

Name: _____ Date: _____

Phone Number: _____ Email: _____

Personal Statement:

- Describe your experience as a certified peer support specialist I
- How you will continue to use your lived experience through peer relationships
- Your commitment to the recovery process and/or your family member's recovery process

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: _____