

## 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](mailto:CPRS.TDMHSAS@tn.gov) or fax to 615-253-3920. All applicants are screened against the Tennessee Sex Offender Registry and the Tennessee Abuse Registry prior to application approval. Applicants on the sex offender registry are handled on a case-by-case basis.

*\*\*Please note that pursuant to Tenn. Code Ann. § 10-7-503, all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application.*

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

Certification Number \_\_\_\_\_ Certification Expiration Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (with area code) \_\_\_\_\_

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

### Continuing Education

Twenty (20) hours of continuing education are required in the two-year certification period to maintain certification and must be earned within the certification period. For each training listed, include a copy of the certificate of attendance or completion.

- A minimum of two (2) hours of continuing education per two-year certification period must be in ethics.
- Continuing education focused on clinical treatment cannot be accepted. It is a violation of the CPRS Code of Ethics for CPRS to provide clinical treatment.
- Continuing education will be within, but not limited to, wellness and recovery in the fields of mental illness, substance abuse, or co-occurring disorders.
- Certified Peer Recovery Specialists who wish to reactivate their CPRS status following expired status must complete one hour of continuing education for every month they have been in expired status, not to exceed 20 hours.



## Employment/Volunteer Service Summary

This section is to be completed by the supervisor. All Certified Peer Recovery Specialists must be under supervision as defined by the state. (see Supervision section in the Handbook)

A supervisor of Certified Peer Recovery Specialists shall meet the following criteria:

1. **TRAINING:** Complete supervision training that includes understanding how to support the role of Certified Peer Recovery Specialists.
2. **EDUCATION/EXPERIENCE:** Fulfill at least one of the following criteria:
  - A. Be a current CPRS with at least 6,000 hours of experience working as a CPRS and have regular, on-going consultation with a mental health professional or qualified alcohol and drug abuse treatment professional,  
or
  - B. Be a mental health professional or qualified alcohol and drug abuse treatment 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](#)

☐ I confirm that I have completed supervision training on how to support the role of CPRS and that I qualify as a CPRS supervisor according to the requirements outlined above.

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

Title \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone (with area code) \_\_\_\_\_

Email \_\_\_\_\_

CPRS's position within the agency \_\_\_\_\_

The CPRS has provided a minimum of 50 hours of peer support services in the past two years? ☐ YES ☐ NO

Has the CPRS violated the CPRS Code of Ethics since their last certification? ☐ YES ☐ NO

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 email [cprs.tdmhsas@tn.gov](mailto: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 6th Floor  
500 Deaderick Street  
Nashville, Tennessee 37243  
Fax: 615-253-3920  
Email: [cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov)

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