



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.

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

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

_____ 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 _____ Date _____

Please follow these instructions for submitting your application.

The signed training application can be mailed or delivered in person to 1867 W. Market St., Suite B2, Akron, OH 44313 or scanned and emailed to grantapplications@admboard.org.