

**NATIONAL ASSOCIATION OF PEER PROGRAM PROFESSIONALS
(NAPPP)
APPLICATION FOR CERTIFIED ORGANIZATIONS WITH PEER
PROGRAMS**

Name of school district/organization: _____

Person submitting documentation: _____

Address: _____

City, State, Zip _____

Phone (_____) _____ E-mail _____

Please complete the information below for each building in the district that has a Certified Peer Program Educator. If additional spaces are needed, please duplicate this portion of the application. In addition to this information, each building will need to complete and submit a Peer Program Certification Application.

Building information:

Name of school: _____

Address of school: _____

City, state, zip: _____

CPPE Building contact: _____

Peer Program name (if applicable) _____

Building information:

Name of school: _____

Address of school: _____

City, state, zip: _____

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Peer Program name (if applicable) _____

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Peer Program name (if applicable) _____

District/organization representative, please sign the pledge below:

____ I pledge that the programs listed above adhere to the NAPPP Programmatic Standards and Ethics during training and program implementation.

District/organization representative signature _____

Date _____

Check method of payment:

____ Purchase order (list number: _____)

____ Check enclosed. Make payable to NAPPP.

____ Visa Card # _____ - _____ - _____ Exp: _____

____ Master Card # _____ - _____ - _____ Exp: _____

Signature of card holder _____

Date _____