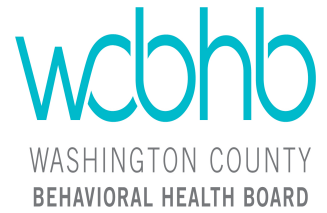




Peer Recovery Supporter Training Application



We're glad you are applying for Peer Recovery Supporter (PRS) training. 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:

PRS Training Only

- I have personal lived experience with mental health and/or substance use disorder
- I want PRS training
- If I want to become a Certified Peer Recovery Supporter, this training will fulfill the 40-hour in-person training requirement.

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 (willingness to share your recovery story AND personal lived experience with Mental Health and/or Substance Use Disorder are required to take this training):

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 need reasonable accommodation(s) for the training and/or exam.

If yes, please explain:

Please answer the following:

Describe your recovery journey:

Why are you interested in becoming a Peer Recovery Supporter?

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 to take the OhioMHAS 40-hour PRS training)

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 the 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 and date:

Please save a copy of this application to your desktop, attach it to an email and send to :

tplaugh@wcbhb.org

Submit via mail to:

OR

**The Washington County Behavioral
Health Board ATTN: Tara Plaugher
1115 Gilman Avenue
Marietta, Ohio
45750**