



## Peer Recovery Supporter Certification Application

We're glad you are applying for Peer Recovery Supporter (PRS) certification. Please complete the following demographic information:

Name:

Street Address:

City:

State:

Zip Code:

County of Residence:

Phone Number:

Email Address:

Date of Birth:

You are applying for:

**Certification with Work Experience**

- I have personal lived experience with Mental Health and/or Substance Use Disorder.
- I have at least 3 years' work experience as a Peer Supporter, Recovery Coach, Peer Specialist, and/or Peer Navigator.
- I want to apply for PRS Certification with Work Experience.

**Certification with Training**

- I have personal lived experience with Mental Health and/or Substance Use Disorder.
- I do not have 3 years work experience as a Peer Supporter, Recovery Coach, Peer Specialist, and/or Peer Navigator.
- I attended an OhioMHAS approved 40-hour Peer training.
- I want to apply for PRS Certification with Training.

Please answer the following question:

What does recovery mean to you?

**Please indicate your answer by selecting YES or NO for each of the following statements** (NOTE: willingness to share your recovery story; personal lived experience with Mental Health and/or Substance Use Disorder; and either work experience or training are required to become certified. If you are actively on probation/parole, you cannot be certified, but can apply once you have completed your required supervision):

YES    NO

I am willing to appropriately share my recovery story.

I have a personal lived experience with Mental Health.

I have a personal lived experience with Substance Use Disorder.

I have at least 3 years work experience as a Peer Supporter, Recovery Coach, Peer Specialist, and/or Peer Navigator.

I completed an OhioMHAS approved 40-hour Peer training.

I am currently on Probation/Parole.

**Please answer the following:**

Describe your recovery journey:

Why are you interested in becoming a Certified Peer Supporter?

**Disqualifying Offenses Declaration:**

**Note:** This is the OhioMHAS list of disqualifying offenses. It is the minimum criteria used to certify individuals as Peer Recovery Supporters. If you have ANY one or more of the following offenses, you cannot become a Certified Peer Recovery Supporter. There is no waiver for these.

1. <b>2903.01</b> - aggravated murder	19. <b>2907.21</b> – compelling prostitution
2. <b>2903.15</b> - permitting child abuse	20. <b>2907.22</b> – promoting prostitution
3. <b>2903.16</b> – failing to provide for a functionally impaired person	21. <b>2907.31</b> – disseminating matter harmful to juveniles
4. <b>2903.21</b> – aggravated menacing	22. <b>2907.32</b> – pandering obscenity
5. <b>2905.32</b> – human trafficking	23. <b>2907.321</b> – pandering obscenity involving a minor
6. <b>2905.33</b> – unlawful conduct with respect to documents	24. <b>2907.322</b> – pandering sexually-oriented matter involving a minor
7. <b>2903.34</b> – patient abuse and neglect	25. <b>2907.323</b> – illegal use of minor in nudity-oriented material or performance
8. <b>2903.341</b> – patient endangerment	26. <b>2907.33</b> – deception to obtain matter harmful to juveniles
9. <b>2905.04</b> – child stealing (as it existed prior to July 1, 1996)	27. <b>2909.22</b> – soliciting/providing support for act of terrorism
10. <b>2905.05</b> – criminal child enticement	28. <b>2909.23</b> – making terrorist threat
11. <b>2907.02</b> – rape	29. <b>2909.24</b> – terrorism
12. <b>2907.03</b> – sexual battery	30. <b>2913.40</b> – Medicaid fraud
13. <b>2907.04</b> – unlawful sexual conduct with a minor (formerly corruption of a minor)	31. <b>2919.22</b> – endangering children
14. <b>2907.05</b> – gross sexual imposition	32. <b>2925.02</b> – corrupting another with drugs
15. <b>2907.06</b> – sexual imposition	33. <b>2925.23</b> – illegal processing of drug documents
16. <b>2907.07</b> – importuning	34. <b>2925.24</b> – tampering with drugs
17. <b>2907.08</b> – voyeurism	35. <b>2925.36</b> – illegal processing of drug samples
18. <b>2907.12</b> – felonious sexual penetration	36. <b>3716.11</b> – placing harmful objects in food or confection

**Please verify the following statement:**

TRUE FALSE

**I have NOT been convicted of any offense(s) listed above.** (NOTE: individuals who have been convicted of one or more of these offenses, will NOT be approved for PRS Certification)

**I have charges pending for one or more of the offenses listed above.**

Explain:

**If you have a previous felony conviction that is NOT one of the disqualifying offenses, please explain in the following table:**

Conviction	Date	Explanation

**Please verify the following statements about information in this application (initial each and sign):**

- \_\_\_\_\_ I verify I have given true, accurate, and complete information on this form to the best of my knowledge.
- \_\_\_\_\_ I understand any false information or omissions may be grounds for rejection of my application or corrective action.
- \_\_\_\_\_ I verify I am at least 18 years of age and am currently in recovery.
- \_\_\_\_\_ I verify I am an individual with a lived experience of a mental health and/or substance use disorder.
- \_\_\_\_\_ I understand all personal information provided here will remain confidential, but is subject to public records request.
- \_\_\_\_\_ I understand it is my responsibility to provide OhioMHAS with updated contact information as needed.

**Print name:**

**Signature:**

**Please continue by verifying the following statements about PRS certification (initial each and sign):**

- \_\_\_\_\_ I verify I have only acted in ways which did not abuse, neglect or exploit another person during my employment or volunteer history.
- \_\_\_\_\_ I verify I will adhere to the Ohio Peer Recovery Supporter Code of Ethics set forth by OhioMHAS and the provider for which I work/volunteer.
- \_\_\_\_\_ I understand acceptance of this application indicates only that I have the personal lived experience, training, and supervision to work in the capacity of a Certified Ohio Peer Recovery Supporter. My primary obligation and responsibility is to my personal recovery.
- \_\_\_\_\_ I understand I will be considered a Certified Ohio Peer Recovery Supporter in accordance with 5122-29-15 and 5122-29-15.1 only after the following requirements are met:
  - successful completion of E-base Academy trainings/modules required for Peer Recovery Supporters
  - successful training with references and recommendation **OR** 3 years' work experience verification
  - a passing score on the OhioMHAS Peer Recovery Supporter exam
  - passing a criminal background check
  - approval of my application

\_\_\_\_\_ I understand the OhioMHAS may revoke my Peer Recovery Supporter Certification if there is substantiated violation of one or more of the following:

- Ohio Administrative Code 5122-29-15: Peer Recovery Services
- Ohio Administrative Code 5122-29-15.1: Certified Peer Recovery Supporter
- Peer Supporter Code of Ethics as determined through the Conflict of Interest process

**Printed Name:**

**Signature:**

**Optional:**

Upon approval, OhioMHAS has my permission to include my name, certification date, and region of my residence in a list that employers may access online for recruiting purposes.

**Signature of Applicant:**

Please email the completed application to: [ohiopeercertification@mha.ohio.gov](mailto:ohiopeercertification@mha.ohio.gov)

**Optional Supplemental Information:** please indicate your answer by selecting YES or NO for each of the following statements (*These questions do not affect certification approval*):

**YES      NO**

**I served in the military.**

**I have a foreign language or American Sign Language skill.**

If yes, please share language and ability level:

**I have experience working with special populations?**

If yes, please indicate which populations below (mark all that apply):

- |                        |                          |                      |
|------------------------|--------------------------|----------------------|
| Homelessness           | Mental Health            | LGBTQ                |
| Veterans               | Transitional Age Youth   | HIV                  |
| Substance Use Disorder | Aging                    | Deaf/Hard of Hearing |
| Cultural Diversity     | Trauma                   | Other:               |
| Criminal Justice       | Nursing Home Transitions |                      |

**OhioMHAS Staff Only:**

	<b>Date</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Application Received</b>				
<b>Training with References &amp; recommendation <u>OR</u> Work Verification Received</b>				
<b>E-Base Training Completed</b>				
<b>Final Exam Passed</b>				
<b>Background Check Received</b>				
<b>Certification Approved</b>				