



**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**

Acknowledgement of the Certified Family Support Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Family Support Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Family Support Specialist's Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Family Support Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Print Full Name

Date

Signature