

Reference Form: Applicant must submit two Reference Forms (**one personal reference and one professional reference**). The references must be able to attest to your ability to perform the role of a **Forensic Peer Recovery Support Specialist**. A **professional reference** is someone who's seen you on the job and knows what you're like to work with. In the case of an individual who is currently incarcerated, **two professional references will be accepted**.

FORENSIC PEER RECOVERY SUPPORT SPECIALIST PROFESSIONAL REFERENCE FORM

Instructions for individual completing Professional Reference Form

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

Please read the Scope of Activities in the back of the application packet which describes the role of the **Forensic Peer Recovery Support Specialist**. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this description in mind, please complete the **CPSSP-F** Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

Once the reference form is completed, place the form in an envelope, seal the envelope, and place your signature across the seal. Return the envelope to the applicant so it can be submitted via mail with the application.

If you have any questions or need additional information, please contact John P. Higgins II via email at jhiggins@msmentalhealth.org, Keith Windsor via email at kwindsor@msmentalhealth.org, or Kathy Smith at [601-359-1288](tel:601-359-1288).

Applicant Name: _____

1. How long have you known the applicant?

2. 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-Forensic Peer Recovery.

3. Please check the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral Communication			
Ability To Help Others			
Stress Management Abilities			

FORENSIC PEER RECOVERY SUPPORT SPECIALIST PERSONAL REFERENCE FORM

Instructions for individual completing Personal Reference Form

Thank you for taking the time to provide a reference and recommendation for the certification of this applicant as he or she applies for the Department of Mental Health **CPSSP-F** credential. Your feedback is a critical component of the application process and is greatly appreciated.

Please read the Scope of Activities in the back of the application packet which describes the role of the **CPSSP-F**. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this description in mind, please complete the **CPSSP-F** Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

Once the reference form is completed, place the form in an envelope, seal the envelope, and place your signature across the seal. Return the envelope to the applicant so it can be submitted via mail with the application.

If you have any questions or need additional information, please contact John P. Higgins II via email: jhiggins@msmentalhealth.org, Keith Windsor via email at kwindsor@msmentalhealth.org, or Kathy Smith at [601-359-1288](tel:601-359-1288).

Applicant Name: _____

1. Please describe the nature of your relationship with the applicant.

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- Forensic Peer Recovery**

4. Please check 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 type)

Name: _____ Agency: _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

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

Signature of Reference

Date