



National Certified Peer Specialist Recommendation for Certification Form

DIRECTIONS

This form allows for one individual to provide a recommendation for certification. Provide a separate *Recommendation for Certification Form* to each individual who will be completing either a Supervisory or Professional Recommendation on your behalf. All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and given to the individual providing the recommendation. Type of recommendation should be marked by applicant.
- Part Two is completed by the individual providing the recommendation. This individual will submit the completed recommendation form to FCB by mail, email or fax (see below).

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

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Recommendation (applicant name)

REQUIREMENT

<p>Supervisory Recommendation Definition</p>	<p>For certification purposes, 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. Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification. 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 recommendation must be in a non-peer or non-subordinate position to the applicant.</p>
<p>Professional Recommendation Definition</p>	<p>For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance as a professional. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations required of the certification. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification. Individuals providing a recommendation may not be in a subordinate position to the applicant.</p>



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All information must be typed. Handwritten forms will be denied.

Part 1: To be completed by the applicant prior to providing to individual for completion.

Applicant Information: Please complete type of recommendation requested. Use a separate form for each individual providing a recommendation for certification.		
Applicant Name:		
Credential Applied For:		
Name of Individual Providing the Recommendation:		
Type of Recommendation (select one)	Supervisory	Professional

Part 2: To be completed by the recommender and submitted directly to the FCB.

Section A: Recommender's Contact Information	
Last Name:	First Name:
Title:	Employer:
Email Address:	Business Phone:
Work Address:	
City:	State:
Zip Code:	County:

Section B: Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a recommendation for certification.



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Section B Continued: Please describe why you believe the applicant would be a successful member of the profession in which he or she is seeking certification. Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a certified professional.

[Empty box for providing detailed examples of the applicant's skills and performance.]

Section C: Attestation

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 with the Florida Certification Board.

I affirm.

I do not affirm.

Recommender's Signature *(FCB accepts manual and electronic signatures)*

Date