APPLICATION
OASAS Recovery Coach Training

Please complete a separate application for each candidate.
Attach supporting documentation if necessary.

SPONSORING ORGANIZATION INFORMATION

Provider Name: _____ Provider No.: _____

Provider Address: _____

_____

Phone: _____ Fax: _____

IDENTIFY THE SPECIFIC PROGRAM YOU PROPOSE TO INTEGRATE RECOVERY COACHING

Program/PRU Name: _____ PRU No. (if applicable): _____

PRU Address (if different from above): _____

_____

Phone: _____ Fax: _____

Contact Name and Title: _____

Contact Phone: _____ Contact Fax: _____

Contact E-mail: _____

TRAINING CANDIDATE INFORMATION

Training Candidate Name: _____

Candidate Address: _____

_____

Candidate Phone: _____ Candidate E-mail: _____

Role with Organization: ☐ Volunteer ☐ Staff ☐ Other (please explain below)

TRAINING CANDIDATE'S PLAN

Briefly describe your experience with substance abuse recovery:

Briefly describe your history of sustained recovery, if relevant:

Explain why you are interested in Recovery Coach training:

How do you think Recovery Coaching can benefit others? What do you think coaches may guide others to achieve, e.g. to assist in engaging individuals in recovery from crisis services into treatment, to assist in accessing mutually-assisted recovery supports, etc.

How will success be measured:

ORGANIZATION PLAN TO UTILIZE PEER RECOVERY COACHING

Explain why the organization is interested in Recovery Coach training:

Are there specific access and retention challenges that you currently face that you hope to address through Recovery Coach training? Please describe these challenges as well as the results you hope to achieve:

How will Recovery Coaching be utilized in the delivery of services? Please be specific in describing how you intend to utilize peer recovery coaches, e.g. assist in engaging clients from crisis services into treatment, to assist clients in accessing mutually assisted recovery supports, etc.:

What outcomes do you expect as a result of implementing Recovery Coaching:

How will success be measured for the individual applicant:

How will success be measured by his/her respective organization:

What is your estimated timeframe for implementation of this process:

ORGANIZATION EXPERIENCE AND CAPACITY

Does your organization have an established alumni association? ☐ Yes ☐ No

If yes, please describe how long it has been in existence and any staff support assigned to work with it:

Please describe how you assessed the candidate's interest and capacity to participate in both the training and post training integration:

Briefly describe your organization's commitment to providing resources for recovery coaching, such as reasonable costs associated with the candidate's participation:

Briefly describe two activities undertaken within the past two years by your organization or PRU to address quality of services, client outcomes or service system design challenges:

Are there any significant changes anticipated in 2010 that may impact operations at the proposed site, e.g. moving to new space, launching new programs, program restructuring, conversion to electronic recovery, etc.? ☐ Yes ☐ No If yes, please describe:

Please identify the name of an executive-level sponsor from your organization who will commit to allocating resources to integrate the use of Recovery Coaches post training:

_____

In a few sentences, please describe why your organization is well qualified to integrate the use of Recovery Coaches at this time:

Print Form

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