



Hartford HealthCare Behavioral Health Network

Recovery Leadership Academy Recovery Support Specialist Training and Certification

The Hartford HealthCare Behavioral Health Network **Recovery Support Specialist Training and Certification Program** is an 80-hour course that prepares persons in recovery from a psychiatric or substance use disorder, or family members of people in recovery, to take the State of Connecticut exam to become a certified Recovery Support Specialist (RSS).

Recovery Support Specialists work in behavioral health systems across the state using their own experience with recovery to support those seeking or currently receiving treatment for mental illness or substance use.

Recovery Leadership Academy Checklist and Instructions

Please initial to signify that you understand each item in the checklist.

Only complete applications will be considered.

- _____ **Application Form:** Please complete the entire application prior to submitting it to Recovery Leadership Academy.
- _____ **Fees:** RLA is **not** accepting payment prior to acceptance in the class.
- _____ **Legal Requirements:** RLA will only accept applications that are (i) complete and (ii) use full names and not nicknames or initials.
- _____ **Application Submission:** RLA will accept applications via email to Karen.Kangas@hhchealth.org with the subject line “RSS Training Application”. Emails/submissions without this subject line will not be considered.
- _____ **Cost:** RLA’s RSS training and certification program costs \$300. Need-based financial aid is available for students. After students are accepted, additional payment information will be provided.
- _____ **Interview:** RLA will conduct in-person interviews with a select few applicants to determine admission into the RSS training. For those selected for the interview, be prepared to respond in a timely manner to confirm your interview day and time.

****If instructions are not followed correctly, the application will not be considered.****

- I certify that I have read the instructions above and have included all specified items from the checklist in my application.

Signature (Typed name): _____

Questions? Contact Karen.Kangas@hhchealth.org with the subject line “RSS Question”.


Hartford HealthCare
Behavioral Health Network

Recovery Support Specialist Training
APPLICATION

Please read the application carefully before submitting it.

Applicant Information		
Name (Last, First, MI)		Date:
Street Address:		Apt./Unit:
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-mail Address:
Best time to call:	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need any accommodations to take the course or the Certification Exam? (If yes, explain briefly.)		
You must be willing to disclose your lived experience as part of your role as a Recovery Support Specialist. Do you agree to this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Hartford HealthCare Behavioral Health Network

Short Answer Questions

Please answer the following questions to the best of your ability. This is not a “test;” your responses will help us to get to know you and will assist us in selecting qualified applicants for the interview round.

1. What is your primary interest in obtaining a Recovery Support Specialist certification? (Briefly explain your background in this area.)

Hartford HealthCare 
Behavioral Health Network

2. Based on your own experience, what would you change about the behavioral health system?

Hartford HealthCare Behavioral Health Network

3. How have your experiences enabled you to connect and communicate with people from diverse backgrounds and experiences?

Hartford HealthCare

Behavioral Health Network

Education		
Do you have a high school diploma or GED equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a college or other degree? Please include university or college name and area of concentration.	
Have you ever taken any college or university courses or other courses? If yes, please list any relevant courses.		
Paid or Volunteer Work Experience		
Company:		Phone:
Address:		
Job Title:	Start Date:	End Date:
Responsibilities:		
Relevant Skills:		
Signature		
I certify that my answers are true and complete to the best of my knowledge.		
Signature (Typed name):		Date:

Hartford HealthCare 
Behavioral Health Network

**Recovery Support Specialist Training
Voluntary Demographic Information**

In an effort to ensure that our class is as diverse as possible, we are interested in the following information, but please be aware that this portion of the application is voluntary:

Sexual Orientation:

Heterosexual Lesbian Gay Bisexual Queer/Questioning Asexual

Other: _____

Gender Expression:

Male Female Transgender Female Transgender Male Intersex

Queer/Questioning Other _____

Race/Ethnic Data: Select all that apply.

- Latino/a/x
- Non-Latino/a/x
- Black
- Asian or Pacific Islander
- Native American or Alaskan Native
- White
- Other: _____

Military Service:

Are you a veteran?

Yes No

Age Group:

18-25 26-39 40-55 56-65 66+