



** Indicates Required Field*

Contact Information

Your Name*

Address*

City*

ZIP*

Primary Phone*

Alternate Phone (optional)

Email*

Experience

Are you a Peer with experience in recovery from substance use and/or mental health?*

Yes

How long have you been in recovery?



Tell us your recovery story if applicable:

Where do you plan to use your training as a Recovery Coach or what treatment facility?*

Please provide name of contact at facility.

Tell us any experience you have assisting those individuals who are in recovery:

Tell us your philosophy related to recovery from addiction:

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