



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 or being on a panel?
____ 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
608-242-8484 ext 224
FAX: 608-242-0383

Thank you!