

**ADVOCACY UNLIMITED, INC.**

300 Russell Road  
Wethersfield, CT 06109  
[www.mindlink.org](http://www.mindlink.org)  
phone: 860-667-0460  
toll free in CT: 800-573-6929  
email: [info@mindlink.org](mailto:info@mindlink.org)

**APPLICATION INSTRUCTIONS**

**Recovery Support Specialist, Peer Delivered Services  
Recovery University, Waiver Program, and Certification Exam**

All Applicants should read General Information about Certification Exam and Recovery University before starting the Application.

Applicants must follow all instructions. Any applications that are incomplete or do not follow the instructions exactly will NOT be accepted.

For any questions about these Instructions or the Application, contact Linda Lentini at:  
860-667-0460 or 1-800-573-6729 (toll free in CT only)  
[llentini@mindlink.org](mailto:llentini@mindlink.org)

- 1. Application Form and Additional Materials.** There is one application form for all applicants to Recovery University and to the Waiver Program. Only applicants for the Waiver Program must also submit additional materials as specified in the Application.
- 2. Fees.** AU will not accept any applications that are not accompanied by a check or money order made payable to Advocacy Unlimited, Inc. for the correct fee (see Fee Schedule below).
- 3. 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.
- 4. Legibility.** AU will only accept applications that typed or handwritten legibly in blue or black ink.
- 5. Deadlines.** AU will not accept any application delivered after the deadline under any circumstances. Applicants who miss the deadline must apply for the next Recovery University Session and/or Certification Exam.
- 6. Manner of Delivery.** AU will only accept applications delivered during regular business hours (9-5) by US mail, delivery service or in person on or before the deadline. AU will not accept any applications online, by email or by fax.

**7. Fee Schedule**

All fees are non-refundable unless otherwise stated here.

Application Processing Fee (due with the application):	\$25.00
*Certification Exam Fee (due 30 days before the Exam):	\$65.00
Combination Review Class and Certification Exam Fee (due 30 days before the Exam):	\$125.00

\*If an applicant scheduled to take the Certification Exam notifies Advocacy Unlimited in writing at least ten (10) business days before the Exam date that he or she will not be taking the Exam, this fee will be refunded.

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**“Recovery Support Specialist, Peer Delivered Services”**  
**APPLICATION FOR RECOVERY UNIVERSITY AND CERTIFICATION EXAM**

*Please read the Application carefully before completing it.*  
*If you have any questions, contact Linda Lentini, Director of Training, at [llentini@mindlink.org](mailto:llentini@mindlink.org).*

**Qualifications for Position of Recovery Support Specialist, Peer Delivered Services**

**Waiver of Recovery University Course**

In the sole discretion of Advocacy Unlimited, applicants may be eligible for a waiver that allows them to take the Recovery Support Specialist Certification Exam without attending and completing Recovery University.

**Applications must be submitted by May 29, 2009 for the first class and by mail or in person to the AU office.**

Applicant Information			
Name (Last, First, MI)		Date:	
Street Address:		Apt./Unit:	Date available to start course:
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?	
In order to be certified as a “Recovery Support Specialist, Peer Delivered Services,” the State of Connecticut requires that a person have experienced a significant behavioral health condition to the extent that it interfered with one or more major life functions and required treatment for at least one year. Do you meet this requirement? Yes _____ No _____			
What about your experience would bring value to mental health and/or addiction services? (Continue on a separate sheet of paper if necessary.)			
Do you need any accommodations for a physical or psychiatric disability to take the course or the Certification Exam? (If yes, explain briefly.)			
Previous trainings completed (provide Certificates of Attendance): Advocacy Unlimited Yes _____ No _____ Recovery Innovations Yes _____ No _____ Merge Programs of the Community Colleges Yes _____ No _____ Georgia Peer Support Training Yes _____ No _____ U.S. Psychiatric Rehabilitation Association Yes _____ No _____ Intentional Peer Support Yes _____ No _____ Recovery Assistance Training Yes _____ No _____ Recovery Coach Yes _____ No _____ Other, please describe _____			
List DMHAS trainings attended (instructions on how to obtain transcripts are available by calling 860-262-5065)			
List any other relevant training (provide Certificates of Attendance)			

**Education**

Do you have a High School Diploma or GED equivalent? Do you have a college or other degree, or have you taken any other courses?

If you have a college degree or have taken any courses, what is your area of concentration? List any relevant courses and enclose your transcript.

This information is only for our reporting purposes and your answers do not affect your acceptance into the course:

Rate your experience and competence in the following skill areas (10 = expert; 1 = no experience):

Computer 1 2 3 4 5 6 7 8 9 10

Verbal Communication With Public 1 2 3 4 5 6 7 8 9 10

Written Communication 1 2 3 4 5 6 7 8 9 10

**Paid or Volunteer Work Experience**

Company: ( Please provide a copy of your job description) Phone:

Address: Supervisor:

Job Title: From To By signing below, you give AU permission to contact your employer to verify dates: Signature: \_\_\_\_\_

Responsibilities:

Relevant Skills

Company: ( Please provide a copy of your job description) Phone:

Address: Supervisor:

Job Title: From To By signing below, you give AU permission to contact your employer to verify dates: Signature: \_\_\_\_\_

Responsibilities:

Relevant Skills

**Military Service**

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.  
1. I understand that any false or misleading information in my application or interview may result in my dismissal from Recovery University and in possible termination of my Certification as a Recovery Support Specialist.  
2. I understand that this is not a guarantee of a Waiver of Recovery University or employment as a Recovery Support Specialist.

Signature: Date:



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Recovery Support Specialist, Peer Delivered Services

### Voluntary Equal Opportunity Form

This information is NOT part of your application and we will not use it any way to evaluate your application.

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Other: \_\_\_\_\_

**Race/Ethnic Data:**

- 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 \_\_\_\_\_

**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 \_\_\_\_\_

**How did you find out about Recovery University?**

- Advocacy Unlimited, Inc. website: \_\_\_\_\_ DMHAS website: \_\_\_\_\_
- Newspaper: \_\_\_\_\_ Which one? \_\_\_\_\_
- Posting/flyer: \_\_\_\_\_ Where? \_\_\_\_\_
- Other: \_\_\_\_\_