PEER SUPERVISION FORM

Peer Recovery Specialist _____

DATE	DOMAIN	TIME	TYPE OF SUPERVISION (I/G)	RPS SUPERVISOR NAME & NUMBER (print)	RPS SUPERVISOR SIGNATURE

I _____ certify that all information provided as part of the CPRS application is true and correct to the best of my knowledge. I give my consent for MABPCB to contact the RPS of record to verify the information provided.

_____ _____

Peer Recovery Specialist Signature Date