



Community Health Worker / Certified Recovery Specialist Training Application

- **APPLICANTS REQUIRED TO COMPLETE APPLICATION WITHOUT ASSISTANCE FROM OTHERS**
- **\$35 Application Fee is non-refundable**
- **Applying does NOT guarantee admission into training**

Date of Application: _____	
First Name: _____	Last Name: _____
Home Address: _____	
City: _____ State: _____ Zip Code: _____ County: _____	
Driver's License Number, Social Security Number or Green Card Number: (All applicants must submit <u>one copy</u> of identification with application) _____	
Primary Phone: () _____	Secondary Phone: () _____
Personal Email Address (REQUIRED): _____	
Are you a U.S. Veteran? (Circle) Yes or No Branch of Service: _____	
Are you a current resident of Indiana? (Circle) Yes or No	
Are you over the age of 18? (Circle) Yes or No	
Do you speak any other languages other than English? (Circle) Yes or No	
If yes, please list other languages: _____	
How did you hear about us? (Circle One)	
<ul style="list-style-type: none">• CHW/CRS Website• CHW/CRS Listserv• Community Health Worker Coalition• Other (Please specify) _____	



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Have you ever been certified through ASPIN as a Certified Recovery Specialist? (Circle) Yes or No

Have you completed any other type of Peer Support Specialist Training? (Circle) Yes or No

If yes, please list which training: _____

Are you currently employed? (Circle) Yes or No

If yes, where: _____

Position Title: _____

How many years of experience do you have working in the Mental Health Field? _____

How many years of experience do you have working in the Addiction Field? _____

How many years of experience do you have working in a role comparable to a Community Health Worker? _____

Highest Level of Education: (Circle)

GED High School Diploma Associates Degree Bachelor's Degree

Master's Degree Doctorates Degree



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- Are you in recovery from a Mental Health Diagnosis (Other than a substance use disorder)?
(Circle) Yes or No
 - If yes, please list your Mental Health Diagnosis: _____
 - How many years have you been in recovery? _____

- Are you currently in recovery from a Substance Use Disorder? Yes or No
 - How many years have you been in recovery? _____

- Do you intend to seek employment as a Community Health Worker/Certified Recovery Specialist in mental health or substance abuse once certified? (Circle) Yes or No

Please circle which 5 Day Community Health Worker / Certified Recovery Specialist training you would like to attend. (Select One Training Only)

1. Community Health Worker / Certified Recovery Specialist Training

5-Day Training
August 22, 2016 – August 26, 2016
Indianapolis, IN

2. Community Health Worker / Certified Recovery Specialist Training

5-Day Training
November 16, 2016 – November 20, 2016
Fort Wayne, IN

3. Community Health Worker / Certified Recovery Specialist Training

5-Day Training
March 6, 2017 – March 11, 2017
Indianapolis, IN



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Please write complete answers to the following questions without outside help. Please make sure your answers are in complete sentences and that your handwriting is clear and legible.

Please confine your responses to the spaces provided for each question.

1. What does recovery mean to you?



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2. What were the most important factors in your own recovery?

3. Why do you want to become a Community Health Worker/Certified Recovery Specialist?



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4. What makes you a good candidate to work with other consumers in recovery from a mental health issue, gambling disorder, substance use disorder or chronic health condition?

5. What types of experiences have you had in advocating for consumers of mental health services, gambling disorders, substance use disorders or chronic health conditions? Please describe in detail, listing efforts in letter writing, personal advocacy, public testimony, and program work.



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6. Describe your current employment or volunteer work. If neither applies, how do you spend your time?

7. What will be your most difficult challenge in attending the training? How will you deal with that challenge?



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8. Do you need special accommodations in order to attend training? If so, please explain.

To ensure a complete application, please also send in the following:

- \$35 money order only (made out to ASPIN)
- A copy of ID (Driver's License, State ID, Social Security Card, Green Card)
- Proof of recovery from mental illness and/or addiction via:
 - Treatment Verification Form
 - OR
 - Both the Personal Reference Form and Self-Attestation Form

INCOMPLETE APPLICATIONS WILL BE SHREDED.

Please mail all documentation to:

ASPIN
CHW Program Coordinator
8440 Woodfield Crossing Boulevard
Suite 460
Indianapolis, IN 46240

You will receive an email acknowledging receipt of your application and fee. **No phone calls, please.**

Thank you!

Your signature _____ Date: _____