



**PRCI**  
**Peer Recovery Support Specialist (PRSS)**  
**and Recovery Support Peer Specialist (RSPS)**  
**Training Application**

**ELIGIBILITY REQUIREMENTS**

- Age 18 or older.
- 1 year of lived experience in recovery from a substance use or a co-occurring substance use and mental health condition.
- Desire to utilize lived experiences to help others with their recovery process.
- Willingness to publicly identify as a person in Recovery from a substance use or co-occurring substance use and mental health condition.

**REGISTRATION FEES AND EXPENSES FOR INITIAL 6-MONTH CERTIFICATION**

- \$80 fee per applicant for the RSPS 6-hour Core Training, payable to Communities for Recovery. Scholarships may be available for eligible applicants – please inquire for further information. (See contact info below)
- \$425 fee per applicant for the RSPS Supplemental 46-hour training, payable to Communities for Recovery. Scholarships may be available for eligible applicants – please inquire for further information. (See contact info below)
- \$320 fee per applicant for the PRSS 46-hour training, payable to Communities for Recovery. Scholarships may be available for eligible applicants – please inquire for further information. (See contact info below)
- Fees do not include travel to and from the training, overnight accommodations, lunch, evening meals, or any other incidental expenses.
- A light breakfast, snacks, water, & coffee are provided.

**APPLICATION AND PARTICIPATION REQUIREMENTS**

- The application must be completed in its entirety and submitted online to [training@cferr.org](mailto:training@cferr.org).
- If an applicant intends to certify as an RSPS, they must agree to complete the RSPS 6-hour Core Training and assessment, review and attest to the HHSC orientation and attend and actively participate in a total of 40 classroom hours and 6 self-paced hours. PRSS applicants must actively participate in a total of 40 classroom hours and 6 self-paced hours.
- Attendees will participate in discussion and role-plays utilizing personal experiences as individuals in recovery.

**SELECTION PROCESS**

- Selection is based primarily on information provided in this application. A telephone interview may also be conducted by Communities for Recovery.
- Completing the application does not guarantee acceptance to the training.
- Applicant's proof of a high school diploma or GED may be requested.

**ADDITIONAL INFORMATION**

- The RSPS Initial 6-Month Certification consists of the 6 hour Core Training and the 46 hour Supplemental Training and are the necessary first steps to RSPS designation/certification. The following next steps are required to complete the RSPS certification process.
  - RSPS Certification requirements include 25 hours of supervision, 250 hours of work or volunteer experience, and the successful completion of the IC&RC International Peer Exam. Hours are to be obtained after receiving the Initial Certification.
  - Additional information and clarification of this process may be found at [www.tcbap.org](http://www.tcbap.org).



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- The PRSS 46 hour Training is the necessary first step to PRSS designation/certification. The following next steps are required to complete the RSPS certification process.
  - PRSS Certification requirements include 25 hours of supervision, 500 hours of work or volunteer
  - Additional information and clarification of this process may be found at [www.tcbap.org](http://www.tcbap.org).
- The PRCI is not designed for clinicians and does not have any level of clinical training for the purposes of providing clinical CEUs or any other State of Texas licensure requirements.
- Only those with lived experience are eligible to become a Peer Recovery Coach following completion of the PRCI.

**CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: Texas Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT CHECKLIST:**

\_\_\_\_\_ I am 18 years or older

\_\_\_\_\_ I have a High School Diploma or GED

\_\_\_\_\_ I am a Texas Resident

\_\_\_\_\_ I identify myself as a person who has lived experience in recovery from substance use or a co-occurring substance use and mental health condition.

\_\_\_\_\_ I have a minimum of one continuous year of recovery from substance use/alcohol and am able to manage my own wellness.

\_\_\_\_\_ My recovery date is: \_\_\_\_\_

\_\_\_\_\_ I agree to disclose that I have a substance use or co-occurring substance use and mental health condition for the purpose of educating, role modeling and providing hope to others seeking recovery about the reality that people recover.

\_\_\_\_\_ I identify as a person who has lived experience as an ally and/or family member of a person with a substance use or co-occurring substance use and mental health condition.

\_\_\_\_\_ I have completed the 6-hour Core Training, passed the assessment and reviewed and will attest to reviewing the HHSC self-assessment.



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Are you (choose all that apply)

- In recovery
- Not in recovery, but a recovery ally
- Licensed addiction professional
- Family/friend of someone in recovery
- Other:

1. Tell us briefly about your recovery story (limit of 150 words)

2. Briefly, what is your concept of the role of a Peer Recovery Coach (PRC)?

3. Why do you want to become a Peer Recovery Coach? \_\_\_\_\_  
\_\_\_\_\_

4. What is your purpose for taking this training?

- I am going to pursue / am pursuing the certification credential  
Where will you complete your TCB required hours?

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

- I am going to pursue / am pursuing the designee credential (if residing in Texas)  
Where will you complete your TCB required hours?

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

- I do not plan to pursue a recovery coach credential
- Other: \_\_\_\_\_

Date Rec'd _____
Pmt. Rec'd _____
Scholarship _____

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5. Are you currently volunteering or working at an organization that provides Recovery Support Services?
- No, I am planning to use my Recovery Coach Training to: \_\_\_\_\_

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  - Yes, I will be working/volunteering at:  
Organization: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

6. What personal qualities do you possess that make you effective in working with other people in recovery from substance use OR co-occurring substance use and mental health conditions?

7. What factors were/are important and helpful in your own recovery? Who and/or what has played an important role in your recovery?

8. What prior peer recovery related training have you had (e.g. WRAP, DBSA, Via Hope Peer Specialist, Intentional Peer Support, NAMI Peer to Peer, Focus for Life, etc.?)

9. What specific experiences have you had in assisting people with Substance Use or Co-occurring Substance Use and Mental Health Conditions (i.e. leading support groups, self-advocacy, program involvement, public testimony, etc.)? Did this include sharing your recovery story?

10. In addition to your personal experience, what other ways can people experience/find recovery?

Date Rec'd _____
Pmt. Rec'd _____
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11. Are you fluent in any other language(s) besides English? If so, which ones?

Verbal \_\_\_\_\_ Written \_\_\_\_\_

12. Are reasonable accommodations for a disability needed? Yes  No  If yes, please describe:

13. If there is anything else you wish to share, such as experience of trauma or life disruptions, please do so at your comfort?

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**REQUIREMENTS CHECKLIST – Please initial all requirements to be considered**

\_\_\_\_\_ I will attend and actively participate in all 40 classroom hours and 6 self-paced hours of this training. I will not miss any hours of this training.

\_\_\_\_\_ I will participate in discussion and role-plays utilizing my personal experiences and sharing my story.

\_\_\_\_\_ I have completed the 6-hour Core Training and assessment, reviewed the HHSC self-assessment and will attest to such.

**Please sign below if you have read and understand what is expected of all applicants, and to verify all information you have provided is true and correct.**

**By signing and submitting this application I acknowledge that my role as a Peer Recovery Coach is and must be completely separate from any other role, including that of clinician or sponsor. I also acknowledge that recovery is self-guided and that my role as a Peer Recovery Coach may include assisting others on their chosen path, whether that includes abstinence-based, medication-assisted, harm reduction, or any other path to recovery.**

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

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Please make your check payable to *Communities for Recovery* or pay online at  
Submit application via mail or email to:

**Peggy Robinson**

Training and Leadership Coordinator

**Melissa Knight**

Training and Leadership Administrator

Mail To: **Communities for Recovery**  
**4110 Guadalupe Street, Bldg. 635**  
**Austin, TX 78751**

PHONE: 512.758-7555

PHONE: 512.657-0091

EMAIL: training@cforr.org

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<b>Demographic Information</b>	
<b>Gender</b>	<b>Ethnicity/National Origin</b> <small>(check all that apply)</small>
<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Other _____ <input type="radio"/> Choose not to disclose	<input type="radio"/> African American/Black <input type="radio"/> American Indian/Alaskan <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Caucasian/White <input type="radio"/> Choose not to disclose
	Are you Hispanic or Latino(a)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Choose not to disclose
<b>Veteran</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Disabled Veteran	<input type="radio"/> Choose not to disclose