



**RECOVERY PARTNERSHIP**  
**Peer Services Program**  
**Certified Peer Specialist**

70 W. North Street °Suite 101°Bethlehem, PA 18018  
Office: (610) 625-2575 Fax: (610) 861-2741

**Peer Support Recommendation**  
**by a Practitioner of the Healing Arts**

Date: \_\_\_\_\_

I, \_\_\_\_\_ am recommending \_\_\_\_\_  
Name of Practitioner of the Healing Arts (Printed) Name (Printed)

for Peer Support services beginning \_\_\_\_\_.

\_\_\_\_\_  
Practitioner of the Healing Arts Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

(A practitioner of the healing arts consists of either a physician, certified nurse practitioner or physician's assistant.)