

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



# Certified Peer Recovery Specialist Application

## Part Two: Certification

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (w/area code) \_\_\_\_\_

Email (required) \_\_\_\_\_

1. Have you successfully completed Tennessee’s Certified Peer Recovery Specialist Training within the past year? *(If not, complete Part One of the CPRS Application before proceeding.)*  YES  NO
2. Have you disclosed to peers, staff, or the general public that you have lived experience with mental illness, substance abuse, or co-occurring disorder?  YES  NO
3. Have you enclosed three separate, sealed Letters of Professional Reference on the required form?  YES  NO
4. Have you worked with individuals who have mental illness, substance abuse, or co-occurring disorders for at least 75 hours (paid or volunteer) providing peer recovery services?  YES  NO
5. Have you received a minimum of three hours of clinical supervision from a behavioral health professional in accordance with acceptable guidelines and standards of practice by the State and as defined in the CPRS Handbook?  YES  NO
6. **A.** Are you employed in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01?  YES  NO
  - If yes, did your clinical supervisor complete the Employment Summary Form?  YES  NO

**OR**

**B.** Have you provided volunteer peer recovery services in the behavioral health field under the general supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01? If so, ask your immediate supervisor to complete the Volunteer Service Form.  YES  NO

If yes, did your clinical supervisor complete the Volunteer Service Form?  YES  NO

Your Position \_\_\_\_\_ Date \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  PAID  VOLUNTEER

Briefly describe your **peer support** responsibilities/duties and how you use your lived experience in your work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

Clinical Supervisor's Phone \_\_\_\_\_

*Attach more pages as needed for additional work or volunteer experience providing peer recovery services.*

My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your printed name \_\_\_\_\_

Once complete, send the following five items to TDMHSAS at the address below:

1. CPRS Application Part Two
2. Employment Summary **OR** Volunteer Service Summary completed by clinical supervisor (see form on website)
3. Sealed Letter of Professional Reference (see form on website)
4. Sealed Letter of Professional Reference (see form on website)
5. Sealed Letter of Professional Reference (see form on website)

The additional forms can be found at:

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

Send to:

Peer Recovery Coordinator  
Tennessee Department of Mental Health and Substance Abuse Services  
5<sup>th</sup> Floor Andrew Jackson Building  
500 Deaderick Street  
Nashville, Tennessee 37243

Fax: 615-253-3920

Email: [CPRS.TDMHSAS@tn.gov](mailto:CPRS.TDMHSAS@tn.gov)