Certified Recovery Peer Specialist
Recommendation for Certification Form

Instructions

What This Is For:

Peer Specialists use their own life experiences to support people who are going through similar challenges. To become certified, you have three separate letters of recommendation for certification. Here's what counts:

- The people providing the recommendation for certification must have direct knowledge of your peer specialist work experience.

- People providing a recommendation may not be related, in a familial relationship or in a subordinate position to the applicant.

For Applicants: What You Need to Do

1. Download the Recommendation for Certification Form.

2. Fill out Section 1.

3. Give the form to each person who can provide a recommendation for certification.

4. Make sure each person providing the recommendation knows:

   o They must fill out Section 2.

   o The recommendation must speak to your work performance as a peer specialist.

   o They must send the form directly to FCB.
   You cannot send it in yourself — if you do, it won't be accepted.

For Recommenders: What You Need to Do

1. Talk with the applicant to make sure you understand the recommendation requirements.

2. Complete Section 2 of the form.

3. Make sure your recommendation speaks to the applicant's work performance as a peer specialist. While teamwork, experience, and work ethic are the types of things discussed, the recommendation should give the FCB an idea of how you believe the applicant functions on the job and why they should be considered for certification.

4. Send the completed form directly to FCB.
   Forms must come from you — we will not accept them from the applicant.

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How to Use This Form

- Part 1 should be filled out by the applicant before giving the form to the person providing the recommendation. **Use a separate form for each recommendation**.

- Part 2 should be filled out by the person providing the recommendation.

- The person providing the recommendation must then submit the completed form by email to the applicant's assigned certification specialist.

Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

Part 1: Applicant Information. Write the job title of the position you are using to meet the work experience requirement.

1. Applicant Name _____

2. Employer Name _____

3. Job Title _____

4. Position Type ☐ Full Time ☐ Part Time *AND* ☐ Paid ☐ Volunteer

5. Your Certification Specialist's Email Address _____

6. Applicant Attestation and Signature

By signing below, I confirm that the information I provided is true to the best of my knowledge.

I understand that (1) I am not allowed to receive and/or submit the completed form from the people who are providing the recommendation for certification, and (2) they will submit the completed form directly to my Certification Specialist.

Signature *(FCB accepts manual and electronic signatures)*   **Date**

Part 2: Recommendation for Certification

Provide the **name and contact details** of the person who is providing the recommendation for certification.

1. Name _____

2. Email Address _____   **3. Phone Number** _____

4. Describe the nature of your relationship with the applicant/why you can provide a recommendation.

5. Why do you believe the applicant would be a successful member of the profession in which they are seeking certification? Provide specific examples of situations where you observed the applicant successfully providing peer specialist support.

Attestation and Signature

By signing below, I confirm that all the information I provided is true to the best of my knowledge. Further, I will email the form to the applicant's Certification Specialist at the email address indicated in Part 1 of this form.

Signature *(FCB accepts manual and electronic signatures)*   **Date**