

OnTrack Wellness and Recovery Center

PERSONAL REFERENCE LETTER (Mandatory)

50-hours North Carolina Peer Support Specialist Training Certification

The individual named below is applying for participation in a 50-hour Peer Support Specialist Training Certification Program. The applicant must meet the following requirements: - 18 Years or older. - Have lived experience in significant mental health or substance use disorder. - Have been in recovery for at least one year. - Have a high school diploma or equivalent.

Name of Applicant: _____

Instructions: Please complete the personal reference form. Place completed the personal reference letter form and submit to adhccare@gmail.com or mail the personal reference letter in an envelope and seal it. Sign the back of the envelope, placing your signature across the seal line. Return it to: OnTrack Wellness and Recovery Center, 1425 McArthur Road, Fayetteville, NC 28311 as part of the complete application packet.

1) Please describe the nature of your relationship with this individual and how long you have known this individual:

2) Describe your experience with this individual that indicates his/her demonstrated recovery for at least 12 months:

3) Please describe any strengths or assets this individual will offer as a Peer Support Specialist:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge regarding the recovery of the individual listed in this letter. I also certify this individual is a current or former consumer of mental health and/or substance use services. I certify that I have witnessed his/her personal recovery lifestyle for at least one year and this individual does exemplify the principles of recovery. I certify, to the best of my knowledge that this individual continues to make the effort required to maintain a healthy and productive lifestyle based on the principles of recovery, which include making healthy choices, taking positive action, as well as seeking and accepting support in order to promote overall wellbeing and continual personal growth. My reference for this individual indicates my support, belief, and affirmation for them having met the qualifications (is at least 18 years of age; and has been in recovery for at least one year) to be considered for this 50-hour certification training as a North Carolina Peer Support Specialist. All personal information provided in this form will remain confidential and data in determining eligibility for 50-hour training.

Signature of Reference _____ Date _____

We appreciate your support of this individual for the recognition of their accomplishments in their recovery journey and desire to become a Peer Support Specialist. If you have any questions, please email adhccare@gmail.com or write me at the address listed below.

Dr. Annie R. Hasan
OnTrack Wellness and Recovery Center
1425 McArthur Road
Fayetteville, NC 28311
910-624-6513