**Is this the Right Course for You?**

**Are you in Recovery?**

**Updated 12/12/2024**

1. This course is approved by the Oregon Health Authority (OHA) as meeting the requirements to be a Peer Support Specialist for Adults in Addiction Recovery.
2. The Mental Health and Addiction Certification Board of Oregon (MHACBO) accepts this approved course to meet the educational requirement for the Certified Recovery Mentor (CRM) credential. Please go to MHACBO.com for more details.
3. MHACBO certified CRMs are now eligible to have their services reimbursed by their provider agencies. MHACBO is no longer registering CRMs with the OHA because becoming a Peer Support Specialist via OHA and becoming registered as a Traditional Health Worker is no longer necessary to receive Medicaid reimbursements.
4. In order to become a CRM or a PSS for Adult Addictions in Recovery, **it is required** that you identify as a Person in Recovery from Addictive Disease for at least two years.
5. **Are you in Recovery?**

According to SAMHSA, recovery from addictive disease is now defined as:

 “**A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”**

<https://mhacbo.org/media/filer_public/22/ab/22ab9b40-88e6-49cc-935fe58e21904e56/definitionofrecovery.pdf>

Are you in recovery according to the above definition? Choose one:

Yes \_\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_\_\_ if you choose ‘no’ then be aware you are welcome to take the course, but you will not be considered eligible to apply to receive the CRM from MHACBO or the PSS-AD from OHA.

Watch Video: <https://www.youtube.com/watch?v=17Y_GIEA9js>

What evidence do you have that your recovery is stable enough for it to be a skillful choice for you to become a Certified Recovery Mentor? Please be aware that the reference in the video to MHACBO accepting one year of recovery has now been returned to two years of recovery.

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Have you read and understand that information presented in the **Important Information Sheet** and do you agree to follow the guidelines described in that sheet?

Yes \_\_\_\_\_\_\_\_

No \_\_\_\_\_\_\_\_ (If you choose No you will not be allowed to take the class. If you need to talk about any of the items listed on the Important Information Sheet please call Jonny at 503 740 9478 prior to the class. None of these items will be negotiated during the class).

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and send this form to jonnygieber@gmail.com