



Recovery Support Specialist Training By ADVOCACY UNLIMITED, INC.

Advocacy Unlimited, Inc.
2075 Silas Deane Highway
Rocky Hill, CT 06067
Phone: 860-505-7581
Fax: 860-259-5731

Email: rssct@AdvocacyUnlimited.org

This is an 80-hour certification program for persons with a psychiatric history. Upon successful completion of the course, and exam, graduates will receive their state certification as a Recovery Support Specialist. This certification qualifies graduates to deliver peer services at state funded mental health service organizations.

Recovery Support Specialist Application Checklist and Instructions

Please check off that you understand each item in the checklist.

Only complete applications will be considered.

- ☐ **Application Form:** Please complete the entire application prior to submitting it to Advocacy Unlimited.
- ☐ **Fees:** AU is not accepting payment prior to acceptance in the class, please see payment schedule below.
- ☐ **Legal Requirements:** AU will only accept applications that are (i) complete; (ii) use full names and not nicknames or initials; and (iii) are signed as required.
- ☐ **Legibility:** AU will only accept applications that are typed or handwritten legibly in blue or black ink.
- ☐ **Letter of Reference:** One letter of reference should be attached to this application.
- ☐ **Manner of Delivery:** AU will accept applications by postal mail, delivery service, in person, faxed, scanned and emailed. Signature required.
- ☐ **Fee Schedule: (\$200)** (Checks or Money Orders can be made out to Advocacy Unlimited, call for information to process credit card payment)

All fees are **non-refundable** unless otherwise stated here.

Application Processing Fee (due when you receive your acceptance letter):	\$ 25.00
Recovery University Course Fee:	\$100.00
Certification Exam Fee* (due 30 days before the Exam):	\$ 75.00

Total: \$ 200.00

****If instructions are not followed correctly, the application will not be considered.****

- ☐ I certify that I have read the instructions above and have included all specified items from the checklist in my application, Signed: _____

Applicants should follow all instructions and contact our office with any questions.



Recovery Support Specialist Training APPLICATION

Please read the Application carefully before completing it.

Applicant Information		
Name (Last, First, MI)		Date:
Street Address:		Apt./Unit:
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail Address
Best time to call:	Can we leave a message?	Are you at least 18 years old?
<p>Do you need any accommodations to fill out the application, take the course or the Certification Exam? (If yes, explain briefly. Please provide the name and contact info .)</p> 		
<p>In order to be certified as a "Recovery Support Specialist," the state of Connecticut requires that you must have had direct, lived experience of receiving mental health services and/or mental health hospitalization over the course of your life and that these experiences have seriously impacted your life and relationships for an extended time.</p> <p>Do you meet this requirement? Yes _____ No _____ Please explain.</p> 		
<p>Do you have direct, lived experience of addiction or receiving addiction services? Yes _____ No _____ Please explain.</p> 		
<p>You must also be willing to use your lived expertise as part of your role as a Recovery Support Specialist. Do you meet this requirement? Yes _____ No _____</p>		
<p>Please answer the following questions to the best of your ability. This is not a "test" about right and wrong answers. Your responses will help us get to know you and will assist us in selecting qualified applicants. <u>If you need more space please write your answers on a separate piece of paper and submit them along with this application.</u> If you handwrite your answers, please make sure they are readable.</p>		

Questionnaire

Please answer the following questions to the best of your ability with at least 3-5 sentences. This is not a “test” about right and wrong answers. Your responses will help us get to know you and will assist us in selecting qualified applicants. If you handwrite your answers, please make sure they are readable.

1. Why do you want to become a Recovery Support Specialist? Please explain.

2. What about your lived experience makes you a good candidate for the role of a Recovery Support Specialist? Please explain.

3. What experiences other than “traditional” mental health services have been important in your recovery journey? Please explain.

4. Based on your own experience, what would you change about the mental health system? Please explain.

5. How have your experiences shaped how you connect and engage with people from diverse backgrounds and experiences? Please explain.

Letter of Recommendation

Please note that a letter of recommendation is **required** to be submitted with your application. It is your responsibility to make sure that we receive the letter of recommendation on time. **If no letter is provided then the application will be considered incomplete and will not be considered.**

Name of Recommender: (If applicable, state place of employment and position)

Phone:

Education

Do you have a High School Diploma or GED equivalent ?

Yes _____ No: _____

Do you have a college or other degree? Please include university or college name and area of concentration.

Have you ever taken any college or university courses or other courses? If yes, please list any relevant courses.

Paid or Volunteer Work Experience

Company:

Phone:

Address:

Job Title:

From:

To:

Responsibilities:

Relevant Skills

Company:

Phone:

Address:

Job Title:

From:

To :

Responsibilities:

Relevant Skills

Please List the training that you have attended that may be relevant to your role as a Recovery Support Specialist.

Training Attended	Topics Covered	Date (s)	Who Provided the Training?

Disclaimer and Signature

Please initial all items below to indicate your understanding of each:

_____ I certify that I have direct lived experience of receiving mental health services and/or mental health hospitalization over the course of my life and that these experiences have seriously impacted my life and relationships for an extended time.

_____ I understand that participating in the RSS CT training DOES NOT guarantee me employment or a volunteer position.

_____ I understand that it is the responsibility of the agency where I am hired to conduct background checks based on their established criteria. Advocacy Unlimited, Inc. does not perform background checks. Having the RSS certification DOES NOT guarantee employment by an agency.

_____ I understand the payment schedule and agree to pay the payments necessary to obtain an RSS certificate.

_____ I understand that any false or misleading information in my application or interview may result in my dismissal from the Recovery Support Specialist Training, and in possible termination of my Certification as a Recovery Support Specialist.

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:



Recovery Support Specialist Training Optional Demographic Information

In an effort to ensure that our class is as diverse as possible, we are interested in the following information:

Orientation:

Heterosexual ____ Gay ____ Lesbian ____

Bisexual ____ Queer/Questioning ____ Other: _____

Gender: Select any that apply.

Man ____ Woman ____ Non-binary ____ Other: _____

Transgender ____ Cisgender ____

Race/Ethnic Data: Select any that apply.

____ Black not of Hispanic origin (persons having origins in any of the black racial groups of Africa)

____ Hispanic (persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race)

____ White not of Hispanic origin (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

____ American Indian or Alaskan Native (persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)

____ Asian or Pacific Islander (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa)

____ Other: _____

Age Group:

18-29 ____ 30-39 ____ 40-55 ____ 56-65 ____ 66+ ____

Military Service:

Are you a veteran, a spouse of a veteran or an unmarried surviving spouse of veteran?

Yes ____ No ____

If you are a veteran, were you discharged honorably or released under honorable conditions?

Yes ____ No ____