



Office Substance Abuse and Mental Health  
Arkansas Department of Human Services

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Credential Level: \_\_\_\_\_

### 25 Advocacy Hours

*I attest, as a **peer worker**, that I have completed **25 work experience hours, in the domain of Advocacy**, 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

### 25 Ethical Responsibility Hours

*I attest, as a **peer worker**, that I have completed **25 work experience hours, in the domain of Ethical Responsibility**, 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

### 25 Recovery and Wellness

*I attest, as a **peer worker**, that I have completed **25 work experience hours, in the domain of Recovery and Wellness**, 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

### 25 Mentoring and Education Hours

*I attest, as a **peer worker**, that I have completed **25 work experience hours, in the domain of Mentoring and Education**, 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

### Peer Supervisor Attestation

*I attest, as the **Peer Recovery Supervisor**, that the above candidate, under my direct supervision, has completed **25 work experience hours, in the domains of Advocacy, Ethical Responsibility, Mentoring and Education, and Recovery and Wellness**, as a peer worker. 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