**Peer Recovery Specialist**

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| **DATE** | **DOMAIN** | **TIME** | **TYPE OF SUPERVISION (I/G)** | **RPS SUPERVISOR NAME & NUMBER (print)** | **RPS SUPERVISOR SIGNATURE** |
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Icertify that all information provided as part of the CPRS application is true and correct to the best of my knowledge. I give my consent for MABPCB to contact the RPS of record to verify the information provided.

Peer Recovery Specialist Signature Date