



Office Substance Abuse and Mental Health
Arkansas Department of Human Services

25 Supervision Attendance Hours Attestation

Credential Level: _____

*I attest, **as a peer worker**, that I have **completed 25 hours attending peer supervision**, as a peer worker. By affixing my signature to this document, I verify that I have completed these hours after having completed the applicable peer training. I attest that the hours are valid, and this document is true and accurate.*

Peer worker (Print)

Signature

Date

Supervisor Attestation

*I attest, as a **Peer Recovery Supervisor**, that the above candidate, under my direct supervision, has **completed 25 hours attending peer supervision**, as a peer specialist. I verify that this document is true and accurate and approve the candidate's completion of the listed work experience hours.*

Peer Supervisor (Print)

Signature

Date