

**Certified Recovery Peer Specialist Certification Training**

**PRE-TEST**

Full Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

You will be required to do a background check if you want to be employed.

Do you have a criminal back ground in the last five years? \_\_\_\_\_

If so what is the crime \_\_\_\_\_

Answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. **Please no typing.** You may use a dictionary. This is not a test about right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Recovery Peer Specialist in the State of Florida. Peer Specialists assist consumers they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper. Please make sure you put a phone number where you can be reached to go over Pre-test. **There will be an interview to see if you qualify for the RPS Training.**

1. Why do you want to become a Recovery Peer Specialist (RPS)?

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2. Why do you think it is important for RPS's to tell their recovery stories?

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3. What will be your most difficult challenge in attending training? How will you deal with this challenge?

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4. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

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5. What makes you a good candidate to work with other consumers in the mental health field?

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6. What does recovery mean to you?

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7. What were some of the important factors in your own recovery?

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8. What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony programs you belong, or the work you are doing now. Be specific.

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9. Is there anything else you would like us to know in considering you for the Recovery Peer Specialist Certification training?

**Please sign your initials to only those that apply:**

\_\_\_\_\_ I completed this pre-test on my own.

\_\_\_\_\_ I completed High School and hold a High School Diploma.

\_\_\_\_\_ I completed my GED coursework and hold my GED Certificate.

\_\_\_\_\_ I can supply documentation of my High School Diploma or GED Certificate.

\_\_\_\_\_ It has been at least one year since I was diagnosed with a mental illness.

\_\_\_\_\_ I do not have a primary diagnoses of **Substance Abuse (Addictive Disease)**. The Florida Recovery Peer Specialist Program accepts persons who have primary diagnoses of mental illness and secondary diagnoses of Addictive Disease.

I understand that Recovery Peer Specialists work from the perspective of their own lived experience with mental illness and recovery. I agree to be open about the fact I have been diagnosed with a mental illness. I understand that in doing so I help educate others about the reality of recovery.

\_\_\_\_\_ **Yes**, I agree to disclose my history with mental illness and recovery in keeping with the values of the Recovery Peer Specialist Program.

\_\_\_\_\_ **NO**, I do not want to disclose my history with mental illness and recovery at this time.

\_\_\_\_\_ **Yes**, I understand I have to provide own transportation to training.

**Your Signature** \_\_\_\_\_

**Please fax to Wesley Evans, 904-723-2181 or drop pretest off at River Region 2055 Reyko Rd. Suite 101, Jacksonville, FL 32207, River House 5930 Arlington Expressway, Jacksonville FL, 32211 or Springfield 157 E. 8<sup>TH</sup> St. Suite 101 Jacksonville FL, 32206 drop in centers. If any questions please call Jackie Wolfgang at 904-583-3237, or Wesley Evans 850-443-5224,**