



CPRA Scholarship Letters of Recommendation

To the Reference: The applicant is applying for scholarship and admission to the "[Best Practice](#)" (55 hour plus) Training Program to become a Certified Recovery Peer Advocate (CRPA). This program is to prepare the individual for work in the field of addiction and recovery as a recovery peer advocate CRPA. It requires commitment to follow through with a 500 hour internship and six months of training.

Applicant Name:

Your Name:

Your email address:

Relationship to candidate:

Your place of employment and role:

A phone number to reach you:

Date:

Please tell us

1) How you know the applicant and for how long?

2) Why you feel he/she is a good candidate and well prepared to follow through **on training and certification requirements**?

3) Why you believe they would be an asset to the peer recovery field?

Signature:

To the applicant: Please save the recommendations on the computer you expect to fill out the application on, or on a thumb drive that you can use at that time.

You will be asked to upload it to the application.