



# Peer Recovery Supporter Training Application

We're glad you are applying for Peer Recovery Supporter (PRS) training. Please complete the following demographic information:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Please answer the following question:

What does recovery mean to you?

Please indicate your answer by selecting YES or NO for each of the following statements (willingness to share your recovery story AND personal lived experience with Mental Health and/or Substance Use Disorder are required to take this training)

YES

NO

I am willing to appropriately share my recovery story.

I have a personal lived experience with Mental Health.

I have a personal lived experience with Substance Use Disorder.

I need reasonable accommodation(s) for the training and/or exam.

If yes, please explain:

### Disqualifying Offenses:

Note: This is the OhioMHAS list of disqualifying offenses. It is the minimum criteria used to certify individuals as Peer Recovery Supporters. If you have ANY one or more of the following offenses, you cannot become an OhioMHAS Certified Peer Recovery Supporter. There is no waiver for these offenses.

- |  |   |
|--|---|
| 1. <b>2903.01</b> – aggravated murder  | 19. <b>2907.21</b> – compelling prostitution  |
| 2. <b>2903.15</b> – permitting child abuse   | 20. <b>2907.22</b> – promoting prostitution   |
| 3. <b>2903.16</b> – failing to provide for a functionally impaired person                  | 21. <b>2907.31</b> - disseminating matter harmful to juveniles                        |
| 4. <b>2903.21</b> – aggravated menacing  | 22. <b>2907.32</b> – pandering obscenity  |
| 5. <b>2905.32</b> – human trafficking  | 23. <b>2907.321</b> – pandering obscenity involving a minor                           |
| 6. <b>2905.33</b> – unlawful conduct with respect to documents                             | 24. <b>2907.322</b> – pandering sexually-oriented matter involving a minor            |
| 7. <b>2903.34</b> – patient abuse and neglect  | 25. <b>2907.323</b> – illegal use of minor in nudity-oriented material or performance |
| 8. <b>2903.341</b> – patient endangerment  | 26. <b>2907.33</b> – deception to obtain matter harmful to Juveniles                  |
| 9. <b>2905.04</b> – child stealing (as it existed prior To July1, 1996)                    | 27. <b>2909.22</b> – soliciting/providing support for act of terrorism                |
| 10. <b>2905.05</b> – criminal child enticement   | 28. <b>2909.23</b> – making terrorist threat  |
| 11. <b>2907.02</b> – rape  | 29. <b>2909.24</b> – terrorism  |
| 12. <b>2907.03</b> - sexual battery  | 30. <b>2913.40</b> – Medicaid fraud   |
| 13. <b>2907.04</b> – unlawful sexual conduct with a minor (Formerly corruption of a minor) | 31. <b>2919.22</b> – endangering children   |
| 14. <b>2907.05</b> – gross sexual imposition   | 32. <b>2925.02</b> – corrupting another with drugs                                    |
| 15. <b>2907.06</b> – sexual imposition   | 33. <b>2925.23</b> – illegal processing of drug documents                             |
| 16. <b>2907.07</b> – importuning   | 34. <b>2925.24</b> – tampering with drugs   |
| 17. <b>2907.08</b> – voyeurism   | 35. <b>2925.36</b> – illegal processing of drug samples                               |
| 18. <b>2907.12</b> – felonious sexual penetration  | 36. <b>3716.11</b> – placing harmful objects in food or confection                    |

**Please verify the following statements about the information in this application (initial each and sign):**

\_\_\_\_\_ I verify I have given true, accurate, and complete information on this form to the best of my knowledge.

\_\_\_\_\_ I understand any false information or omissions may be grounds for rejection of my application or corrective action.

\_\_\_\_\_ I verify I am at least 18 years of age and currently in recovery.

\_\_\_\_\_ I verify I am an individual with a lived experience of a mental health and/or substance use disorder.

PRINT NAME \_\_\_\_\_

SIGNATURE AND DATE \_\_\_\_\_