APPOINTMENT TO PEER SUPPORT TEAM

Subject: **Appointed First Responder Peer Support Members**		
Reference: Alabama Law Enforcement Alliance for Peer Support		Alabama Statute 36-21-14
Effective Date	*Reevaluation Date:*	*No. Pages: 1*

I. **PURPOSE:**
The purpose of this directive is to provide a standardized guideline that shall be uniformly applied to Peer Support in the State of Alabama. This directive is intended to enhance the functioning of the essential services regarding peer support within the State of Alabama through the _____.
(your department/agency)

II. **DIRECTIVE:**
The following personnel have been appointed as Certified Peer Support members as outlined in Alabama Statute 36-21-14. This appointment shall be for one year unless rescinded in writing by my order.

Each member will be required to complete a minimum of six (6) hours of training specific to peer support over the next year. This training must be recognized and approved by the Alabama Law Enforcement Agency (ALEA) and by the Alabama Law Enforcement Alliance for Peer Support (ALLEAPS).

PEER SUPPORT TRAINED MEMBER	CELL NUMBER	EMAIL/REGION

BY ORDER OF:

_____
Chief / Sheriff / Agency Head Name

_____
Title

_____
Agency Name