

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:		

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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been living in sobriety for at least six months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am willing to appropriately share my recovery story. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a personal lived experience with Mental Health. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a personal lived experience with Substance Use Disorder. |
| <input type="checkbox"/> | <input type="checkbox"/> | I need reasonable accommodation(s) for the training and/or exam. |

If yes, please explain:

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 offenses.

1. 2903.01 - aggravated murder	19. 2907.21 – compelling prostitution
2. 2903.15 - permitting child abuse	20. 2907.22 – promoting prostitution
3. 2903.16 – failing to provide for a functionally impaired person	21. 2907.31 – disseminating matter harmful to juveniles
4. 2903.21 – aggravated menacing	22. 2907.32 – pandering obscenity
5. 2905.32 – human trafficking	23. 2907.321 – pandering obscenity involving a minor
6. 2905.33 – unlawful conduct with respect to documents	24. 2907.322 – pandering sexually-oriented matter involving a minor
7. 2903.34 – patient abuse and neglect	25. 2907.323 – illegal use of minor in nudity-oriented material or performance
8. 2903.341 – patient endangerment	26. 2907.33 – deception to obtain matter harmful to juveniles
9. 2905.04 – child stealing (as it existed prior to July 1, 1996)	27. 2909.22 – soliciting/providing support for act of terrorism
10. 2905.05 – criminal child enticement	28. 2909.23 – making terrorist threat
11. 2907.02 – rape	29. 2909.24 – terrorism
12. 2907.03 – sexual battery	30. 2913.40 – Medicaid fraud
13. 2907.04 – unlawful sexual conduct with a minor (formerly corruption of a minor)	31. 2919.22 – endangering children
14. 2907.05 – gross sexual imposition	32. 2925.02 – corrupting another with drugs
15. 2907.06 – sexual imposition	33. 2925.23 – illegal processing of drug documents
16. 2907.07 – importuning	34. 2925.24 – tampering with drugs
17. 2907.08 – voyeurism	35. 2925.36 – illegal processing of drug samples
18. 2907.12 – felonious sexual penetration	36. 3716.11 – placing harmful objects in food or confection

Please verify the following statements about the information in this application (initial each and sign):

_____ I verify I do not have a disqualifying offense.

_____ 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 verify I have given true, accurate, and complete information on this form to the best of my knowledge.

_____ I verify that I have included one Personal Reference and one Professional Reference with my application.

_____ I verify I have included proof of the completion of the eleven-hour e-based Peer Support Courses.

Print name: _____

Signature: _____ Date: _____

Please submit this application form, two reference forms and proof of e-based training completion to:

Melanie Swisher
Paint Valley ADAMH Board
394 Chestnut Street
Chillicothe, Ohio 45601