

Personal Reference Form

North Carolina Peer Support Specialist Training

The individual named below is submitting an application to participate in an upcoming Peer Support Specialist Training. The applicant has requested for you to provide the required personal reference.

A person that is eligible to take the Peer Support Specialist Training must meet the below requirements:

- 18 years or older
- Has lived experiences in recovery from a significant mental health and/or substance use disorder
- Has been in recovery for at least one consecutive year
- Has at least a high school diploma or equivalent

With the advantage of shared experience, a Peer Support Specialist is someone who helps others diagnosed with a mental illness and/or substance use disorder.

Instructions: Complete the reference form and seal it in an envelope. On the back of the envelope, please sign your name across the seal of the envelope (this will assure that the reference is authentic). Return the sealed reference form to the applicant who will then submit with their completed application.

Name of applicant for whom you are providing a reference:

Description of your relationship with the applicant, including how long you have known them:

Please share the applicant's strengths that you feel will be an asset in them becoming a Peer Support Specialist:

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Describe your experience with the individual that indicates his/her demonstrated recovery for at least 12 consecutive months:

By signing this reference form, I certify that the information that has been provided is accurate, to the best of my knowledge. I certify that I have witnessed their personal recovery lifestyle for an extended period of time.

My signature also confirms, to the best of my knowledge, that the applicant meets the indicated requirements (below) to be a Peer Support Specialist.

- 18 years or older
- has been in recovery for at least one year
- has a high school diploma or equivalent

Signature: _____

Your Contact Information (please print or type)

Name: _____

Address: _____

Phone: _____

Email: _____

Questions? If you have questions about the reference form, contact Sue Polston, Sunrise Community For Recovery & Wellness- spolston@sunriseinashville.org