

## **Certified Peer Recovery Specialist Letter of Professional/Personal Reference**

*The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. You have been chosen by the applicant to provide a professional or personal reference. If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or [cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov).*

Applicant's name \_\_\_\_\_

Describe the nature of your professional/personal relationship with the applicant and how long you have known him or her.

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Describe your knowledge of the applicant's work (paid or volunteer) 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.*

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Describe your knowledge of the applicant's strengths that will make the applicant a good candidate for becoming a Certified Peer Recovery Specialist.

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Provide any additional information pertinent to this applicant.

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**Reference Contact Information**

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Title \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

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

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_