



## **Vaya Health (formerly Smoky Mountain LME/MCO) North Carolina Peer Support Specialist Training Program Application**

### **About this Training**

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Vaya Health's North Carolina Peer Support Specialist training is a 40-hour program scheduled on five days. A brief graduation ceremony will be held on the afternoon of the final training day. Our current training curriculum meets the criteria set forth by the state of North Carolina.

*To receive a completion of training certificate, students must be present and participate on ALL of the scheduled days and hours. If you are unable to attend all hours, please do not apply at this time. Students who do not complete all 40 hours will not earn the certificate of completion, which is required for NC Peer Support Specialist Certification.*

This training involves lectures and group activities. The group activities require respect and support. The trainers will utilize class participation, involvement in group activities, as well as general attendance to assess readiness to deliver peer support services in a professional setting. In addition to providing education to participants, there will be skill-building through role plays, take-home activities, and sharing of personal recovery experiences related to overcoming mental health and/or addiction challenges.

**While we anticipate that there will be employment opportunities throughout the state for certified peer specialists in the coming years, and this course will provide you with the North Carolina state-required training for those positions, completing this course provides NO guarantee of employment.** You are responsible for applying for available positions and utilizing the necessary community supports for job-seeking skills you may need.

\* You are required to have a minimum of **nine (9) months** of demonstrated, sustained recovery to be eligible for this training.

\* To become a North Carolina Certified Peer Support Specialist, you must have a minimum of **one (1) year** of demonstrated, sustained recovery.

## Your Application

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Date of this application: \_\_\_\_\_

For which PSS class are you applying? Date: \_\_\_\_\_ Location: \_\_\_\_\_

Classes fill quickly and there is often a waiting list. Are you open to attending classes in other locations? \_\_\_\_\_

Your first and last name: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Your county of residence: \_\_\_\_\_

Your email address: \_\_\_\_\_

*\*If you do not have an email address, we strongly recommend obtaining one as we will communicate heavily before, during and after training via email.*

Your telephone number: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Name and phone number for emergency contact: \_\_\_\_\_

In what counties are you interested in working as a Peer Support Specialist?:

\_\_\_\_\_

Your answers to the following questions will help the review committee choose between multiple applicants, so please fully answer all questions. You may attach additional sheets as necessary.

1. How did you hear about this training?

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\_\_\_\_\_

2. Can you identify yourself as a person who has received or is receiving services for mental health and or a substance use disorder? \*Note: Having received professional services is not a requirement. Please explain:

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3. Are you willing to openly share your lived experience with others?  Yes  No

4. Have you completed the WRAP® (Wellness Recovery Action Plan®) class or correspondence course?  Yes  No Do you have a WRAP®?  Yes  No

5. Are you self-described as being in “recovery”?  Yes  No

If so, how long have you been in recovery? \_\_\_\_\_

6. Describe what has been helpful in your recovery. What tools do you use in your daily life?

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7. What does recovery mean to you? What factors are important in your own recovery?

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**8. Would you be able to support someone whose idea or pathway of “recovery” is different than yours? (Explain)**

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**9. Peer specialists are models of recovery for others. In what ways do you demonstrate recovery and goals geared towards a full and meaningful life in the community?**

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**10. Tell us how you use natural supports (unpaid supports, such as friends, family, etc.) in your recovery.**

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**11. Please share why you are interested in peer support services and the possibility of working as a Certified Peer Support Specialist.**

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**12. Describe what strengths you may bring to a Peer Support position (s) and what skills you feel you need to develop.**

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**13. This training is an intensive course built on interaction and sharing of behavioral health experiences. What will be your greatest challenge in attending the training and how will you address this challenge?**

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By signing below, I certify that I understand the above information and, if selected, plan to be present and actively participate in the Vaya Health's Peer Support Specialist Training Program.

Further, I give permission for the trainer to contact my references to verify the information provided.

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

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

Thank you for your application. Program participants will be selected based upon qualifications and availability. Two reference letters are required (see attached letter form). Please note your relationship to the person providing the reference. The letters may be submitted by former or present employers, teachers, volunteer supervisors, clergy, or staff who have provided your services, treatment or who may testify to your qualifications.



Your application **MUST** be submitted in its entirety, including both reference letters and with all questions answered completely to be considered for this class.

**Please mail your completed application and references to:**

Vaya Health/Smoky Mountain  
Attention: Peer Support Training  
408-B Spaulding Road  
Marion, NC 28752  
PSSTraining@vayahealth.com

There is a \$30 fee for this training to cover the cost of our materials. Please do not send payment with your application. Upon selection, you will be asked to send payment.