

VERIFICATION OF EMPLOYMENT

FOR PEER RECOVER SUPPORT SPECIALIST CERTIFICATION

Applicant Name: _____
PRINT NAME CLEARLY

Signature of Applicant: _____ Date: _____

TO BE COMPLETED BY PERSON VERIFYING EMPLOYMENT (Please Print)

Qualifying Agency must be an ODMHSAS Agency or have a contract with ODMHSAS/OK Health Care Authority to provide services.

Agency Name: _____

Agency NPI# _____

Agency ADDRESS with Zip Code: _____

Applicant's Hire/Volunteer Date: _____

Name of person verifying: _____

Title/Position of person verifying: _____

Agency's contact email address: _____

Agency's contact phone# _____

I verify that the above information is true and correct:

Signature of person verifying: _____ Date: _____

After agency completes this Verification of Employment form please fax with Renewal Summary form to 405-366-2304 or email to Ramona.Gregory@odmhsas.org