

# **TRAINING ANNOUNCEMENT**

Title:	FAVOR Piedmont Recovery Training Academy: Certified Peer Support Specialist / Recovery Coach Training	
When:	November 11-15, 2019 Registration starts at 8:00 a.m. The training starts at 8:30 a.m. and ends at 5:00 p.m. each day.	
Where:	White Oak Conference Center, 633 Mobley Highway, Winnsboro, SC 29180	
Who Should Attend:	People in recovery who are interested in becoming a Certified Peer Support Specialist (CPSS) must apply through DAODAS for initial screening.	
Prerequisite:	High school diploma or GED. Strong reading comprehension and written communications skills. In recovery from alcohol and other drug addiction, with two years of continuous recovery. Willingness to self-identify as a person in recovery for the benefit of others, demonstrated participation in advocacy, and/or a strong interest in helping others. Agree to respect and observe the Recovery Training Academy Code of Ethics.	
Description:	The FAVOR Piedmont Recovery Training Academy provides a five-day training opportunity designed for those individuals interested in actively serving as a Certified Peer Support Specialist (CPSS) / Recovery Coach. A CPSS / Recovery Coach is anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seeking or maintaining recovery. The training will provide participants with a comprehensive overview of the purpose and tasks of a CPSS / Recovery Coach and will explain the various roles associated with a CPSS / Recovery Coach. The training will provide participants with tools and resources useful in providing recovery support services.	
Objectives:	<ol> <li>Learn the roles and functions of a Certified Peer Support Specialist / Recovery Coach</li> <li>Build skills to enhance relationships</li> <li>Discuss co-occurring disorders and medication-assisted recovery</li> <li>Describe stages of change and their applications</li> <li>Address ethical issues and experience wellness planning</li> <li>Practice skills and documentation training</li> </ol>	
Trainers:	Bob Rice, CPSS; Bobby Brazell, CPSS, CAI; Alan Lyme, LCSW, ICCS, ICADA; Julie Cole, LMSW, CACII, MAC	
Contact:	Hannah Bonsu, DAODAS, 803-896-4198 or hbonsu@daodas.sc.gov	
Credit:	40 hours for certifications as a Certified Peer Support Specialist / Recovery Coach	
Cost:	<b>Registration</b> - \$125.00 <i>(includes tuition, books, and meals from Nov. 10 through Nov. 15)</i> If you wish to lodge at White Oak (Nov. 10-15), an additional fee of \$200.00 is required. Payment is not due until applicant is accepted for the training following the initial screening interview. At that time, checks should be made payable to "FAVOR Piedmont."	
<b>Application Deadline:</b>	November 1, 2019	
	Completed applications – including writing sample, reference letters, signed Code of Ethics – must be submitted by the deadline to:	
	Jimmy Mount, DAODAS, PO Box 8268, Columbia, SC 29202 (fax: 803-896-5557, e-mail: jmount@daodas.sc.gov)	

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) does not discriminate against any person on the basis of sex, race, color, religion, national origin, ancestry, age, marital status or disability.

#### A. GENERAL STATEMENT OF ELIGIBILITY & PRIORITY

People in recovery who are interested in becoming a Certified Peer Support Specialist (CPSS) must apply through DAODAS for initial screening.

#### B. QUALIFICATIONS

The *minimum* qualifications to be certified as a CPSS are:

- 1. High school diploma or GED
- 2. Strong reading comprehension and written communication skills as indicated by responses during the application process
- 3. In recovery from alcohol or other drug addiction, with two years of continuous recovery
- 4. Willingness to self-identify as a person in recovery for the benefit of others
- 5. Demonstrated participation in advocacy and/or a strong personal interest in helping others
- 6. Agree to respect and observe the Recovery Training Academy Code of Ethics (*Please sign and return with application.*)

С.	PERSONAL INFORMATION	DATE OF APPLICATION:	Yrs. in Recovery:
ς.		DATE OF ALLENATION.	

Name:			
Last	First	Mid	dle
Address:			
Street / Apt.	City	State	ZIP Code
Contact Information:			
()	( )		
	Cell Phone	E-mail	
Gender (for rooming purposes):			
Employer:			
Is Employer a provider of Medicaic	-billable services?		
Name of Supervisor:			
Is Employer supportive of RTA par	ticipation?		
Explain:			

#### D. WRITING SAMPLE

Each applicant must submit a writing sample explaining *why he/she should be selected to participate in the Recovery Training Academy. Please include your value system, the leadership skills that you possess, your ability to demonstrate and promote recovery, any advocacy or work done in the community, and what the Recovery Training Academy Code of Ethics means to you.* This essay should be no more than *one (1) page, single-spaced, in a 12 pt. font,* and must be completed by the candidate and submitted with the application.

#### E. EDUCATION

	Name and Location of School or Program	Graduate? Degree?	Subject(s) of Study
High School/GED			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

## F. <u>REFERENCES</u>

Applicants must verify that they have at least two (2) years of sustained recovery. Each applicant must submit two (2) reference letters that will attest to the candidate's appropriateness for certification through the Recovery Training Academy. The letters should also comment on the applicant's years of recovery by addressing the length of recovery and any activities such as volunteer work, sponsorship, etc., that the applicant pursues surrounding recovery. This verification letter can come from a sponsor, counselor, accountability partner, faith leader, friend, or co-worker. One reference should identify as being a person in long-term recovery. At least one must specifically address the candidate's understanding and belief in recovery and the ability to convey such to others.

	Name of Reference	Relationship to You	Years Known	Contact Information
1.				
2.				

## **Additional Information**

- Recovery Training Academy applicants must adhere to any personnel rules or guidelines as determined by their employers.
- Supervisors are invited to attend the session on Day 4.
- Upon completion of the training, applicants must pass a written exam (minimum passing score is 70 out of 100), which will be administered in Columbia (exact location, time and date to be determined). Applicants will also be evaluated by the trainers in areas of participation, understanding, belief in and respect for the many pathways to recovery, and demonstrated skills to convey such to others. Applicants must receive an overall satisfactory rating from the trainers.
- ◆ My supervisor will be attending Day 4: □Yes □No
- ◆ I will be taking advantage of the optional lodging arrangement: □Yes □No

# FAVOR Piedmont Recovery Training Academy Ethical Behavior Code

- 1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery.
- 2. Recovery is guided by self-determination. I assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
- 3. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve.
- 4. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
- 5. I will act in accordance with the law.
- 6. I affirm the dignity of each person that I serve.
- 7. I provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make a referral to another recovery support.
- 8. I never use physical force, verbal abuse, or emotional abuse; intimidate; threaten; harass; or make unwarranted promises of benefits.
- 9. I share my lived experience to help others identify resources and support that promote recovery.
- 10. I respect the privacy of those I serve, and I will abide by confidentiality guidelines as required by law.
- 11. I never engage in sexual or intimate relations with peers that I serve.
- 12. I do not accept gifts of significant value from peers that I serve.
- 13. I do not lend or borrow from the peers that I serve.
- 14. I improve my recovery service knowledge and skills through ongoing education, training, and supervision as determined by my employer.

The above principles will guide me in my role as a Certified Peer Support Specialist / Recovery Coach as well as my relationships and the levels of responsibility in which I function.

Signature

Date

Printed Name