STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED PEER SPECIALIST ON-GOING EDUCATION VERIFICATION

An individual, who is certified as a Peer Specialist, shall satisfactorily complete a minimum of twenty (26) hours of continuing education trainings, including Ethics, Title 33, Cultural Competency, Co-Occurring Disorders and HIPPA in conjunction with the certification renewal process. Only continuing education trainings recognized by the TDMHDD Office of Consumer Affairs shall be used to satisfy the continuing education requirement.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

Name *(please print)*:____

Certification Number: ________________ Certification Date: ______________

Address: ____

City_________________________________ State________ ZIP____________

Phone Number: (______) ______ - _______ Email: ______________________

List the name, date, sponsoring organization / association / agency and the number of hours for each on-going training attended.

1) ___________________________________ ______________________
Name of On-Going Education Sponsor

______________________ ______________
Number of Training Hours Date

2) ___________________________________ ______________________
Name of On-Going Education Sponsor

Number of Training Hours Date

3) Name of On-Going Education Sponsor

Number of Training Hours Date

4) Name of On-Going Education Sponsor

Number of Training Hours Date

My signature below affirms that all of the information attached to and contained in this verification form is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Applicant Date

Do Not Write Below This Line

Internal TDMH – OCA Use Only

Date received: __________________

Date reviewed: __________________ Approved _____ Not-approved _____

Date letter of findings mailed to applicant: ________________

Date information recorded in data-base: ________________

Notes:

Processed by: ________________