



amputee
coalition™

Certified Peer Visitor (CPV) Application

Instructions: Thank you for your interest in the Amputee Coalition Peer Visitor Program. If you meet the CPV criteria, please complete the following form and return it with at least three references via fax or email.

Check one: <input type="checkbox"/> Amputee <input type="checkbox"/> Amputee Caregiver / Family Member		
Name (First/Last):		
Address:		
City:	State:	Zip:
Phone:	Email:	
D.O.B:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Occupation:		
Primary mode of transportation: <input type="checkbox"/> Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other _____		
Level of limb loss:		
Date of limb loss:		
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?		
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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, phone, email and relationship.

Reference 1:

Reference 2:

Reference 3:

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