



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 FIFTH AVENUE, NORTH
NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED PEER SPECIALIST VOLUNTEER WORK SUMMARY

The applicant named below is applying for certification as a Peer Specialist with the State of Tennessee. For Peer Specialists providing volunteer work, the immediate supervisor should complete the following form regarding the applicant's volunteer work responsibilities and supervisory plan. Send the completed Volunteer Work Summary to the Coordinator of Tennessee's Peer Specialist Certification Program at the address above or fax it to 615-253-3920. If you have questions, contact the Office of Consumer Affairs toll-free at 1-800-560-5767.

- 1) Prospective Certified Peer Specialist:

(Applicant's name)

- 2) Has the applicant named above provided volunteer work in the role of a Peer Specialist?

Yes

No

- 3) Dates of volunteer work as a Peer Specialist _____

- 4) Number of hours volunteered in this position per week: _____

- 5) A Certified Peer Specialist must be under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Please provide the following information regarding the agency staff that provides direct supervision:

Name _____

Job Title _____

Credentials _____

Agency _____

Phone (____) _____

Email _____

Address _____

City _____ State _____ ZIP _____

- 6) Please describe the nature of the applicant's volunteer work responsibilities in the position and role as a Peer Specialist within the agency:

- 7) Please describe in detail the nature of your direct one-on-one clinical supervision interactions with this applicant:

My signature below affirms that all of the information contained in this document is true, and that I support this applicant without reservation.

Signature of Supervisor _____ Date _____