



Office of Substance Abuse and Mental Health  
Division of Aging, Adult, and Behavioral Health Services  
700 Main St., Slot S175, Little Rock, AR 72203-8059

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## Peer Application Appeal Form

**CONFIDENTIAL**

Individuals who have been deemed ineligible to participate in training to provide peer services based on their criminal history are entitled to appeal this decision based on § 20-77-135. Applicants have thirty (30) calendar days to submit an appeal upon notification that their application has been denied.

Please complete the following information regarding application denial.

Applicant's Name: \_\_\_\_\_

Date of Denial Notification: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Summary of Explanation for Appeal: \_\_\_\_\_

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Any Additional Comments: \_\_\_\_\_

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Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to [dhspeer@dhs.arkansas.gov](mailto:dhspeer@dhs.arkansas.gov).