



Certified Peer Visitor (CPV) Application

Thank you for your interest in the Amputee Coalition Peer Visitor Program. If you meet the CPV criteria, please complete the following form and submit it for approval. Please note that **email** is our primary means of communicating with peer visitors.

Training Location (City/State): Baltimore Maryland		Training Date: June 15, 2016	
Check one: <input type="checkbox"/> Amputee <input type="checkbox"/> Amputee Caregiver / Family Member			
Name (First/Last):			
Address:			
City:		State:	Zip:
Phone:		Email (required):	
D.O.B:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Occupation:			
Languages spoken (other than English):			
Date of limb loss:		Cause of limb loss:	
Level of limb loss:		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral <input type="checkbox"/> Trimembral <input type="checkbox"/> Quadrimembral	
Do you wear prosthetic devices? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you use other assistive devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____			
How did you learn about the peer visitor program:			
Are you a member of a support group? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list name and leader of group:			
What skills, attributes and other experiences do you have that would be helpful in volunteering as a peer visitor?			
Continued on next page			

Please list the name of the hospitals / rehab facilities from which you will receive referrals:
Please write a brief statement about what you expect to gain from participating in the CPV program:
Please provide three personal references (such as your prosthetist, other health providers, minister, support group leader, etc). Please include name, email and relationship.
Reference 1:
Reference 2:
Reference 3:

Please send completed applications to:

Kevin Hughes

khughes@dankmeyer.com