



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 save a copy of this form to your desktop, attach the form to an email and send to 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 and date: