

Standard Application for Recovery Coach Trainees

Name _____

Phone # _____

Email Address _____

Mailing Address _____

Please answer the following questions:

1 Do you have a minimum education of a GED or High School Diploma?

No

Yes

2 Are you a Texas Resident?

No

Yes

3 Are you over the age of 18?

No

Yes

4 Are you a veteran?

No

Yes

5 Please list all languages that you speak:

6 Are you (choose all that apply)

In recovery

Not in recovery, but a recovery ally

Licensed Addiction Professional

Family/friend of someone in recovery

Other:

7 If you are in recovery, how long have you been in recovery?

_____ Years _____ Months

8 Tell us briefly about your recovery story (limit 150 words)

9 Are you currently volunteering or working at an organization that provides Recovery Support Services?

No

If not, how do you plan on using your Recovery Coach training?

Yes

If so, what Organization are you working/volunteering at? (Provide Name & Phone # of Supervisor)

Organization _____

Name _____ Phone # _____

10 What is your purpose for taking this training?

I am going to pursue / am pursuing the certification credential

Where will you complete your TCBAP required hours?

Organization _____

Name _____ Phone # _____

I am going to pursue / am pursuing the designee credential (if residing in Texas)

Organization _____

Name _____ Phone # _____

I do not plan on pursuing a recovery coach credential

I am not familiar with the certification credential or credentialing process.

10 In addition to your experience, what other ways can people experience/find recovery?

11 Is there anything you wish to share, such as experience of trauma or life disruptions please do so at your comfort? I do not wish to share/have nothing to share.

By signing and submitting this application I acknowledge that my role as a Recovery Coach is and must be completely separate from any other role, including that of clinician or sponsor. I also acknowledge that recovery is self-guided and that my role as Recovery Coach may include assisting others on their chosen path, whether that includes abstinence based, medication assisted, harm reduction, or any other path to recovery.

Applicant Signature _____ Date _____

ADDITIONAL INFORMATION attached

- TCBAP certification requirements
- Other suggestions for Trainer
 - a. Meet prospective coaches face to face prior to training to ask and answer any questions.
 - b. Discuss and clarify the statements made in the final paragraph of the application, including any concerns or biases regarding varying pathways to recovery.
 - c. Clarify that receiving training does not guarantee employment, rather it is an opportunity to build skills that may assist the applicant in finding employment.
 - d. Discuss the credentialing options and when it is and is not required.
 - e. If an applicant is not selected for training, follow up with the applicant so they understand the reasons they were not selected.