



**Recovery Training/  
Peer Support Services**  
1451 Dowell Springs Blvd.  
Ste. 101  
Knoxville, TN 37909

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

Thank you for contacting us about our Peer Support/ Recovery Training Services program. Enclosed you will find information about the training(s) you expressed interest in possibly attending or that you want to share with others.

Trainees usually are required to be interviewed in person (see page two) and all must be pre-approved to be accepted into WRAP® II Facilitator or Peer Support Specialist Training classes.

Call me at (865) 374-7109 or email [smccorm1@covhlth.com](mailto:smccorm1@covhlth.com) if you have any questions, want to discuss registration for a training, and/or to arrange an interview. It can take two weeks to two months to be approved, so an early interview/call is recommended to begin the process. Use the interview checklist attached to be sure you have all materials ready for the interview. Following the interview, you will be notified of our decision about your application.

I appreciate your interest. We look forward to meeting you.

Sincerely,

A handwritten signature in black ink that reads "Sheryl".

Sheryl McCormick  
Coordinator  
Peer Support/ Recovery Training Services

## PSS/RTS APPOINTMENT CHECKLIST

If you are interested in taking the 18-hour Wellness Recovery Action Plan (WRAP® I) seminar, the five-day WRAP® II Facilitator Training, and/or Peer Support Specialist Training (PSST), contact Sheryl McCormick at (865) 374-7109 or via email at [smccorm1@covhlth.com](mailto:smccorm1@covhlth.com) to arrange an interview at Peninsula The Lighthouse, 1451 Dowell Springs Blvd., Ste. 101, Knoxville, TN 37909. An interview is usually required to be considered for any these courses. However, in some cases, a phone interview, VR counselor referral and/or recommendation by an employer may be sufficient to be accepted into a training.

This checklist has been created to assist you in preparing for your interview. Before you come to your interview, be sure you have the following to bring with you:

- Completed *Recovery Training Services* Application
- Photo Identification Card (Driver's License, TN identification card, or U.S. Passport)
- Copy of your high school diploma or GED certificate (*required for PSST only*)

Please also bring the following, only if the conditions apply-

- Vocational Rehabilitation forms and/or letters,  
*if you currently have an open or pending case with Tennessee Vocational Rehabilitation Services.* VR clients will work with Peninsula's Job Readiness Specialist throughout the process leading up to and through trainings paid for by VR.

**If you prefer to mail, fax, or scan and email the application *before* your interview, send to:**

Attn: Sheryl McCormick  
Peninsula Peer Support/ Recovery Training Services  
1451 Dowell Springs Blvd.  
Suite 101  
Knoxville, TN 37909  
Fax: (865) 374-7135  
Email: [smccorm1@covhlth.com](mailto:smccorm1@covhlth.com)

Directions will be provided at the time an appointment is made.
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**PEER SUPPORT/ RECOVERY TRAINING SERVICES**

**APPLICATION**

**TRAINING SELECTION(S)** (check all trainings you want to take)

- PEER SUPPORT SPECIALIST TRAINING
- MENTAL HEALTH RECOVERY SEMINAR I inc. WELLNESS RECOVERY ACTION PLAN® (WRAP® I)
- MENTAL HEALTH RECOVERY SEMINAR II- WRAP® FACILITATORS TRAINING (WRAP® II)

**PERSONAL INFORMATION**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT/STE. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Okay to leave message?  Yes  No

OTHER PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Pager  Other \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Never Employed  Current Employer (below)  Not employed now, last employed in Year \_\_\_\_\_ at:

CURRENT/LAST EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ APT/STE. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_

WORK EMAIL \_\_\_\_\_

- WHAT ARE YOUR EMPLOYMENT GOALS?** CHECK ALL THAT APPLY:
- Currently work full-time
  - Want full-time work
  - Interested in volunteering
  - Unable to work due to physical/mental disability
  - Currently work part-time/PRN
  - Want part-time/PRN work
  - Not interested in working at this time
  - Pursuing education prior to employment
  - Retired
  - Undecided

OFFICE USE ONLY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information on this page is required only for individuals who want to pursue Peer Support Specialist Training. If this does not apply to you, please check here:  Not Applicable

**MEDICAL INFORMATION**

1. Do you have or have you had one or more psychiatric diagnoses (mental illness)?  Yes  No

2. What is/are your psychiatric diagnosis/es? (check all that apply)  Unknown/ not sure

- |  |   |
|--|---|
| <input type="checkbox"/> Depression                            | <input type="checkbox"/> Bipolar Disorder/Manic Depression                      |
| <input type="checkbox"/> Schizophrenia                         | <input type="checkbox"/> Schizoaffective Disorder                               |
| <input type="checkbox"/> Generalized Anxiety Disorder          | <input type="checkbox"/> Panic Disorder   |
| <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD)   | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)                  |
| <input type="checkbox"/> Borderline Personality Disorder       | <input type="checkbox"/> Dissociative Identity Disorder                         |
| <input type="checkbox"/> Substance Use Disorder (see #4 below) | <input type="checkbox"/> Attention Deficit (Hyperactivity) Disorder (ADD/ ADHD) |

Other(s) \_\_\_\_\_

3. Are you currently receiving mental health services of any kind?  Yes  No

If yes, where do you receive services? \_\_\_\_\_

**NOTE: We may need a release to get necessary records to process your application.**

4. Do you have a history of substance abuse/addictions/self-harm?  Yes  No

a. If yes, list type(s) of addictions, substance(s) and/or methods of self-harm used:

\_\_\_\_\_  
\_\_\_\_\_

b. If yes, how long have since you last used? \_\_\_\_\_ MONTHS or YEARS ago (circle one)

If known, date of last use? \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DISABILITY STATUS**

1. Do you receive Social Security Disability Insurance income (SSDI)?  Yes  No

A. If you are on SSDI, do you have a "Ticket to Work"?  No  Yes  Not sure

2. Do you receive Supplemental Security Income (SSI)?  Yes  No

3. Do you need special accommodations to attend?  Yes, explanation below  No

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

1. Do you have a high school or GED diploma?  Yes  No

2. Have you attended college?  No  Attending/enrolled  Yes, did not graduate

Yes, graduated with degree(s)/major(s) in: \_\_\_\_\_

**ADDITIONAL INFORMATION AND QUALIFICATIONS REQUIRED**

4. Have you successfully completed the *WELLNESS RECOVERY ACTION PLAN*® (WRAP® I) seminar\*?

- No
- Not finished, but taking course now and will finish on \_\_\_\_/\_\_\_\_/20\_\_\_\_
- Yes; taught by facilitator: \_\_\_\_\_; graduated on \_\_\_\_/\_\_\_\_/20\_\_\_\_
- Yes; but would like to take the course again

\*NOTE: Applicants who have completed WRAP® I should be prepared to demonstrate understanding of basic WRAP® principles. If class was completed three years or more ago, retaking WRAP® I is required for PSST or WRAP® II.

*Office Use Only*

Needs WRAP® I     Did not test; needs to re-take WRAP® I     Passed test     Recent grad; waived test

**RECOVERY and PEER SUPPORT EXPERIENCE**

Answer the following questions (read all before answering):

1) What is your interest in attending the training(s) for which you are applying?

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2) How do you expect to use the training personally and professionally (on the job/in school)?

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**PEER SUPPORT SPECIALIST TRAINING SCHEDULE PREFERENCE *(if applicable)***

Preferred Length of training?

- Extended: 20 sessions**
- Intensive: Two 40-hour weeks**
- Flexible; could do either
- Not flexible; need two week option, if available

*Notes*

**FUNDING/PAYING FOR PEER SUPPORT/ RECOVERY TRAINING SERVICES**

The following information helps us determine the method of funding to cover your services.

**1. VOCATIONAL REHABILITATION SERVICES**

Have you ever had an open case with Vocational Rehabilitation (VR) Services?

No (skip to number 3 below)  Yes, complete below:

Case Status:  Open  Closed  Pending; applied on \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

VR counselor: \_\_\_\_\_

Counselor's phone number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_- Ext.\_\_\_\_\_

**3. OTHER OPTIONS**

A. Will you be paying for your own training? Payments are made through the Covenant Call Center which accepts cash, checks, money orders and debit or credit cards. Payments are expected before the start of training.

Yes  No

B. Will your employer be paying for your training?  Yes  No

If "yes," skip to next section.

Note that in some instances arrangements with Peninsula's business office may be made to accept approved purchase orders from other agencies which are unable to process payment before classes begin due to time constraints.

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**REFERRAL SOURCE(S)**

**How did you find out about our training?** (check all that apply)

Peninsula Staff (name below)    Peninsula Website    Newspaper Ad    Newspaper Article

Event: \_\_\_\_\_

Previous student (name below)    Family member    Other provider (name below)

Flyer/brochure    Other (name below)

**Name(s) of person(s) and/or organizations who referred you:**

1.  Mr.    Ms.    Dr. \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_ - \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

2.  Mr.    Ms.    Dr. \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_ - \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**APPLICATION STATEMENT**

*"I wish to be considered as a trainee in the training(s) I checked on page one. I assert that all information contained in and accompanying this application is true and accurate. I understand that employment is not guaranteed as a result of training and agree that no job offer has been made to me."*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**HAND-DELIVER OR SEND APPLICATION with ATTACHMENTS TO:**

Sheryl McCormick, Peer Support/ Recovery Training Services  
Mailing Address: Peninsula, 1451 Dowell Springs Blvd., Ste. 101,., Knoxville TN 37909  
Email [smccorm1@covhlth.com](mailto:smccorm1@covhlth.com)  
Phone (865) 374-7109   Fax Number: (865) 374-7135

**Call or email with any questions. We're here to serve you.**