



## Peer Support Specialist Verification Form

### Part 1: To be filled out by the student

All fields must be completed. Use NA if a question is not applicable.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Course Number MHT-3100D (View [course information](#))

Enrollment into this course requires that participants have personal experience and be in recovery from a significant mental health or substance use issue for at least **one (1) year**. Please describe your experience here. (**Note:** This personal statement will be confidential and reviewed only by a peer support specialist instructor.)

### Additional requirements to register for this course include:

1. Copy of your High School diploma or equivalent, or a college transcript.
2. Completed Durham Tech CE [registration form](#). **Do not fill out the bottom payment portion.** You will be given instructions on how to make your payment in a secure payment portal through Durham Tech.

Please create a separate file for **each** document on a flash drive, your hard drive, or on your phone (if you are taking a photo), before you upload.

**How to submit your documents**

Email your forms to [bhealth@durhamtech.edu](mailto:bhealth@durhamtech.edu)

After you have uploaded all your documents, please email [johnson-arnoldl@durhamtech.edu](mailto:johnson-arnoldl@durhamtech.edu).

" I attest I understand that biweekly I will attend class online. I have access to a computer with a camera. I understand biweekly I will also meet my class face to face 5 times on Saturday from 8:00 a.m. until 5:30 p.m. at a location specified in the course syllabus, and I can commit to attending without work life or transportation interfering. "

*By signing this form, I give the Durham Tech Peer Support Specialist instructor permission to review my application to determine my qualifications for the Peer Support Specialist training.*

Please use a pen to sign and date.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 2: For Durham Technical Community College Peer Support Specialist personnel only**

I attest that this student may be enrolled in the Peer Support Specialist Training based on my review of the following documentation:

- At least 18 years of age
- High School Diploma, GED, or high school equivalency
- Personal statement demonstrating 1 year of recovery from a mental health or substance abuse issue.

Instructor Name (Printed): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_