



Adult Peer Support Specialist Training Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

I completed High School and hold a High School Diploma OR I completed my GED coursework and hold my GED Certificate.

YES NO
☐ ☐

I am over the age of 18? YES NO

I have a primary diagnosis of a Behavioral Health/ Substance Abuse Disorder.

YES NO
☐ ☐

I have received treatment for my Mental Health/ Substance Use Diagnosis.

YES NO
☐ ☐

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐



References

Please list one references that can attest to your readiness to work in the field.

Attach a reference letter from that person answering the following questions.

How does the applicant demonstrate recovery from their mental health or substance use disorder?

Why would the applicant make a good peer support specialist?

Full Name: _____ Relationship: _____

Company _____ Phone: _____

Address: _____

Short Essay Questions

Why do you want to become a Peer Support Specialist?

What services and support were important to you during your recovery?

Why do you feel it is important for Peer Support Specialists to share their stories of recovery with others?

Please provide High School/GED or College degree.