RECOVERY COACH TRAINING / PROFESSIONAL DEVELOPMENT CHECKLIST

TRAINING	DATE DONE	NOTES / CERT. RECEIVED
Recovery Coach Application		
Background Check		
1-9 Form (if not a volunteer)		
Acknowledgment of Policies		
Supervision Release of Info		
Recovery Coach Orientation		
Recovery Coach Academy		
Recovery Ethics		
Suicide Prevention		
HIV / AIDS Prevention		
Motivational Interviewing		
Recovery Coach 2.0 Video		
Co-Occurring: MH / SUD		
Culturally Linguistic Appropriate Services		
Government Performance Reporting Act (GPRA) Assessment		
Mental Health First Aid – Adult		
Narcan Administration Video		
Trauma Responsive Services (w/in 6 months)		
First Aid / CPR / Basic Life Saving		
HIPAA		
Confidentiality 42 CFR		
Crisis Intervention		
De-escalation		
I agree I am responsible for completing the above training w	vithin the first year of Coa	ching/Employment for Reality Check.
SIGNATURE		DATE
SUPERVISOR SIGNATURE		DATE

NOTE: Approvals for enrollment in the Recovery Coach program are based on prior experience, background check findings, availability, expected completion of requirements, and Board of Directors final approval if required		

REALITY CHECK

Non-Discrimination Statement

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