FORM C

*100Hours of ***Volunteer*** *or* ***Paid*** work experience specific to the four domains of peer recovery service *(Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility)*.

In the following spaces, please indicate the periods of time of ***Volunteer*** *or* ***Paid*** work experience you affirm that the applicant has engaged in specific to the four domains of peer recovery service *(Advocacy, Mentoring/Education, Recovery Support, and Ethical Responsibility)*.

Please provide your signature, indicating that you personally affirm the time periods indicated.

DATE(S) OF EXPERIENCE	Hours	PEER RECOVERY DOMAINS EXPERIENCED	SUPERVISOR/MENTOR (SIGNATURE FOR EACH PERIOD)

Total Hours:_____

SUPERVISOR/MENTOR CONTACT INFORMATION:

NAME (printed): _____

AGENCY/ORGANIZATION: _____

TELEPHONE:_____E-MAIL: _____

*I affirm that the performance demonstrated by this applicant is consistent with the standards of certification for Peer Support Specialist by the Peer Support Specialist Certification Commission.

SUPERVISOR/MENTOR Signature: _____

DATE: _____