

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 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: _____ Date: _____