



## Work Verification Form for Peer Recovery Supporter Applicants

### Who are Applying for Certification with Work Experience

This work verification form is for applicants who wish to apply for certification as a Peer Recovery Supporter and have at least 3 years work experience. Please fill out the information below and email form to [ohiopeercertification@mha.ohio.gov](mailto:ohiopeercertification@mha.ohio.gov). Thank you.

**NAME OF APPLICANT:**

**Name of person completing this form:**

**Title of person completing this form:**

**Agency:**

**Agency Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone Number:**

**Please indicate which position(s) the applicant has worked in your agency (mark as many as apply):**

	Position Title	Start Date	End Date
<input type="checkbox"/>	Peer Supporter		
<input type="checkbox"/>	Peer Navigator		
<input type="checkbox"/>	Peer Specialist		
<input type="checkbox"/>	Peer Recovery Coach		

**Signature:**