



## Reference Form – Peer Recovery Supporter Certification

This reference form is for individuals applying for certification as a Peer Recovery Supporter in the State of Ohio. Please save a copy of this form to your desktop, attach the form to an email and send to [ohiopeercertification@mha.ohio.gov](mailto:ohiopeercertification@mha.ohio.gov). Thank you.

**NAME OF APPLICANT:**

**Name of person completing this form:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone Number:**

**Based on your knowledge of the applicant, please provide comment on the following:**

What would make the applicant a good Peer Recovery Supporter?

How well does the applicant interact with others?

Please describe strengths and assets the applicant will offer as a Peer Recovery Supporter?

Do you have any concerns about the applicant becoming a Peer Recovery Supporter?

**Signature and date:**