Bureau for Behavioral Health and Health Facilities
Office of Consumer Affairs and Community Outreach

PERMISSION TO CONTACT FORM

You have been given this form because you have successfully completed training in West Virginia as a Recovery Coach or as a Peer Support Specialist. In the near future a state certification will be established for Recovery Coaches and also for Peer Support Specialists. Our office would like to contact you when the certification is available so that you may have the opportunity to apply.

Signing this form does not commit you to apply for certification if you do not wish to do so. We will not release your contact information to anyone outside of our office, and we will ensure your privacy as we contact you.

Only the person giving you this form and the staff contacting you from the Office of Consumer Affairs and Community Outreach (CACO) will see the information you provide. We will not share any information on the form with anyone. If you wish to be contacted please complete and return this form to the person who gave it to you or send it to the address below and someone from CACO will contact you as the state certification becomes available.

Contact Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Training Information

☐ Recovery Coach

☐ Peer Support Specialist

Date Completed _____

Trainer 1 _____

Trainer 2 _____

By signing below I agree to allow the CACO office to contact me for the purpose of informing me of the availability of a statewide certification, and that my information will be maintained in a database of individuals who have received training as a Recovery Coach or Peer Support Specialist.

Signature _____ Date Completed _____

If you are mailing this form please use the address below:
BBHHF Office of Consumer Affairs and Community Outreach c/o David Sanders
350 Capitol Street
Room 350
Charleston, WV 25301

Please direct any questions to Dave Sanders:
By Email: david.h.sanders@wv.gov
By Phone: 304-356-4806

Print Form Submit by Email