

DMH CERTIFIED PEER SUPPORT SPECIALIST REFERENCE FORM

Applicant Name: _____

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist Credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Scope of Activities which describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification. (Please see www.dmh.ms.gov/cpss-documents for copy of Scope of Activities)
2. Once the reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application.
3. If you have any questions please contact our office at 601-359-1288.

1. Please describe the nature of your relationship with the applicant (select one)

Professional Personal

2. How long have you known the applicant?

3. Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Certified Peer Support Specialist Professional

4. Please comment on only the items listed below which you can personally respond and check off the most appropriate rating of the applicant's abilities.

| | Strong | Moderately Strong | Limited |
|-----------------------------|--------|-------------------|---------|
| Academic Ability | | | |
| Written Communication | | | |
| Oral Communication | | | |
| Ability To Help Others | | | |
| Stress Management Abilities | | | |

REFERENCE CONTACT INFORMATION: (Please print/type)

Name: _____ Agency _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

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

Signature of Reference

Date