



FAMILY INNOVATIONS, LLC

*“Changing Lives, One Family At A Time”*

*NC Peer Support Training Application*

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other # \_\_\_\_\_

Recovery Date: \_\_\_\_\_ Employer: \_\_\_\_\_ Student: \_\_\_\_\_

Record of Certified Trainings within the last 2-3 years:

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

**Note:**

Peer Support must be delivered by individuals who have the life experience of being diagnosed with a serious mental illness or substance use disorder and must be North Carolina Certified Peer Support Specialists who:

- a) Self identify as an individual with life experience of being diagnosed with a serious mental illness or substance use disorder which meets Federal Definitions  
and
- b) Are well established in their own recovery  
and
- c) Are currently in recovery and are stable,  
and
- d) Have a high school diploma or GED equivalency,  
and





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### **CPSS Training Team Contact Information**

Vicki Bemby	Trainer	704 340-2809	vbembry@familyinnovationsllc.com
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