NORTH Dakota | Human Services
Be Legendary.™

Personal Statement
CERTIFIED PEER SUPPORT SPECIALIST I

Name: _____ Date: _____

Phone Number: _____ Email: _____

Personal Statement:

- Describe how you will use your lived experience navigating child-or youth-serving systems on behalf of your own child(ren) to benefit others through a peer relationship.
- Describe your experience navigating child-or youth-serving systems on behalf of your child(ren) with behavioral health needs.

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the applicant.

Electronic Signature: _____ Date: _____