

Date Received _____	Date Approved _____	Notes _____
Initials _____	Initials _____	_____



Certified Peer Recovery Specialist Renewal Application

Type or write legibly in black or blue ink. Renewal Applications are due fourteen (14) calendar days prior to the recertification deadline. Email the completed Renewal Application and accompanying continuing education certificates to CPRS.TDMHSAS@tn.gov or fax to 615-253-3920.

Name _____ Date _____

Certification Number _____ Certification Expiration Date _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email (required) _____

Social Security Number _____

Continuing Education

Ten (10) hours of continuing education are required annually to maintain certification and must be earned within the certification period. Refer to Continuing Education Guidelines of the CPRS Handbook (<http://www.tn.gov/behavioral-health/topic/certified-peer-recovery-specialist-program>). For each training, include a copy of the certificate of attendance or completion.

- On-line trainings are limited to five (5) hours out of the 10 hours required and must be approved by TDMHSAS.
- A minimum of one (1) hour of continuing education per year must be in ethics.
- Continuing education focused on clinical treatment cannot be accepted. It is a violation of the Code of Ethics for CPRS's to provide clinical treatment.
- Continuing education must be within, but not limited to, recovery in the fields of mental illness, substance abuse, or co-occurring disorders. For appropriate CPRS continuing education topics, visit the website at <http://tn.gov/behavioral-health/topic/certified-peer-recovery-specialist-program>
- Certified Peer Recovery Specialists who wish to reactivate their CPRS status following inactive status must complete one hour of continuing education for every month they have been in inactive status, not to exceed ten hours.

Employment/Volunteer Service Summary

This section is to be completed by the supervising behavioral health professional. All Certified Peer Recovery Specialists must be under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01.

Supervisor _____ Credentials _____

Title _____

Agency/Organization _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email _____

CPRS's position within the agency _____

CPRS has provided a minimum of 25 hours of peer support services in the past year? YES NO

CPRS has received supervision from a behavioral health professional in accordance with the CPRS Handbook? YES NO

Access the most current CPRS Handbook here:

<http://tn.gov/behavioral-health/topic/certified-peer-recovery-specialist-program>

My signature below affirms that all of the information contained in this document is true.

Signature of Supervisor _____ Date _____

If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov.

Once complete, fax or scan and email your renewal application to the address below.

Peer Recovery Coordinator
Tennessee Department of Mental Health and Substance Abuse Services
Andrew Jackson Building 5th Floor
500 Deaderick Street
Nashville, Tennessee 37243
Fax: 615-253-3920
Email: cprs.tdmhsas@tn.gov