

New York Certified Peer Specialist
Peer Specialist Experience Verification Form (Work or Volunteer)

Applicant: _____ Date: _____

Employer: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Job Title: _____ Was this unpaid/internship experience? " YES " NO

Supervisor's Name: _____ Average # of hours per week: _____

Status: Work or Volunteer:

To be COMPLETED by applicant and VERIFIED by supervisor named below		Supervisor's Initials
Start date of experience		
Still in position as of today's date: _____	YES NO	
Total number of hours providing peer specialist services since start date (No more than 2000 hours per year)		
Total number of supervision hours received since start date (Typically 1-5 hours per week)		
My supervisor is certified as a NYCPS	YES NO	
My supervisor is familiar with the NYCPS certification standards and NYPSCB Code of Ethical Conduct	YES NO	

To be completed and signed by applicant's SUPERVISOR ONLY

Supervisor's Name: _____ Title: _____

While in this position, the applicant:

- | | | |
|---|-----|----|
| Provided and promoted recovery-based services to peers? | YES | NO |
| Assisted peers to obtain recovery services individualized to their needs ? | YES | NO |
| Assisted peers to develop empowerment skills through self-advocacy? | YES | NO |
| Assisted peers to develop problem-solving skills to enhance their recovery? | YES | NO |
| Shared their own recovery journey with peers, staff and non-peer staff? | YES | NO |
| Assisted staff in identifying programs/environments conducive to recovery? | YES | NO |

I provided supervision to this applicant on site at the agency: YES NO Number of hours provided: _____

How long have you supervised the applicant: _____ years _____ months

I am familiar with the NYCPS certification standards, renewal process and NYPSCB Code of Ethical Conduct: YES NO

Verification Signature. My position in the organization is _____. I verify that I provide the applicant named above supervision and they are working or volunteering as a Peer Specialist in my organization.

Supervisor Signature

Supervisor Phone Number