



Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Integrated Peer Supporter Training Application

- This training is for individuals with a lived experience of mental health and/or substance use disorders
- There are 16 hours of pre-course work which you will receive instructions on how to access if you are accepted to the training, as well as 40 hours of in-person training over the course of a 5 day period.
- Attendance for all training is mandatory to receive the certificate, there are no opportunities to make-up work.
- The training calendar can be accessed at: <http://www.ohioempowerment.org/>
- Completed applications should be sent to one of the following: ohiopeersupport@mha.ohio.gov

If you are applying to a training that is already scheduled or are interested in a specific location, indicate below:

Location: _____ Training date: _____

INITIAL the statement below that applies to you. If both apply to you, than initial both statements.

INITIAL below to confirm your understanding:

- _____ I am willing to appropriately share my recovery story in order to assist others.
 _____ I have a lived experience with mental health
 _____ I have a lived experience with a substance use disorder
 _____ I have a lived experience with mental health and substance use disorder
 _____ I have served in the military
 _____ I need reasonable accommodations for the training or the exam

Personal Information (please print clearly or type)

NAME:				DATE OF BIRTH:
ADDRESS:				
CITY :	County	STATE:	Ohio	ZIP CODE:
PHONE #:	() -	Cell <input type="checkbox"/>	Home <input type="checkbox"/>	Work <input type="checkbox"/>
EMAIL:				

References:

Please provide 2 references who are not related to you and who can speak to your potential to be a Peer Recovery Supporter and describe your recovery. Please include their email, if possible.

Reference: _____ Title/Organization: _____
 Relationship to you: _____ How long have you known each other? _____
 Personal phone #: _____ Work phone #: _____ Email: _____

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1) Describe your recovery.

2) What does “recovery” mean to you?

3) Why are you interested in becoming an Ohio Peer Supporter?

If you have a previous felony conviction, please explain and include dates. *(Prior convictions are not necessarily grounds for denial of admission to training):*

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge, and understand that any false information or omissions may affect my admission status. I understand that all personal information provided here will remain confidential, and that is my responsibility to provide OhioMHAS with updated contact information as needed.

Signature

Printed Name

Date Signed