



FAVOR Grand Strand

Application for Certified Peer Support Specialist (CPSS) Certification Training

Completed application, required documentation, and \$300 fee must be received one week prior to Training

DEMOGRAPHIC INFORMATION:

Legal Name: _____ Preferred Name: _____ Date of Birth: _____
MM/DD/YEAR

Phone # _____ Email _____ Mailing Address _____

- The South Carolina CPSS Standards and Qualifications are determined by the SC Certified Peer Support Services Commission (SC-CPSSC)
- Meeting the above qualifications and requirements is mandated for the CPSS Credential in South Carolina
- Completing this Application is part of the SC-CPSSC/SCAADAC/DAODAS/IC&RC Certified Peer Recovery Specialist (CPRS) Credential
- Attach a personal letter describing your personal recovery and reason(s) you wish to obtain a CPSS Certification
- Attach a copy of High School diploma, G.E.D., or higher degree
- Attach two letters of reference **(see below)*

ALL of the above can be emailed to nickisilver35@gmail.com; \$300 fee delivered to FAVOR Grand Strand, 4953 Highway 17 Bypass South, Myrtle Beach, SC 29577, or mailed PO Box 15874, Surfside Beach, SC 29587 843-668-2948

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

AREA OF LIVED EXPERIENCE

- I personally identify as someone who is in sustained recovery for a minimum of one year from a mental health disorder
- I personally identify as someone who is in sustained recovery for a minimum of one year from substance use disorder
- I personally identify as someone who is in sustained recovery from co-occurring disorders *(both of the above)*
- I personally identify as someone who is in sustained recovery for a minimum of one year as a family member of a person with either a mental health disorder, substance use disorder, or co-occurring disorder

***PLEASE ATTACH TWO LETTERS OF REFERENCE IN SUPPORT OF YOUR PARTICIPATION IN THE ABOVE STATEMENT**

