

## North Carolina Peer Support Specialist Training Overview of Peer Support Specialist Training

- The content of Camino Peer Support Specialist Training has been approved by the Behavioral Healthcare Resource Program (BHRP) and North Carolina Division of Mental Health Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS).
- Peer Support Specialist Training is a 50-hour training course. Participants must be present and participate for all scheduled 50 hours to be considered for certification.
- Participants are required to participate in the training through lectures, group activities, role-playing and take-home homework activities. You will also be required to share your personal recovery story.
- Participants who were present for the entire training will be awarded a certificate of completion.
- To be able to apply for your state certification, the trainee must pass the exam at the end of the training. The trainee can request another opportunity, within a designated period, to retake the exam if they do not pass the first time.
- Completion of this training does not guarantee that the participant will be hired as a Peer Support Specialist. The participant will be responsible to apply and seek employment with applicable providers within their communities. Training topics include Role of Peer Support Specialist, Substance Abuse and Co-Occurring Disorders, Recovery Tools, Cultural Diversity, Workplace Skills, and Peer Support Code of Ethics.
- Maximum class size is 15 participants. Minimum class size is 5 participants.
- Qualifications to take Peer Support Specialist training
  - 18 years or older
  - Have lived experiences in recovery from a significant mental health or substance use disorder
  - Have been in recovery for at least 12 consecutive months
  - Have at least a high school diploma or equivalent Submission Instructions
- Completed applications should be received no later than 30 days prior to the next scheduled training. If the application is not received 30 days prior, you will be notified and placed “on-hold” until the next scheduled training.
- Completed applications should be emailed to: [dorelclaytoncpsstrainings@gmail.com](mailto:dorelclaytoncpsstrainings@gmail.com)
- Applications that are approved to move forward with the training, will be notified no later than 14 days prior to the next scheduled training.

## North Carolina Peer Support Specialist Training Application

Date of application: \_\_\_\_\_ Date of training: \_\_\_\_\_

Location of training: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Why are you interested in becoming a Peer Support Specialist? (500 characters max)

---

---

---

---

---

---

---

---

Do you consider yourself in recovery? If so, how long? (500 characters max)

---

---

---

---

---

---

---

---

Describe your recovery experience from substance use, mental health challenges or both.

(500 characters max)

---

---

---

---

---

---

---

---

Keeping in mind that sharing your story of lived experience can be very emotional, describe how you are willing and able to share your lived experience, as a tool, with others.

---

---

---

---

---

---

---

---

What strengths do you have that would make you a good Peer Support Specialist?

---

---

---

---

---

---

---

---

Have you applied to attend a Peer Support Specialist Training anywhere else? If so, where, and when?

---

---

---

**I attest that I understand that I must have lived experience of a mental health and/or substance use disorder to receive the North Carolina's Certified Peer Support Specialist Certification.**

Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### **Cancellation Policy**

- Each class must have a minimum of five participants present on the first day of training. If less than five people are present, the class will be canceled, and payment will be refunded.

#### **Refund Policy**

The trainer will provide a full and complete refund to a training participant if any of the following occur:

- A class is canceled in advance by the course owner; the participant has the option to attend the next scheduled training.
- A class cannot be completed by the training entity due to unforeseen circumstances (e.g., weather event, sickness, etc.);
- A training participant withdraws in writing at least three weeks before the first day of class, No Exceptions; or
- Other unforeseen circumstances where justice requires a refund (extenuating medical circumstances where immediate communication is not available)

Refunds will be issued and sent out to a training participant within ten business days of notice of withdrawal or class cancellation.

#### **Submission Instructions**

- Applications must be completed, prior to being reviewed and approved to attend a training.
- Completed applications should be received no later than 30 days prior to the next scheduled training and emailed to: dorelclaytoncpsstrainings@gmail.com.

If the application is not received 30 days prior, you will be notified and placed "on-hold" until the next scheduled training.