

2. How many years/months experience do you have in counseling or facilitating a peer support group? _____

Please provide a detailed description of your experience:

3. Please list license and/or certification from any other state or nationally certified organization:

Name of Organization	License or Certificate ID #	Date of Issuance	Date of Expiration

4. Please list education in the area of substance use disorders or mental health:

Degree or Course	School/ Organization	Date Completed

5. How many years in stable recovery (if applicable)? _____ years not applicable

Please submit the following documents with this form:

- Your curriculum vitae Sample group rules (facilitator applicants only)

I certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application including attachments are true and accurate. I further understand that any false, incomplete, or incorrect statements may result in my disqualification.

Signature

Date