

Oklahoma Department of Mental Health and Substance Abuse Services
Peer Recovery Support Specialist
Verification of Employment and/or Volunteer Experience Form
PAGE TWO – only for people who received their PRSS credential
prior to June 2009 are REQUIRED to complete this form
(Illegible & Incomplete Applications will not be processed)

If you received your PRSS credential **prior to June 2009** please, complete this additional form:

Last Name: _____ First Name: _____ Middle Initial: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment or Volunteer Service -From: _____ To: _____

Specific duties performed providing peer services: _____

To be completed by Employment Agency:

Name of person verifying service provided by above PRSS: _____

Title of person verifying services: _____

Phone: (____) _____

Email Address: _____

Print Name and Date

Signature