



Office Substance Abuse and Mental Health
Arkansas Department of Human Services

SIT 250 Hours Providing Supervision

*I attest, as a **Supervisor-in-Training**, that I have completed **250 hours providing supervision** in the role of a Peer Supervisor-in-Training. All **250 of those hours have consisted of providing supervision that falls under the domains of Advocacy, Ethical Responsibility, Recovery/Wellness and Mentoring/Education**. **50 of those hours must be under the direct supervision of your Peer Recovery Supervisor**. By affixing my signature to this document, I verify that I completed the hours after I completed the Arkansas Peer Supervisor Training. I attest that the hours are valid, and this document is true and accurate. I have completed all experience hours that are listed on this document.*

Peer Specialist (Print)

Signature

Date

SIT 250 Hours Work Experience

*I attest, as a **Supervisor-in-Training**, that I have completed **250 total work experience hours** as a Supervisor-in-Training. By affixing my signature to this document, I verify that I completed the hours after I completed the Arkansas Peer Supervisor Training. I attest that the hours are valid, and this document is true and accurate. I have completed all experience hours that are listed on this document.*

Peer Specialist (Print)

Signature

Date

Supervisor Attestation

*I attest, as a **Peer Recovery Peer Supervisor**, that the above candidate, under my supervision, has completed **250 hours providing supervision, with 50 of those hours under direct supervision of your Supervisor**, in the role of a Peer Supervisor in Training and all **250 of those hours have consisted of providing service that falls under the domains of Advocacy, Ethical Responsibility, Recovery/Wellness and Mentoring/Education**.*

*I, as a **Peer Recovery Supervisor**, also attest that the above candidate, under my direct supervision, has completed **250 total work experience hours** as a Supervisor-in-Training. 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