

PERSONAL REFERENCE FORM

PEER SUPPORT SPECIALIST APPLICATION PROCESS

The individual named below is completing an application to be registered as a Peer Support Specialist with the North Carolina Division of MHDDAS. All Applicants must submit 2 completed references in order to complete their application process. You have been chosen by the applicant to provide a reference for this purpose. Once the reference form is completed by you, place in the attached envelope, seal the envelope, and sign the seal with your signature and mail. We appreciate your support of this individual for recognition of their work as a Peer Support Specialist. If you have any questions, please do not hesitate to contact our offices at 919-843-6083.

Prospective Peer Support Specialist: _____

Name of Applicant for whom this supervision form is completed

Please describe your knowledge of the individual's work in the role of a Peer Support Specialist: _____

Please describe the nature of your relationship with the individual: _____

Please describe any reservations you have about recommending this individual as a Peer Support Specialist: _____

Signature of Reference

Date

Reference contact Information:

Phone: _____

Address: _____

Email: _____

