

**PERSONAL REFERENCE FOR**  
**40-HOUR PEER SUPPORT SPECIALIST TRAINING APPLICATION**

The individual named below is applying for participation in a Peer Support Specialist Training Program. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for *at least the past 9 months*.

**Instructions: Please complete the reference form. Place the completed form in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to the Applicant, who will mail it as part of the complete application packet.**

**Name of Applicant:**

- 1) Please describe the nature of your relationship with this individual and how long you have known this individual:

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- 2) Describe your experience with this individual that indicates his/her demonstrated recovery for **at least 9 months:**

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- 3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

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PLEASE SIGN STATEMENT ON THE NEXT PAGE

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery for the individual listed on this letter. I certify that I have witnessed his/her personal recovery lifestyle for at least 9 consecutive months and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support in order to promote overall well-being and continual personal growth.

My reference for this individual indicates my support, belief and affirmation for them having met the qualifications (is at least 18 years of age; and has been in recovery for at least 9 consecutive months) to be considered for this 40 hour training.

All personal information provided in this form will remain confidential and data in determining eligibility for 40 hour training.

**Signature of Reference**

**Date**

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Reference Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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We appreciate your support of this individual for the recognition of their accomplishments in their recovery journey and desire to become a Peer Support Specialist. If you have any questions, please email [PSSstraining@vayahealth.com](mailto:PSSstraining@vayahealth.com).

Vaya Health/Smoky Mountain  
Attention: Peer Support Training  
408-B Spaulding Road  
Marion, NC 28752