit Card: _____

☐ **Refund by check**

Make check payable to: _____

Mailing Address:

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Submitted By

Name: _____

Phone Number: _____

Email Address: _____

Special Instructions

Cancellation/Refund Policy

Complete the **Course Cancellation Request Form** and return it to **OnTrack Wellness and Recovery Center**.

Telephone cancellations will not be accepted.

A **35% administrative fee** will be assessed for all refunds. No refunds will be issued after the start date of the class.

In lieu of a refund, participants may:

- Transfer their registration to another participant (participant substitution), or
- Receive a credit toward a future course.

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