

**RECOVERY SUPPORT SPECIALIST
TRAINING PROGRAM APPLICATION**

Please return the following application to:

Amber Guerrero
ODMHSAS
1200 NE 13th,
Oklahoma City, OK 73117
Fax: 405-522-8661

If you would like for a representative from your organization to be able contact us to reschedule or cancel training on your behalf, please complete the contact information line in the employment section of the application. All other correspondence regarding your application, etc. will need to be with you directly.

Identification Information

Last Name: _____ **Date:** _____

First Name: _____ **Middle Initial:** _____

Home Information

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: (_____) _____ **Cell phone:** (_____) _____

Email: _____

Employment Information

Current Place of Employment: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (_____) _____ **Ext:** _____

Email: _____

Agency Contact: _____

Volunteer Information (if applicable)

Current Volunteer Organization *(if different from employment)*: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (____) _____ **Ext:** _____

I will need the following accommodations at trainings (e.g. large print handouts, accessible room, diet...)

Education Information

Highest level of education:

GED

High School Diploma

Some College

College Degree _____

Post Graduate _____

Other Credentials: If you possess professional licenses or certificates issued by Oklahoma or other states, provide license or certificate title, number, state issuing and expiration date.

Additional Information

Have you ever been convicted of or plead guilty or no contest to a felony or misdemeanor?

If yes, please explain and provide dates of occurrences

Have you ever had a certification or licensure revoked due to misconduct or failure to adhere to the requirements of such?

yes no

If yes, please explain and provide dates

Statement of Understanding:

The minimum qualifications to be credentialed as a Recovery Support Specialist are:

1. High school diploma or GED
2. In recovery from mental illness, substance abuse addiction or both (“lived experience”)
3. Be willing to self-disclose your experience and your recovery story
4. Be either employed or volunteering at a mental health or substance abuse service provider or an advocacy agency.

I understand and affirm that I meet ALL of the above qualifications. I further understand that this is a job training course for which I will receive credentials as a Recovery Support Specialist after completing a final examination. Taking this course or becoming credentialed does not guarantee me a job. Applicants may be subject to OSBI background checks by ODMHSAS.

By signing and submitting this application, applicant assures all information contained herein is accurate and current.

(Print Name Clearly)

(Signature)

(Date)

Please answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. This is not a test with right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Recovery Support Specialist. If you need additional space for your answers, attach a separate sheet of paper.

1. Why do you want to become a Recovery Support Specialist (RSS)? _____

2. Why do you think it might be important for a RSS to tell his/her recovery story? _____

3. What will be your most difficult challenge in attending a week-long training? How will you deal with this challenge? _____

4. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time? _____

5. What makes you a good candidate to work with other consumers in the mental health field? _____

6. What does recovery mean to you? _____

7. What were the important factors in your own recovery? _____

8. What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began or the work you are doing now. Be specific _____

Any other information you would like to add about your experience. _____

DEMOGRAPHIC INFORMATION

Note: Completion of this form is voluntary therefore information from this form, nor your choice not to complete the form, will impact the evaluation of your application to the Recovery Support Specialist Training Program.

Name: _____

Gender: Male Female Transgender

Race: American Indian
Asian
Black/African American
Native Hawaiian or other Pacific Islander
White/Caucasian
Hispanic/Latino
Other _____

Primary Diagnosis:

- Thought Disorder
- Mood Disorder
- Anxiety Disorder
- Other _____
- Addiction
- Co-occurring (MI & SA)