



Recovery Coach Academy Application

TRAINING DATES I AM APPLYING FOR: **April 9-13, 2018**

A. GENERAL STATEMENT OF ELIGIBILITY

People in recovery who are interested in becoming a Peer Recovery Coach must apply to Fargo Cass Public Health (FCPH) for initial screening and be approved by FCPH and the State Targeted Response to the Opioid Crisis Grant Steering Committee. Qualified candidates are selected for the training based on their completed application, interview and ability to meet the training guidelines.

B. QUALIFICATIONS

The *minimum* qualifications for a Recovery Coach Academy participant are:

1. High school diploma or GED
2. Strong reading comprehension and written communication skills as indicated by responses during the application process
3. In recovery from alcohol or other drug addiction with 2 years of problem-free recovery
4. Be willing to self-identify as a person in recovery or as a member of the recovery community (e.g. ally, professional, family member) for the benefit of others
5. Demonstrated participation in advocacy and/or personal knowledge of recovery
6. Agree to respect and observe the Recovery Coach Code of Ethics
7. Agree to help establish and actively participate in a local recovery coach support network and attend quarterly meetings

E. WRITING SAMPLE

Each Applicant must submit a writing sample explaining why he/she should be selected to participate in the Recovery Coach Academy. Please include your value system, leadership skills that you possess, your ability to demonstrate and promote recovery and any advocacy or work done in the community. You may use the Minnesota Recovery Connection's Recovery Coach Academy mission, vision and values statements as a reference document (see below). This essay should be no more than one page, double-spaced, 12-point font and must be completed by the applicant and submitted with the application.

The Minnesota Recovery Connection's Recovery Coach Academy Vision, Mission and Values

Vision

Minnesota Recovery Connection envisions a world where recovery from addiction to alcohol and other drugs is understood, promoted, embraced, and enjoyed and where all who seek it have access to the support, care, and resources they need to achieve long-term recovery.

Mission

The Recovery Coach Academy mission is promoting long-term recovery from substance abuse disorders by providing experienced peer support and advocating for self-directed care.

Values

- **Wellness**

We believe recovery is a pathway to wellness.

- **Hope**

We believe hope is an essential component to long-term recovery.

- **Equity**

We believe that all people deserve to be treated with compassion, dignity, and respect.

- **Service**

We believe in providing opportunities to positively impact individuals, families, and communities.

- **Inclusiveness**

We believe and embrace that there are many pathways to recovery.

F. REFERENCES *(APPLICANTS: Please share the information below with your references)*

Each Applicant must submit two (2) reference letters that will attest to the applicant’s appropriateness for being a Peer Recovery Coach. A Peer Recovery Coach is someone with personal experience in recovery and/or a professional that assists others seeking to initiate or maintain recovery. Also, feel free to reference the Minnesota Recovery Connection’s Recovery Coach Academy mission, vision and values statements.

The reference letters should also comment on the applicant’s years of recovery by addressing the applicant’s length of recovery and any activities such as volunteer work, sponsorship, etc. that the applicant pursues surrounding recovery. References are asked to share their thoughts, with examples if available, on the applicants ability to demonstrate leadership qualities as it related to recovery; describe how the applicant is working a quality recovery program; how the applicant works with diverse groups of people; how the applicant conveys hope to others regarding recovery; and anything else the reference would like us to know about the applicant.

This reference letter can come from a sponsor, counselor, accountability partner, faith-leader, friend or co-worker. One reference should identify as a person in long-term recovery and at least one reference letter must specifically address the candidate’s understanding and belief in recovery and the ability to convey such to others.

Reference letters can be submitted with the application.

Name of Reference	Relationship to You	Years Known	Contact Information
			Phone: Best time to call: Email:
			Phone: Best time to call: Email:

G. PEER RECOVERY COACH CODE OF ETHICS

Adapted from the Minnesota Recovery Connection's Recovery Coach Code of Ethics

Peer Recovery Coaches acknowledge and follow these ethical statements. The principles below will guide me in my role as a Peer Recovery Coach, as well as in my relationships and levels of responsibility in which I function.

1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor (if applicable) and Fargo Cass Public Health staff if alcohol, drug use, or anything else gets in the way of my recovery.
2. Recovery is guided by self-determination. I assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
3. I will support the [Faces and Voices of Recovery Bill of Rights](#) for each person that I serve.
4. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
5. I act in accordance with the law. I affirm the dignity of each person that I serve.
6. I provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make a referral to another recovery support.
7. I never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.
8. I share my lived experiences to help others identify resources and supports that promote recovery.
9. I respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.
10. I never engage in sexual or intimate relations with peers that I serve.
11. I do not accept gifts of significant value from people that I serve.
12. I do not lend to, or borrow from, the peers that I serve.
13. I improve my recovery service knowledge and skills through ongoing education, training and supervision.

The above principles will guide me in my role as a Peer Recovery Coach, as well as in my relationships and levels of responsibility in which I function.

Name (typed or printed)

Date

Signature

H. RECOVERY COACH AGREEMENT

PEER RECOVERY COACH AGREEMENT

Through the federal State Targeted Response (STR) to the Opioid Crisis grant, Fargo Cass Public Health and the STR grant steering committee are hosting the Minnesota Recovery Connection's (MRC) Recovery Coach Academy in Fargo, North Dakota. Ordinarily, MRC holds the Recovery Coach Academy in Minneapolis. Through a special agreement, the Academy and its instructors will conduct a training session in Fargo April 9-13, 2018.

The goal of this training is to increase access to peer recovery support services in Cass County, ND. To document the increase, the grant requires bi-weekly progress reports that record the number of Cass County residents served by recovery coaches.

Without the support of the grant, the Academy would cost participants \$750, plus travel and lodging expenses. In lieu of these expenses, participants selected for the Academy are expected to: 1) work/volunteer as a peer recovery coach for a minimum number of hours, 2) communicate with Fargo Cass Public Health staff regarding their work (for grant reporting purposes), and 3) establish and participate in a local self-governed recovery coach support network.

I, _____ agree to serve 35 hours as a Peer Recovery Coach in Cass County, ND, within one year of completing my training as a Peer Recovery Coach. By signing this, I am also agreeing to the following:

1. At a minimum, completion of all required paperwork associated with the STR grant. This includes, but is not limited to: regular and timely communication with Fargo Cass Public Health staff regarding your peer recovery coach work and logging hours.
2. Completion of a background check; please note applicants with a criminal history can be accepted into the Recovery Coach Academy. Each applicant's criminal history will be considered on a case-by-case basis.
3. Maintaining, at a minimum, quarterly contact with Fargo Cass Public Health staff and the local peer recovery coach support network via email or phone.
4. Attendance at quarterly meetings of recovery coaches for support, resources, networking, etc.
5. Immediately contacting Fargo Cass Public Health staff if I cannot follow through with my commitment as a recovery coach.

If I am unable to fulfill the requirements of the Peer Recovery Coach Agreement, I will contact Fargo Cass Public Health to discuss options for reimbursement of the training fee (\$750).

Signature

Date

I. COMPLETED APPLICATION CHECKLIST

Prior to submitting your application for the Recovery Coach Academy, please use this checklist to ensure you have included all required materials for a complete application.

- _____ Recovery Coach Academy Application document with Sections C, D, G and H read and completed.
- _____ A Writing Sample (highlighted in Section E of the Recovery Coach Academy Application document)
- _____ 2 Letters of Reference (highlighted in Section F of the Recovery Coach Academy Application)
- _____ Recovery Coach Code of Ethics signed and dated

Completed applications are due to FCPH by February 23, 2018 by 5 p.m.

Send completed applications to:

Mail: Fargo Cass Public Health
Attn: Robyn Litke Sall
1240 25th St S
Fargo, ND 58103

Scan and email to: rlitkesall@FargoND.gov

Fax: 701-241-8559

You will receive an email or phone confirmation upon receipt of your application.