

## 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:

<b>To be COMPLETED by applicant and VERIFIED by supervisor named below</b>		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 NYPCSB 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 NYPCSB 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