



Ohio Peer Recovery Supporter Re-Certification Application

We are glad you are applying for re-certification as a Peer Recovery Supporter. Please complete the following demographic information:

Name:				
Street Address:				
City:		State:		Zip Code:
County of Residence:				
Phone Number:			Alternate Phone:	
Email Address:				
Preferred Method of Contact:	Regular Mail	Phone	Alternate Phone	Email

You are applying for:

PRS Re-Certification

- I have personal lived experience with Mental Health and/or Substance Use Disorder
- I was Certified through OhioMHAS as a Peer Recovery Supporter during the past 2 years
- I want to be Re-Certified for the next 2 years as a Peer Recovery Supporter

Training Log

Please list trainings or workshops (continuing education and/or in-service) pertaining to your ongoing skill development to enhance your role as an Ohio Certified Peer Recovery Supporter. *These should equal at least 30 contact hours spent in session or training, NOT including breaks, lunch, drive time, etc.*

Training	Date	Hours	Location

Training (continued)	Date	Hours	Location

Do you have any other Certifications or Licenses?			No	Yes (if yes, please list in table)
Certification/License Name	State Authority	Date of Expiration		

Please indicate your answer by selecting YES or NO for each of the following statements and complete additional information as needed:

YES NO

I am looking for work as a certified Peer Recovery Supporter.

I am currently employed as a certified Peer Recovery Supporter.

If yes, please answer the following:

Job Title:

Name of Employer:

Number of hours per week:

Hourly wage:

Length of time employed in this position:

I am currently employed in another capacity – not as a Peer Recovery Supporter.

If yes, please answer the following:

Job Title:

Name of Employer:

Number of hours per week:

Hourly wage:

Length of time employed in this position:

Disqualifying Offenses:

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 Peer Recovery Supporter. There is no waiver for these.

<ol style="list-style-type: none"> 1. 2903.01 - aggravated murder 2. 2903.15 - permitting child abuse 3. 2903.16 – failing to provide for a functionally impaired person 4. 2903.21 – aggravated menacing 5. 2905.32 – human trafficking 6. 2905.33 – unlawful conduct with respect to documents 7. 2903.34 – patient abuse and neglect 8. 2903.341 – patient endangerment 9. 2905.04 – child stealing (as it existed prior to July 1, 1996) 10. 2905.05 – criminal child enticement 11. 2907.02 – rape 12. 2907.03 – sexual battery 13. 2907.04 – unlawful sexual conduct with a minor (formerly corruption of a minor) 14. 2907.05 – gross sexual imposition 15. 2907.06 – sexual imposition 16. 2907.07 – importuning 17. 2907.08 – voyeurism 18. 2907.12 – felonious sexual penetration 	<ol style="list-style-type: none"> 19. 2907.21 – compelling prostitution 20. 2907.22 – promoting prostitution 21. 2907.31 – disseminating matter harmful to juveniles 22. 2907.32 – pandering obscenity 23. 2907.321 – pandering obscenity involving a minor 24. 2907.322 – pandering sexually-oriented matter involving a minor 25. 2907.323 – illegal use of minor in nudity-oriented material or performance 26. 2907.33 – deception to obtain matter harmful to juveniles 27. 2909.22 – soliciting/providing support for act of terrorism 28. 2909.23 – making terrorist threat 29. 2909.24 – terrorism 30. 2913.40 – Medicaid fraud 31. 2919.22 – endangering children 32. 2925.02 – corrupting another with drugs 33. 2925.23 – illegal processing of drug documents 34. 2925.24 – tampering with drugs 35. 2925.36 – illegal processing of drug samples 36. 3716.11 – placing harmful objects in food or confection
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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 Re-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 that 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 that it is my responsibility to provide OhioMHAS with updated contact information as needed.

Print Name:

Signature:

Please continue by verifying the following statement about PRS Re-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 that I will adhere to the Ohio Peer Recovery Supporter Code of Ethics set forth by OhioMHAS and the provider for which I work or 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 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

Print name:

Signature:

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.

Signature of Applicant:

The complete application packet should be e-mailed to: recertification@mha.ohio.gov

*** Re-certification Date Notice of Change in Practice ***

Re-certification applications are mailed to Ohio Mental Health and Addiction Services 60 days prior to the certificate expiration date. Re-certification dates will be based on the month and day of initial certification. Certificates will not be issued based on the date of approval of re-certification application.

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

YES NO

I served in the military.

I have a foreign language or American Sign Language skill.

If yes, please explain:

I have experience working with special populations?

If yes, please indicate below:

- | | | |
|------------------------|--------------------------|----------------------|
| 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:

	Date	Yes	No	Comments
Application Received				
Training Log Completed				
Updated BCI Received				
Re-certification Approved				