



PEER SUPPORT SPECIALIST TRAINING APPLICATION

Instructions: Please complete the personal information section and short answer section.
Please bring your completed application to PSA B103 to Charlotte Webb or Suzanne Brown.

NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Do you have a GED Diploma or Higher Education Degree? YES NO

Are you Currently Employed? YES NO

Employed in the Behavioral Health Field? YES NO If yes, please describe _____

Are you Enrolled in a PSA Program? YES NO

If Yes, which Program? _____

If No, which direct care clinic? _____

Are you Enrolled in AHCCCS? YES NO If YES Please Indicate; Title XIX Non-Title XIX

Do you have a SMI, GMHSA and/or Co-occurring Diagnosis? YES NO

Have you Participated in any Other Peer Support Training Programs? YES NO

If YES, When & Where? _____

Short answer section: We choose candidates for this training based on the content and effort in answering the following questions. So please be detailed when writing your answers and draw from your personal experience and life history. 3-5 sentences would be a good length.

What does recovery mean to you?

Being a Peer Support Specialist involves disclosing/sharing your recovery story with others. Would you be willing to disclose your recovery story with others? Why?

Why do you want to participant in this training and what are your goals for this class?

What experience do you have in the Behavioral Health field, including work experience in the field and/or experience accessing mental health/substance use treatment and support services?

What does Peer Support mean to you? How has the support of others who have lived experience with mental health and/or substance use aided you in your own recovery?

Please List 3 References with Phone numbers and/or Submit Reference Letter(s). One Reference needs to be from a Clinician (e.g., counselor, case manager, therapist).