



**PATHWAYS APPLICATION**  
**FOR PEER SUPPORT TRAINING**

PLEASE PRINT

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

I have received or am receiving services for treatment of mental health and/or substance abuse issues.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I have been in recovery from substance abuse for more than one year.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

I have been stable in my recovery (not hospitalized) from mental health issues for more than one year.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

I have a high school diploma or GED.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I am involved with: (please check all that apply)

\_\_\_ AA \_\_\_ NA \_\_\_ 12 Steps \_\_\_ NAMI \_\_\_ MHA \_\_\_ Celebrate Recovery \_\_\_ WRAP \_\_\_ Other-  
list \_\_\_\_\_

Please write a few sentences describing why you want to participate in the Peer Support/Specialist training program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the Peer Support training is 40 hours of classroom instruction and I must pass a written test to receive a certificate of completion. I also understand I must complete an additional 20 hours of training to receive Peer Specialist certification. I agree to complete all of these requirements and gain my certification from the UNC Behavioral Healthcare Resource Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date