



**DETROIT RECOVERY PROJECT INC.**  
*Doing It Together!*

## **Recovery Training Institute**

### **STATEMENT OF PROGRAM COMMITMENT**

I, the undersigned individual, affirm that I have been thoroughly advised of the process for successfully gaining eligibility for certification as a Peer Recovery Mentor with MCBAP as it is related to the completion of the Recovery Training Institute paraprofessionals course.

As an eligible candidate, I agree to commit the required hours of educational course work within the Recovery Training Institute.

I understand that failure to comply with the Recovery Training Institute attendance policy, allowing no more than 2 absences within a session or 4 tardies (15 min or more late) may result in me becoming ineligible for course completion certification.

I commit to participating in the interactive coursework designed within the Recovery Training Institute to better prepare me for the field of substance misuse treatment.

I will remain respectful and committed to my learning experience while amongst fellow course participants, instructors, administrative staff and clients of the Detroit Recovery Project Inc.

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Applicant Signature

Date

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Please Print Your Name