**PEER SUPPORT PROFESSIONAL TRAINING**

**LETTER OF REFERENCE FORM**

**INSTRUCTIONS**

This is a reference form for an applicant to our Peer Support Professional Training Program. Peer Support Professionals are a growing profession within the behavioral healthcare system. They provide mentoring and support to others using their lived experience in recovery from a mental health and/or substance use condition.

We are seeking applicants who are established in their own recovery, ready to focus on assisting others, and who are empathetic. They must have good communication skills and exhibit personal responsibility in regards to work, volunteering, and their personal recovery.

**Please note that reference letters should be written by someone who knows the applicant well but is not a family member or a person they are receiving services from.**

Once completed please email this form to [kristen@cmwn.org](mailto:kristen@cmwn.org). *This form must be filled out on a computer, as we cannot accept handwritten letters.*

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## LETTER OF REFERENCE

**APPLICANT NAME:**

**APPLICANT EMAIL:**

**Why do you think this applicant would be a good Peer Support Professional? Please provide examples that support your observations.**

**How long have you known the applicant and in what capacity?**

**YOUR NAME:**

**EMAIL:**

**PHONE:**

□ *I attest that all statements made within this form are true at the time of signing and that, should any of these statements become untrue, I will notify CMWN staff immediately.*

**SIGNATURE**:

**DATE**: