

Peer Support Specialist Recommendation Form

To be completed by Applicant:

Applicant's Name:	
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The person who is recommending you should be a person who is familiar with your mental health needs and your recovery. It can be a counselor, therapist, case manager, psychiatrist, social worker, church/temple leader, program manager or mental health practitioner.

I am agreeing to allow:	
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To share information about me by filling out this recommendation form, and understand that the information in this form will be kept confidential.

Please check One

<input type="checkbox"/> I want to see the completed Recommendation Form	
<input type="checkbox"/> I do not need to see the completed form (I waive my right to see it)	

Top be completed by the person making the recommendation:

The above applicant is applying for Certified Peer Support Specialist Training. The applicant has selected you to provide a recommendation. Please fill out the information below to help us learn more about the applicant .

Recommender's Name	
Position:	
Relationship to the applicant:	
How Long have you known the applicant:	

Contact Information:

Email:	Telephone:
Best day and time to contact you:	

