

Reference: _____ Title/Organization: _____
Relationship to you: _____ How long have you known each other? _____
Personal phone #: _____ Work phone #: _____ Email: _____

1) Describe your recovery.

2) What does “recovery” mean to you?

3) Why are you interested in becoming a Peer Supporter?

If you have a previous felony conviction, please explain and include dates. *Prior convictions are not necessarily grounds for denial of admission to training* however individuals who have been convicted of any offense listed in 5122-29-15.1 paragraph (I) will not be approved to take the OhioMHAS Integrated Peer Recovery Supporter Training in order to mirror the OhioMHAS Peer Recovery Supporter Certification.

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge, and understand that any false information or omissions may affect my admission status. I understand that all personal information provided here will remain confidential but is subject to public records request, and that is my responsibility to provide OhioMHAS with updated contact information as needed.

Signature Printed Name Date Signed