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

Application for Ohio Peer Recovery Supporter Certification

The Ohio Peer Recovery Supporter Certification program is implemented and recognized by OhioMHAS to ensure that individuals with a lived experience of mental health and/or substance use disorders have met core competencies in peer service delivery as defined by OhioMHAS. Individuals with lived experience can obtain certification by completing the 16 hours of courses on the E-Based Academy, providing documentation of a 40 hour in-person peer service training, and passing the OhioMHAS Peer Recovery Supporter Exam OR by completing the 16 hours of courses on the E-Based Academy, providing documentation of a minimum of 3 years volunteer and/or work experience delivering peer services, and passing the OhioMHAS Peer Recovery Supporter Exam. The Certification is valid for 2 years and may be re-issued by completing the OhioMHAS Re-Certification application, submitting proof of 30 hours of continuing education courses, and submitting a formal background check.

Part 1- Contact Information

Date:	
Name:	
Present Address:	
County of Residence:	
Phone:	Alternate Phone:
Email Address:	
Preferred Method of Contact:	

Part II – Recovery Journey

Describe your lived experience and recovery journey:

What does recovery mean to you:
Why do you want to become a Certified Peer Recovery Supporter:

Part III – Training/Experience

Applicants for Ohio Peer Recovery Supporter Certification Program must demonstrated) by attaching copies of training completion along with this application):

a) Successful completion of 16 hour on-line OhioMHAS E-Based Academy Courses

b) Successful completion of a minimum of 40 hours of peer service delivery training or 3 years of formal peer service delivery

c) Copy of a formal Ohio BCI state background check. If you have ever lived outside of Ohio, please also provide a copy of a formal FBI background check.

If you would like to use direct service in lieu of training please provide the following information:

Employer/Volunteer Agency	Position/Title	Location	Dates of Service	Name and Contact information of supervisor

Part IV – Supplemental Information (Does not preclude application approval)

Have you served in the military?		
Do you have foreign language or American Sign Language skills? If yes, please explain.		
Do you have experience working with special populations? If so, please check all that apply.		
☐ Homelessness	☐ Mental Illness	☐ LGBT
☐ Veterans	☐ Transitional Age Youth	☐ HIV
☐ Substance Use Disorder	☐ Aging	☐ Deaf and Hard of Hearing
☐ Cultural Diversity	☐ Trauma	☐ Other:_____
☐ Criminal Justice	☐ Transitioning out of Nursing Home	
Have you been convicted of a criminal offense? If so, please explain.		

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 employment or volunteer history. I verify that I will adhere to the Ohio Peer Recovery Supporter Pledge set forth by OhioMHAS and the provider for which I work/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. My primary obligation and responsibility is to my personal recovery.

Mandatory:

Signature of Applicant _____ **Date**_____

I understand that upon approval of my application, earning a passing score on the Ohio Mental Health and Addiction Services exam, and verification of a criminal background check, I be considered a Certified Ohio Peer Recovery Supporter in accordance with 5122-29-15 and 5122-29-15.1.

Mandatory:

Signature of Applicant _____ **Date**_____

Mandatory:
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.

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**_____

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				
Test Administered				
Ohio BCI Background Check Received and Reviewed				
Certification Approved				