

THIS SECTION IS TO BE FILLED OUT BY THE EMPLOYER OR SPONSORING AGENCY ONLY*

To Employer or Sponsoring Agency:

The person you have employed as a Peer Support Specialist or are sponsoring for training is applying for Peer Support employment training. The skills that your employee or sponsee will bring back to your organization are extremely valuable in providing person-centered recovery-oriented services. Please note that this training will require your employee or sponsee to attend full time the 50-hour PSS training. All training materials will be provided.

Providers or sponsoring organizations will be expected to submit a \$375 PSS registration for their Peers to attend the training. This payment must be submitted prior to training, to OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311.

Please provide the following information:

Name of person to whom the invoice should be submitted:
Email address:
Telephone number:

I _____ certify that my employee meets the minimum qualifications to be a Peer Support Specialist, which includes: a lived experience with behavioral health challenges, one year of demonstrated recovery, a high school diploma or GED, and is at least 18 years of age. Additionally, my employee has permission to attend the Peer Support training on _____ (date). I further certify that my agency agrees to pay a \$390 registration fee to have the employee trained. I understand that payment will need to be remitted in advance of the training for my employee to attend.

CANCELLATION: If OnTrack Wellness and Recovery Center has less than five people present on the first day of class, the class will be canceled.

REFUND POLICY: If a class is canceled due to lack of attendance, the participant will be contacted by phone or verified email and must confirm receipt of the notice within 48 hours of canceling an approved 50-hour training. A follow-up email will be provided to notify participants of the option to participate in a later class or receive a full refund.

Employer Signature: _____ Date: _____