



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243**

**CERTIFIED FAMILY SUPPORT SPECIALIST
ON-GOING EDUCATION VERIFICATION**

An individual, who is certified as a Family Support Specialist, shall satisfactorily complete a minimum of fifteen (15) hours of continuing education trainings in conjunction with the certification renewal process. Only continuing education trainings recognized by the OSSOC 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.
- Attach a copy of the Certificate of Attendance or Completion for each training listed.

Name *(please print)*: _____

Certification Number: _____ Certification Date: _____

Address: _____

City _____ State _____ ZIP _____

Phone Number: (_____) _____ - _____ Email: _____

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

1) _____	_____
Title of On-Going Education	Sponsor
_____	_____
Number of Training Hours	Date

