



**Peer Specialists**  
*Igniting Recovery*

## Wisconsin Certified Peer Specialist Speaker Bio

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you ever presented at a meeting, conference or convention?  
\_\_\_ YES \_\_\_ NO
2. Check the topics you have presented on or areas you have experience in.  
 AODA  Inpatient  Homelessness  Clubhouse  Outpatient  ER  
 Veterans  Family Care  Prison/Forensic  Crisis Services  
 Supported Living  Peer run center  Other: \_\_\_\_\_  
Attach additional sheet if necessary.
3. Are you comfortable co-presenting with another person?  
\_\_\_ YES \_\_\_ NO
4. What areas of the state would you be able to present in?  
\_\_\_\_\_
5. How much lead time would you prefer before presenting? \_\_\_\_\_
6. What type of environment are you currently employed/volunteering in?  
\_\_\_\_\_  
\_\_\_\_\_
7. Please give a reference and topic for one of your presentations.  
(name and phone number):  
\_\_\_\_\_
8. Would you require reimbursement for mileage? \_\_\_\_\_

Mail, FAX or scan this completed document and send to:

WI Peer Specialist Program Coordinator  
3810 Milwaukee St.  
Madison, WI 53714  
[alicep@accesstoind.org](mailto:alicep@accesstoind.org)  
608-242-8484 ext 224  
FAX: 608-242-0383

Thank you!