

OHIO & KENTUCKY PEER SUPPORT TRAINING:

PERSONAL REFERENCE FORM

The individual named below is completing an application to be trained as an Ohio or Kentucky Certified Peer Support professional. Peers utilize their own personal experiences and knowledge gained through mental illness and/or substance use recovery to empower others, assist and advocate for consumers, and develop new skills while enhancing their own personal recovery.

Two letters of recommendation are required to be considered for the training. These references should come from members of a treatment team (i.e. healthcare provider, psychiatrist, therapist, group leader, employer if applicable). If recovering from a mental illness, a reference from a psychiatrist or therapist is recommended. If recovering from a substance use disorder, a reference from a sponsor or treatment team member is recommended. References from family members will not be accepted.

Name of the Applicant: _____

How long have you known the applicant? ___ 0-3 months ___ 6-9 months ___ 1-year ___ 2 years ___ 3+ years

1. Please describe the nature of your relationship with the applicant.

2. Describe your experience with the individual that indicates his/her demonstrated recovery over the past year.

3. Please indicate any strengths or assets this individual may offer as a peer support professional.

4. Do you believe this individual is well-equipped to share their recovery experiences in a manner that will empower and assist fellow consumers? Please explain.

5. If you were in the role of hiring peer support professionals or placing them in a volunteer position, would you consider this person to be a viable candidate, given what you know about their recovery?

Signature: _____

Date: _____

Contact information:

Name: _____

Phone: _____

E-mail: _____

Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.

Reference forms can be faxed/scanned/emailed to Nicole Paul npaul@mhankyswoh.org or sent to the address listed below:

**Mental Health America of Northern Kentucky and Southwest Ohio
Attn: Peer Support Training
11238 Cornell Park Drive | Blue Ash, OH 45242**