

MAINE - REGISTERED PEER RECOVERY COACH APPLICATION

Note: Maine has a two-tiered process for certification. The first is registration which is a requisite to becoming certified. This form is for registration.

Today's Date: _____ Date of Birth: _____ Gender: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Email: _____

Position/Title: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

If we need to contact you regarding your application, please indicate your preference: Email Phone

EDUCATION/TRAINING

Activity/Course	Location/Date	Trainer
Recovery Coach Academy		
Ethical Considerations for Recovery Coaches		

***** YOU MUST INCLUDE COPIES OF YOUR CERTIFICATES FOR *****

RECOVERY COACH ACADEMY AND ETHICAL CONSIDERATIONS FOR RECOVERY COACHES

ATTESTATION STATEMENT

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

I attest that I meet the definition of recovery and work each day to support my life in recovery within the following four dimensions:

_____ Health—I practice a pathway of recovery for making informed, healthy choices that support my physical and emotional well-being. (For example, abstaining from addictive substances, relationships, or other addictive processes and/or behaviors.)

_____ Home—I have a stable and safe place to live.

_____ Purpose—I conduct meaningful daily activities and have the independence, income, and resources to participate in society.

_____ Community—I have relationships and social networks that provide support, friendship, love, and hope.

Signed _____

Date _____

Note: Your registered status is effective for two years from the date of approval. After two years, your registered status will need to be renewed, unless you have applied for and received certified status.

MAINE PEER RECOVERY COACH CODE OF ETHICS

As a Peer Recovery Coach:

1. I treat others with dignity, kindness, and respect.
2. I respect self-determination and the right of others to make their own decisions and choices in relation to their lives.
3. I honor and respect multiple pathways of recovery.
4. My primary obligation and responsibility is my own recovery. For me this means:
5. I shall model wellness and recovery and develop a support team and resources to stay in recovery.
6. I shall practice self-care and seek support for any substance use disorder, psychiatric or psychological impairment, emotional distress, or for other physical health that interferes with my recovery and the ability to provide peer to peer support.
7. I shall refrain from misusing substances that impair performance and judgment in my everyday life and performing my peer support duties.
8. I shall not use any illicit substances or any prescribed psychoactive medications in a manner is not its intended use to an extent that impairs my ability to safely and competently provide peer support services.
9. I shall take adequate steps to address any possible impairment to my physical, mental, or emotional health that may interfere with my performance as a Peer Recovery Coach through appropriate channels such as my employer, organization, regulatory bodies, Maine Peer Recovery Certification Board, and/or other professional associations.
10. I walk alongside others as an equal. In the interest in empowering individuals, I will not do for them what they are readily able to accomplish on their own.
11. I represent my role honestly and refer to other services and resources when encountering a need or situation outside my scope of role as a Certified Peer Recovery Coach and skillset.
12. I strive to be aware of, appreciative, and sensitive to differences among people and cultural groups. I will not discriminate in respect to race, ethnicity, gender identity, age, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, genetic information, medical diagnosis, or disability.
13. I avoid conflicts of interest and report any real or potential conflict that may interfere with my ability to act in the best interest of those that I serve. I will remove myself from any real or perceived conflict of interest.
14. I do not accept gifts of significant value from people that I serve. Any gifts that I do accept will be reported to my supervisor. I do not lend to, or borrow from, those that I serve.
15. I avoid dual relationships when possible and maintain appropriate boundaries with recoverees. I do not engage in any personal, emotional, sexual, or financial relationships with those that I serve. I will wait at least a year after the peer-to-peer relationship is terminated before establishing a social relationship with a recoveree.
16. I do not harass others, which includes, but is not limited to, sexual advances, sexual solicitation, requests for sexual favors, and other verbal, written, electronic, or physical contact of a sexual or offensive nature. Harassment does not have to be of a sexual nature and it can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general.
17. I respect the privacy of those I serve and protect the confidentiality of information as required by the law.
18. I advocate to reduce stigma and promote recovery resources for individuals, the community and society.
19. I put a positive face and voice on recovery from alcohol, substances, and other addictions.
20. I improve my recovery service knowledge and skills through ongoing education, training, and supervision.
21. I seek supervisory guidance with problematic situations when they arise.
22. I refrain from coaching without supervision in affiliation with a recovery community organization, or recognized agency.
23. I keep my commitments to my recovery community, organization, or agency.
24. I shall not discontinue services to a recoveree nor shall I abandon a recoveree without facilitating an appropriate plan.
25. I work toward the maintenance and promotion of high standards of practice for Peer Recovery Coaches.

I support the [Faces and Voices of Recovery Bill of Rights](#) for each person that I serve.

By signing this agreement, I certify that all information I provided is true and accurate

Signed _____

Date _____