



Center for  
Health Impact

## Recovery Coach Training Application

Please email completed application to [kmarien@centerforhealthimpact.org](mailto:kmarien@centerforhealthimpact.org) by July 30, 2019.

|               |                                  |
|---------------|----------------------------------|
| Name          | Click or tap here to enter text. |
| Agency        | Click or tap here to enter text. |
| Title         | Click or tap here to enter text. |
| Contact Email | Click or tap here to enter text. |
| Contact Phone | Click or tap here to enter text. |

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|---|
| Please describe your experience with addiction/recovery, as applicable. |
| Click or tap here to enter text.  |

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|---|
| Please explain why you are interested in recovery coach training. |
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| Please describe how you will use your recovery coach training. |
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| Do you plan to apply for the Certified Addiction Recovery Coach (CARC) credential and if yes, what is your plan to complete the 500 hours of required experience? Do you have a supervisor who has been trained as a Recovery Coach Supervisor? |
| Click or tap here to enter text.  |

Thank you for your interest. You will be notified about acceptance no later than  
August 15, 2019.

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