

Certified Peer Recovery Specialist Employment / Volunteer Summary

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. For Peer Recovery Specialists currently employed or in a volunteer position, the supervisor should complete the following form regarding the applicant's employment or volunteer position, peer support responsibilities and supervisory plan. For questions, please contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 800-560-5767.

Applicant's name _____

Agency _____

Title of applicant's position _____

Does the applicant provide peer recovery services in this position? YES NO

Has the applicant provided at minimum 75 hours of peer recovery services? YES NO

Start date of employment or volunteer position providing peer recovery services _____

Number of hours assigned to work in this position per week _____

A Certified Peer Recovery Specialist must be under the supervision of an approved supervisor in accordance with the CPRS Handbook whether providing peer support services for employment or on a volunteer basis.

Supervisor's Name _____ Credentials _____

Title _____

Agency/Organization _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email _____

Describe the nature of the applicant's work or volunteer responsibilities providing **peer recovery services**. For examples of peer recovery services, see the Scope of Activities in the CPRS Handbook here: <https://www.tn.gov/content/dam/tn/mentalhealth/documents/cprs/Certified%20Peer%20Recovery%20Specialist%20Handbook%20March%202019.pdf> . *Note: it is a violation of the CPRS Code of Ethics for CPRS's to provide clinical treatment services.*

Describe in detail the nature of your one-on-one supervision interactions with this applicant:

Describe in detail the professional development plan or goals for the applicant within the agency/organization:

My signature below affirms that all of the information contained in this document is true.

Signature of Supervisor _____ Date _____