



## CCAR Recovery Coach Academy (aka Fundamentals of Peer Support)

### Training Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Personal Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street/Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Individual/Agency recommending your participation in the training and attesting to your recovery:

Name/Agency \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

\*Send invoice to: \_\_\_\_\_

Required for certification as PSS in Adult Addictions (Check all that apply):

- ☐ I identify as a person in recovery from an addiction disorder
- ☐ I meet the abstinence requirements for recovering staff in A & D treatment programs (2 years)
- ☐ I identify as a person in recovery from problem gambling or other addictions
- ☐ I am not in recovery. I am attending for my own personal growth (Certificate of Participation)

Payment Options (*Cost is \$450; nonrefundable \$50 deposit is due with application.*)

- ☐ Early Bird Discount: \$425 if paid by the week before the training starts.
- ☐ Send check by mail to 711 E Main St Suite 25.
- ☐ Pay by credit card using the website giving tab at [www.ffrhope.com](http://www.ffrhope.com) (processing fee applies).

I understand that payment in full must be received before the training begins and training must be completed before certificate will be issued. No refunds if training is not completed. Cancellation prior to two weeks before training subject to \$50 cancellation fee; no refunds if cancelled less than two weeks prior to beginning of class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date