

Mental Health America National Certified Peer Specialist Supervisory Recommendation for Certification Form

Directions

Thank you for taking the time to provide a *Supervisory Recommendation for Certification* for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of the Mental Health America National Certified Peer Specialist (NCPS) designation.

Please carefully read the **Definition of a Supervisory Recommendation**. Based on your relationship and direct experiences with the applicant, carefully consider his or her appropriateness for the role. If you have any question as to the qualifications, scope of service and expectations of a MHA National Certified Peer Specialist, please contact our offices directly at 850-222-6314.

This form must be completed by the individual providing the recommendation. Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the individual providing the applicant's recommendation only.

Upon completion, please submit the form and any supporting documentation (optional) directly to the FCB via fax, email, or mail: the FCB will not accept Recommendation for Certification Forms completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Supervisory Recommendation (applicant name)

Definition of a Supervisory Recommendation: A Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

Individuals providing a supervisory recommendation must be in a non-peer or non-subordinate position to the applicant. Typical individual's eligible to provide a Supervisory Recommendation for Certification include the applicant's immediate supervisor or any other agency supervisor, trainers, mentors, quality assurance staff, and any other agency management or leadership staff. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor.

A Supervisory Recommendation for Certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

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Part 1: To be completed by the applicant before to giving to the individual providing the Supervisory Recommendation for Certification as a MHA National Certified Peer Specialist (CRPS).

Applicant Information. For tracking purposes, it is important that we have your name and the name of the person who will be submitting this Recommendation for Certification Form in support of your application for certification. Please list your name and the name of the individual completing this form as you stated on your Application for Certification.

Use a separate form for each individual providing a recommendation for certification.

Your name: _____

Name of individual providing the recommendation: _____

Part 2: To be completed by the individual providing the Recommendation for Certification as a MHA NCPS.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

home cell work

Primary Email Address

Primary Phone Number

Phone Type

Contact Address Line 1

City

State

Zip code

County

Title

Employer

Employer Webpage Address

Business Phone

Section B: Nature of Relationship with Applicant for Certification. Attach additional pages if necessary.

Please describe the nature of your relationship with the applicant, including how you are eligible to provide a Supervisory Recommendation for the Mental Health America National Certified Peer Specialist credential.

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Section C: Recommendation. Attach additional pages if necessary.

Please describe why you believe the applicant would be successful in the role of a MHA National Certified Peer Specialist, including specific examples where you observed the applicant successfully demonstrating skills expected of a MHA National Certified Peer Specialist.

Section D: Attestation.

I hereby affirm that I have been in a firsthand position to observe the applicant listed in Part 1 of this form perform peer specialist support services at the level expected of a MHA NCPS.

I affirm. I do not affirm.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification as a MHA National Certified Peer Specialist.

I affirm. I do not affirm.

Signature

Date