ARKANSAS BEHAVIORAL HEALTH PLANNING & ADVISORY COUNCIL

presents the

2018 Behavioral Health Peer Institute

"Arkansas ROCKS!"

RECOVERY~OPPORTUNITIES~CHOICES~KNOWLEDGE~SUPPORTS

PERC
"A VOICE FOR RECOVERY"

HOSTED BY
PERSONAL EMPOWERMENT RECOVERY COALITION

July 11-15, 2018

at the Little Rock Holiday Inn Airport Convention Center

Registration Form

Name: _____ Preferred Name for Nametag: _____

Phone: _____ Email_____

Mailing Address: _____

Special dietary needs or other things we need to know about you: _____

_____

Conference Fee is $25.00. Please mark the ONE conference track you are registering for below and if you qualify for either waiver for the Conference Fee.

☐ **Peer Recovery Support Specialist (PRSS) Track** (5 days - July 11-15) ***IMPORTANT-READ***

Arkansas PRSS Application MUST accompany your Registration Form - MUST be received by July 2, 2018 in order to attend CPS 5-day training

OR

☐ **Peer Recovery Track** with Continuing Ed Credit (4 days - July 12-15) ***(no additional form)***

☐ **Member (current & active) of ABHPAC or PERC - $25 Conference Fee Waiver**

☐ **Need Based $25 Conference Fee Waiver**. *(Include a statement of need with your registration form).*

Email your registration to percofarkansas@gmail.com (mail & fee to PERC, 1818 N. Taylor #311, Little Rock, AR 72207). This is the 2nd statewide PERC conference. The agenda includes a Friday keynote speaker as well as a variety of sessions on peer supported approaches to recovery. CEU's will be available for most sessions. Call 479-567-9037 or e-mail PERC for more information.

APPLICATION FOR ARKANSAS PEER RECOVERY SUPPORT SPECIALIST (PRSS)

Part I – Contact Information

Date:			
Name:			
Last	First	Middle Initial	
Present Address:			
Street	City	State	Zip
Home Phone: ( )	Cell Phone: ( )		
Email Address (required):			

Part II – Recovery Statement

Briefly describe your lived experience and recovery journey to include the date your recovery began.

Part III – Education & Training

What is your highest level of education? ☐ H.S. Diploma ☐ G.E.D. ☐ Some college ☐ Associate ☐ Bachelor's ☐ Master's ☐Doctorate
Name of School(s)

Demographic Information (for statistical purposes only) ****optional

Race/Ethnicity ☐African American ☐ Latino/Hispanic ☐Multiracial ☐ Native American ☐ Asian American ☐Caucasian ☐Other_____	
Foreign Languages Spoken ☐Spanish ☐French ☐ Vietnamese ☐ ASL ☐Other_____	
Gender ☐Male ☐Female	Age Range ☐18-30 ☐31-45 ☐ 46-60 ☐ 60+

Date Approved:_____(for office use only)

Part IV – Supplemental Information

1. Have you served in the Military?
☐Yes ☐No

2. Do you have experience working with any special populations or groups?
☐Veterans ☐ Homeless ☐Addictions ☐Victims of Trauma ☐ Families
☐Intellectual/Developmental Disabilities ☐Youth ☐ Others_____

3. Name some of your skills or areas of expertise: (*for example, crisis management, working with faith based groups, working with supported employment, technology expertise)*

Part V – PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING

4. What does recovery mean to you? What factors are important in your own recovery?

5. Please describe what Peer Support means to you:

6. Why do you want to become a Peer Support Specialist?

7. Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why?

8. What strengths do you have that will help you be a great Peer Support Specialist?

9. Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do ***not*** include things that you do to maintain your own recovery.

10. One key to recovery is the use of natural supports in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training?

11. How are you maintaining your recovery today?

Part VI – Current & Previous Employment/Volunteer Experience

12. Are you currently employed as a Peer Support Specialist: ☐Yes ☐No – *see B and C below*

A. If yes, please have employer fill out form on page 7.

What is your job title? _____

Name of Employer? _____

How many hours do you work a week? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

Employer's Contact Information_____

_____

B. If no, are you looking for work as a PSS? _____

C. If no, are you currently working in another capacity?

What is your job title? _____

Name of your employer? _____

May we contact your employer? ☐ Yes ☐ No

Employer's contact information: _____

Please list your other work experience for the past five years beginning with your most recent job held previous to the one listed in #3 above. If you were self-employed, provide business name. *Attach additional sheets if necessary.*

Employer or Volunteer Agency	Position/Title	Location

Please list 3 professional and personal references (not related to you):

Name	Telephone number

I certify 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 have a minimum of eighteen months demonstrated continuous and current recovery before applying for certification.** I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways which did not abuse, neglect, or exploit any consumer or family member situation in my role as a Peer Support Specialist. All personal information provided in this form will remain confidential and data will only be used in graphs creating a non-identifying profile of those completing the certification process.

Signature of Applicant _____ Date_____