



Do you have any other Certifications or Licenses? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please list:		
Certification/License Name	State Authority	Date of Expiration

Part III – Supplemental Information (Does not preclude recertification approval)

<p>Have you served in the military?</p> <p>Do you have foreign language or American Sign Language skills? If yes, please explain.</p> <p>Do you have experience working with special populations? If so, please circle all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Homelessness</td> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> LGBT</td> </tr> <tr> <td><input type="checkbox"/> Veterans</td> <td><input type="checkbox"/> Transitional Age Youth</td> <td><input type="checkbox"/> HIV</td> </tr> <tr> <td><input type="checkbox"/> Substance Use Disorder</td> <td><input type="checkbox"/> Aging</td> <td><input type="checkbox"/> Deaf and Hard of Hearing</td> </tr> <tr> <td><input type="checkbox"/> Cultural Diversity</td> <td><input type="checkbox"/> Trauma</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Criminal Justice</td> <td><input type="checkbox"/> Nursing Home Transitions</td> <td></td> </tr> </table> <p>Have you been convicted of a criminal offense? If so, please explain.</p>	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> LGBT	<input type="checkbox"/> Veterans	<input type="checkbox"/> Transitional Age Youth	<input type="checkbox"/> HIV	<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Aging	<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Cultural Diversity	<input type="checkbox"/> Trauma	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Nursing Home Transitions	
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PART IV- Current Employment/Volunteer Experience

<p>Are you currently employed as a Certified Ohio Peer Recovery Supporter: <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>see</i></p>
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2 and 3 below

(1) If yes,

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? _____

(2) If no, are you looking for work as an Ohio Certified Peer Recovery Supporter?

(3) If no, are you currently working in another capacity?

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? _____

I verify 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 am currently in recovery. I verify that I am an individual with a lived experience of a mental health and/or substance use disorder. I understand that any false information/omissions may be grounds for rejection of my application or corrective action. I verify that I have only acted in ways which did not abuse, neglect or exploit another person during my work or volunteer experience. I verify that I will follow the Ohio Peer Recovery Supporter Pledge set forth by OhioMHAS and the provider for which I work or volunteer. I understand that acceptance of this application indicates only that I have the necessary experience, training, and supervision to work in the capacity of a Certified Ohio Peer Recovery Supporter. All personal information provided in this form will remain confidential and data will only be used in graphs creating a non-identifying profile of those completing the certification process unless otherwise indicated. My primary obligation and responsibility is to my personal recovery.

Signature of Applicant _____ **Date** _____

Optional:

OhioMHAS has my permission to include my name, certification date, and region of the state in a database that employers may access for hiring/volunteer recruiting purposes.

Optional:

Signature of Applicant _____ **Date** _____



I understand that upon approval of my re-certification application, earning a passing score on the Ohio Mental Health and Addiction Services exam, and verification of a criminal background check. I understand that Ohio Mental Health and Addiction Services may revoke my certification if the below can be substantiated:

- Violation of 5122-29-15 and 5122-29-15.1
- Violation of the Peer Recovery Supporter Pledge as determined through the Conflict of Interest process.

Mandatory:

Signature of Applicant _____ **Date** _____

Mandatory:

Signature of Applicant _____ **Date** _____

The complete application packet should be mailed to:

Ohio Certified Peer Recovery Supporter
OhioMHAS
30 East Broad Street, 36th Floor
Columbus, Ohio 45601

*** Recertification Date Notice of Change in Practice ***

Recertification packets are mailed to Ohio Mental Health and Addiction Services 60 days prior to the certificate expiration date. Recertification dates will be based on the month and day of initial certification. Certificates will not be issued based on the date of approval of recertification packets.

OhioMHAS Staff or Designee Only:

	Date	Yes	No	Comments
Application Received				
Attachments Reviewed				
References Contacted				
Updated Ohio BCI Background Check Received and Approved				
Re-certification Approved				