



**OnTrack Wellness and Recovery Center
1425 McArthur Road
Fayetteville, NC 28311
910-624-6513**

Dear Applicant:

Congratulations! You have chosen to take the first step in embarking on a career in Peer Support. Peer Support Specialists are an extremely important part of the Behavioral Health System of Care, and your application is the first step in becoming a part of that.

Before applying for Peer Support Specialist training, please know that the Peer Support Specialist training is a 50-hour course. You will be expected to participate fully in class each day, and there are several hours of homework each night. It is a very intensive training and requires a large amount of effort and dedication to complete. Please consider this carefully before applying.

In order to be eligible for the training, applicants must meet minimum eligibility criteria which include being at least 18 years of age, having at least a high school diploma or GED, having a lived experience with behavioral health challenges, and having at least twelve (12) months of continuous demonstrated recovery. When filling out the application please read all questions carefully, and answer fully, either typing or printing your answers. Please do not leave any questions unanswered. ***We will not accept illegible or incomplete applications.***

If you are already employed as a Peer Support Specialist, or your participation in the training will be sponsored by an organization, make certain to have your employer or sponsoring organization fill out the final page of this application. **OnTrack Wellness and Recovery Center will offer PSS 50-hour training at a cost of \$360.00 per person plus \$30.00 Training Manual (\$390.00) and receive your additional 20 hours of WRAP training for \$175.00. Certified Funds Only, No Personal Checks or CASH accepted, or cash given to Instructor. We also accept Credit or Debit Card payments by phone by calling 910-488-8881. A full refund is given back ONLY when the PSS class is canceled.** The registration fee supplements the overall training costs for the instructors, and training materials. The registration fee must be submitted before the Peer Support Specialist can attend the training.

Applications will be screened by the Course Developer. Those who are already employed as Peer Support Specialists will have priority. If you are accepted, you will have 5 days from notification to notify us whether you will be able to attend. If you have not notified us within 5 days of your acceptance, your slot will be awarded to someone else. Thank you in advance for your interest in the Peer Support Specialist program and for your commitment to a future focused on recovery, resiliency, and wellness for North Carolina.

Sincerely,

Annie Hasan

Annie R. Hasan, Ed.D
Course Developer

ONTRACK WELLNESS AND RECOVERY CENTER

50 Hours-Training CERTIFICATION



Join us and become a
North Carolina Certified Peer Support Specialist
(“Peer Support Specialists are people living in recovery with mental
illness/or substance abuse and who provide to others who can benefit
from their lived experiences.”)

**FOR MORE INFORMATION,
AND THE APPLICATION FOR REGISTRATION
please Contact:**

**Dr. Annie Hasan, Ed.D, MA/M.Ed, BS/BS, MRT, NCCPSS,
WRAP® Facilitator, WHAM Facilitator and PSS Course Developer**

910-624-6513

LOCATION: Per POSTED website information: pss.unc.edu

SUBMIT APPLICATION AND CERTIFIED FUND TO:

OnTrack Wellness and Recovery Center

1425 McArthur Road
Fayetteville, NC 28311
910-624-6513/910-488-8891-fax
Email Address: adhccare@gmail.com

Date and Location of Class Attending: _____
Choose One: ☐ PSS ☐ WRAP ☐ WHAM

Date application reviewed: _____

OnTrack Wellness and Recovery Center
APPLICATION FOR TRAINING
PEER SUPPORT SPECIALIST

Part I – Contact Information

Date:			
Name:			
Last	First	Middle Initial	
Present Address:			
Street	City	State	Zip
Home Phone: ()		Cell Phone: ()	
Email Address (required):			

Part II – Recovery Statement

Briefly describe your lived experience with behavioral health challenges (mental health and/or substance use) and recovery journey to include the date your recovery began.

Part III – Education & Training

What is your highest level of education?		
<input type="checkbox"/> H.S. Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Some college <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		
Name of School(s)		
Certificates and Licenses		
Type:	Number:	Issuing Agency:

Demographic Information (for statistical purposes only) *optional*

Race/Ethnicity	
<input type="checkbox"/> African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____	
Foreign Languages Spoken	
<input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> ASL <input type="checkbox"/> Other _____	
Gender	Age Range
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60+
<input type="checkbox"/> Any request for reasonable accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Approved: _____ (for office use only)

Part IV – Supplemental Information

1. Have you served in the Military?

☐ Yes ☐ No

2. Do you have experience working with any special populations or groups?

☐ Veterans ☐ Homeless ☐ Addictions ☐ Trauma ☐ Families ☐ Physical Health

☐ Intellectual/Developmental Disabilities ☐ Youth ☐ Others _____

3. Name some of your skills or areas of expertise: *(for example, crisis management, working with faith-based groups, working with supported employment, technology expertise)*

Part V –PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY BEFORE ANSWERING

4. What does recovery mean to you? What factors are important in your own recovery?

5. Please describe what Peer Support means to you:

6. Why do you want to become a Peer Support Specialist?

7. Do you think that it is important to share recovery stories as part of being a Peer Support Specialist? Why?

8. What strengths do you have that will help you be a great Peer Support Specialist?

9. Please describe the ways you have been active in your community in the past six months. Please highlight roles that would aid in your work as a Peer Support Specialist. Do **not** include things that you do to maintain your own recovery.

10. One key to recovery is the use of natural supports in your life. Please describe your support system and how they can help you if you are selected for the Peer Support Training?

11. An important aspect of the Peer Specialist Training program is that everyone must be personally responsible for their actions and decisions. Please describe personal responsibility and how you will incorporate it into your work as a peer support specialist:

12. How are you maintaining your recovery today?

Part VI – Current & Previous Employment/Volunteer Experience

13. Are you currently employed as a Peer Support Specialist: ☐ Yes ☐ No – see B and C below

A. If yes, please have the employer fill out the form on page 7.

What is your job title? _____

Name of Employer? _____

How many hours do you work a week? _____

What is your hourly wage? _____

How long have you been employed in this position? _____

Employer's Contact Information _____

B. If no, are you looking for work as a PSS? _____

C. If no, are you currently working in another capacity?

What is your job title? _____

Name of your employer? _____

May we contact your employer? ☐Yes ☐No

Employer's contact information: _____

Please list your other work experience for the past five years beginning with your most recent job held previous to the one listed in #3 above. If you are self-employed, provide a business name. Attach additional sheets if necessary.

Employer or Volunteer Agency	Position/Title	Location

Please list 3 professional and personal references (not related to you):

Name	Telephone number

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. **I certify that I am at least 18 years of age and have a minimum of one year of demonstrated continuous and current recovery before applying for certification. I also certify/understand that I must have lived experience with behavioral health challenges (mental health and/or substance use) to receive North Carolina's Certified Peer Support Specialist Certification.** I understand that any false information or omissions may be grounds for rejection of my application or corrective action. I certify that I have only acted in ways that did not abuse, neglect, or exploit any consumer or family member situation in my role as a Peer Support Specialist.

CANCELLATION: If OnTrack Wellness and Recovery Center has less than five people present on the first day of class, the class will be canceled. If for any reason, class is canceled, OnTrack Wellness and Recovery Center will notify the participant within 48 hours of cancellation by phone or verified email, and the participant must confirm receipt of the notice. In addition, OnTrack Wellness and Recovery Center will send a follow-up email providing training participants with options to participate in a later class or receive a refund. Please do not pay for a class that you are not sure you want to take; a 35% administrative fee will be charged.

REFUND POLICY: If a class is canceled due to lack of attendance, the participant will be contacted by phone or verified email and must confirm receipt of the notice within 48 hours of canceling an approved 50-hour training. A follow-up email will be provided to notify participants of the option to participate in a later class or receive a full refund.

Signature of Applicant_____ **Date**_____

If you are currently employed as a Peer Support Specialist or your participation is being sponsored, you must have your employer or sponsoring agency complete the following form:

OnTrack Wellness and Recovery Center

PERSONAL REFERENCE LETTER (Mandatory)

50-hours North Carolina Peer Support Specialist Training Certification

The individual named below is applying for participation in a 50-hour Peer Support Specialist Training Certification Program. The applicant must meet the following requirements: - 18 Years or older. - Have lived experience in significant mental health or substance use disorder. - Have been in recovery for at least one year. - Have a high school diploma or equivalent.

Name of Applicant: _____

Instructions: Please complete the personal reference form. Place completed the personal reference letter form and submit to adhccare@gmail.com or mail the personal reference letter in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to: OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311 as part of the complete application packet.

1) Please describe the nature of your relationship with this individual and how long you have known this individual:

2) Describe your experience with this individual that indicates his/her demonstrated recovery for at least 12 months:

3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed his/her personal recovery lifestyle for at least one year and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support in order to promote overall wellbeing and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (is at least 18 years of age; and has been in recovery for at least one year) to be considered for this 50-hour certification training as a North Carolina Peer Support Specialist. All personal information provided in this form will remain confidential and data in determining eligibility for 50-hour training.

Signature of Reference _____ Date _____

We appreciate your support of this individual for the recognition of their accomplishments in their recovery journey and desire to become a Peer Support Specialist. If you have any questions, please email adhccare@gmail.com or write me at the address listed below.

Dr. Annie R. Hasan
OnTrack Wellness and Recovery Center
1425 McArthur Road
Fayetteville, NC 28311
910-624-6513



Cancellation/Refund Policy

Complete the [Cancellation Request Form](#) and email it to OnTrack Wellness and Recovery Center to obtain a refund or request another training date. No telephone cancellations will be accepted.

A full and complete refund will be given if the following occurs:

- A class is canceled in advance by the course owner due to class attendance;
- A class cannot be completed by the training entity due to unforeseen circumstances (e.g., weather event, sickness, etc.);
- A training participant withdraws in writing at least three weeks before the first day of class; or
- In Other unforeseen circumstances where justice requires a refund (extenuating medical circumstances where immediate communication is not available) can have the option to take another class upon your chosen later or location.
- If for any reason, class is canceled, OnTrack Wellness and Recovery Center will notify the participant within 48 hours of cancellation by phone or verified email, and the participant must confirm receipt of the notice. In addition, OnTrack Wellness and Recovery Center will send a follow-up email providing training participants with options to participate in a later class or receive a refund.
- Cancellations received after 24 hours of the stated deadline will not be eligible for a refund. The participant has the option of (1) substituting another person to attend, or (2) applying the credit balance toward future courses. Refunds will not be available to registrants who do not give advance notice of cancellation and who do not give advance notice of cancellation and who do not show up at the event.
- If the participant is unable to attend class after registering and paying, you will receive a partial refund minus a 35% administrative fee if you cancel within 24 hours. Otherwise, you will receive a 35% refund if cancellation is after the 24-hour deadline. After registering you can change classes one time prior to the class start date. If you are unable to attend the second 50-hour class you are registered for, you forfeit your payment and will have to pay for another class.
- Cancellations will be accepted via fax or email and must be received by the stated cancellation deadline.
- All refund requests must be made by the member or credit card holder. Refund requests must include the name of the member and/or transaction number.
- Refunds will be issued by refund check within 30 business days.

THIS SECTION IS TO BE FILLED OUT BY THE EMPLOYER OR SPONSORING AGENCY ONLY*

To Employer or Sponsoring Agency:

The person you have employed as a Peer Support Specialist or are sponsoring for training is applying for Peer Support employment training. The skills that your employee or sponseewill bring back to your organization are extremely valuable in providing person-centered recovery-oriented services. Please note that this training will require your employee or sponsee to attend full-time the **50-hour PSS training** which is required to becoming a North Carolina Certified Peer Support Specialist. All training materials will be provided.

Providers or sponsoring organizations will be expected to submit a \$390 PSS registration for their Peers to attend the PSS training for the additional 20-hours WRAP training if needed. This payment must be submitted prior to training, to OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311.

Please provide the following information:

Name of person to whom the invoice should be submitted:
Email address:
Telephone number:

I _____ certify that my employee meets the minimum qualifications to be a Peer Support Specialist, which includes: a lived experience with behavioral health challenges, one year of demonstrated recovery, a high school diploma or GED, and is at least 18 years of age. Additionally, my employee has permission to attend the Peer Support training on _____ (date). I further certify that my agency agrees to pay a **\$390 PSS** registration fee plus **\$175.00 WRAP** for the additional 20-hours, WRAP, if needed, to have the employee trained for **\$565.00 for both classes**. I understand that payment will need to be remitted in advance of the training for my employee to attend.

CANCELLATION: If OnTrack Wellness and Recovery Center has less than five people present on the first day of class, the class will be canceled.

REFUND POLICY: If a class is canceled due to lack of attendance, the participant will be contacted by phone or verified email and must confirm receipt of the notice within 48 hours of canceling an approved 50-hour training. A follow-up email will be provided to notify participants of the option to participate in a later class or receive a full refund.

Employer Signature: _____ Date: _____



Cancellation Request Form Request

Participants who wish to cancel a course must submit their request in writing using this form.

When the form is filled out in its entirety, please email it to adhccare@gmail.com

Participant Information:

First Name: _____ M.I.: _____ Last Name: _____

Agency/Business: _____

Phone Number: _____ E-mail Address: _____

Course Title: _____

Course Dates: _____ Course Location: _____ Course Fee: _____

Reason for Cancellation: _____

Select One: () Refund (complete the information below)

() Hold as a credit (Must be used within 1 Year)

If requesting a refund, select refund type:

Refund back to a credit card. Name on credit card: _____

~or~

Refund by check. Make check payable to: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Submitted by: _____

Phone Number: _____ E-mail Address: _____

Special Instructions: _____

CANCELLATION/REFUND POLICY:

Complete the Cancellation Request Form and return it to OnTrack Wellness and Recovery Center. No telephone cancellations will be accepted. A 35% administrative fee will be assessed for all refunds. No refunds will be given after the start of the class. In Lieu of a refund, participant substitutions can be made, or a credit can be issued for a future course. That credit must be used within 1 year of course cancellation. Refunds will normally be processed in 30 business days.

OnTrack Wellness and Recovery Center, LLC

presents

Wellness Recovery Action Plan® (WRAP®) Level 1 Training

20 Hours-Training CERTIFICATION

There is hope for recovery!

A workshop for those with lived experience of mental health challenges
and those who want to write a WRAP



Participants will learn about:

- ☐ Five key recovery concepts;
- ☐ Making your own Wellness Recovery Action Plan®; and
- ☐ How to use and share your plan.

Who should attend this training?

- ☐ Individuals living with mental health, substance use, and/or intellectual/developmental disability issues and their families/loved ones who want to create positive change in the way they feel, or increase their enjoyment in life; and
- ☐ Others who want to increase their understanding of mental health recovery concepts, skills, and strategies included in the WRAP® process. **This class is not the prerequisite to becoming a certified WRAP Facilitator.**

Registration

To provide the 20-hour training at a cost of \$175.00 per person (Money Order or Cashier Check Only). To register, call **Dr. Annie R. Hasan, WRAP® Facilitator at 910-624-6513** or send an email to adhccare@gmail.com.

About WRAP®

WRAP® is an evidence-based, self-management and recovery system developed by a group of people with mental health difficulties who struggled to incorporate wellness tools and strategies into their lives. WRAP® is designed to:

- ☐ Decrease and prevent intrusive or troubling feelings and behaviors;
- ☐ Increase personal empowerment;
- ☐ Improve the quality of life; and
- ☐ Assist people in achieving their own life goals and dreams.
- ☐ Assist in developing a Wellness Recovery Action Plan yourself. *You* are the boss, you get to pave your own path to recovery and choose who supports you in that process.

**Information credit: The Copeland Center - <http://copelandcenter.com/wellness-recovery-action-plan-wrap>
Wellness Recovery Action Plan® and WRAP® are registered trademarks. All rights reserved.**

Copyright by Mary Ellen Copeland, PO Box 301, W. Dummerston, VT 05357

Phone: (802)254-2092 E-mail: info@mentalhealthrecovery.com Website: www.WRAPandRecoveryBooks.com.