NORTH Dakota | Human Services
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Professional Recommendation

The individual named below is applying to become a Certified Peer Support Specialist in North Dakota. You have been selected to provide a reference as part of the application process.

Applicant Name: _____

Your Name: _____ Date: _____

Phone Number: _____ Email: _____

Recommendation:

- Describe the nature of your relationship with this individual and how long you have known them.
- Describe how the individual has navigated child-or youth-serving systems on behalf of their child(ren) with behavioral health needs.
- Describe any strengths or assets this individual will offer as a Parent and Caregiver Peer Support.

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: _____