MHACBO

2099 Lloyd Center, Portland OR 97232

(503)231-8164

mhacbo@mhacbo.org

MHACBO Letter of Recovery Verification

To meet MHACBO's requirements for recovery verification, you'll need a letter from a professional colleague or supervisor. This letter must include:

Minimum Recovery Time:

- For Certified Recovery Mentors (CRMs), the letter must clearly indicate at least *1 year of substance use recovery time* (2 years after January 1, 2025).
- For Certified Gambling Recovery Mentors (CGRMs), the letter must clearly indicate *2 years of gambling addiction recovery time.*

Professional Letterhead:

- The letter should be on professional letterhead to ensure its authenticity

Authorship:

The letter should come from one of the following:

- A behavioral health professional (such as a CRM, PSS, CADC, QMHA, QMHP, CGAC, CGRM, LPC, LCSW, etc.)
- An allied professional (e.g., a P.O., judge, DHS Case Worker, Pastor/Minister)
- A healthcare provider (physician or psychiatrist)

Alternative Options:

If you're unable to obtain a letter from the specified professionals, MHACBO provides alternative options for recovery verification. You can submit a notarized copy of the form on the next page from one of the following sources

- **Broader Recovery Community:** Obtain a letter from someone in the broader recovery community, such as your Sponsor or Accountability Partner.
- **Family Member or Spouse:** Attestation from a family member or spouse who can verify your recovery.
- **Self-Attestation:** You can also provide self-attestation, acknowledging your own recovery.

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MHACBO Notarized Recovery Verification Letter

I, _____, hereby attest to the recovery time of _____. This person has been actively engaged in their recovery journey and has recovery time of _____ years for the following Recovery Type (Choose below)

☐ Substance Use ☐ Gambling

I am providing attestation of my personal knowledge of this individuals recovery time as one of the following (Choose below)

☐ A person in the broader recovery community (e.g. Sponsor / Accountability Partner)

☐ A family member or spouse.

☐ Self-attestation

Notary Acknowledgement

On this ____ day of _____, 20___, before me, _____[Name of Notary Public], _____[Name of Document Signer] personally appeared and known to me personally or proven through satisfactory evidence of identification, which was _____, to be the person whose name is subscribed in the preceding or attached document, and acknowledged to me that s/he signed it voluntarily for its stated purpose.

_____ _____

Notary Public Signature Notary Printed Name

_____

Registration/Serial Number, Notary ID **(SEAL)**

My Commission/Appointment Expires _____