

## 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:		
Outline the applicant's commitment to the recovery process	ss; or	
• The applicant's commitment to a family member's recovery	y 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: \_\_\_\_\_