

Personal Recommendation

Date: _____

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 individ	dual and how long you have known them.
 Describe your experience with the individual that indicates his/her demonstrated effort towards their personal overall wellness/recovery, or in support of a family member for a minimum of one year. 	
Describe any strengths or assets this individual will offer as a Peer Support Specialist.	
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: _____