

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CREDENTIALLED RECOVERY SUPPORT SPECIALIST  
RENEWAL FORM**

In order to maintain your status as a Credentialed Recovery Support Specialist, a renewal form including documentation of 12 hours each year of continuing education (including three (3) CEUs in Ethics annually) must be submitted every calendar year. **Failure to submit the renewal will result in suspension of your credential as a Credentialed Recovery Support Specialist.** Please provide **all** information requested.

Please Type or Print:

**Credential Number** \_\_\_\_\_ **(Required: Found on your certificate)**

**Date** \_\_\_\_\_

Please complete the following information in order for us to update or correct the current file.

**1. Identifying Information:**

a) Applicant's Name: \_\_\_\_\_  
Last First Middle Initial Maiden

b) Date of initial credential: \_\_\_\_\_

c) Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ d) Gender: M \_\_\_\_ F \_\_\_\_

e) Home Address: \_\_\_\_\_

f) City, State, Zip: \_\_\_\_\_

g) Area Code & Home Phone Number: \_\_\_\_\_

h) E-mail Address: \_\_\_\_\_

i) Current Place of Employment: \_\_\_\_\_

j) Address: \_\_\_\_\_

k) City, State, Zip: \_\_\_\_\_

k) Employment Phone & Extension: ( ) \_\_\_\_\_ ext: \_\_\_\_\_

Please submit all required information to:

**Recovery Support Specialist Credentialing  
ODMHSAS  
P.O. Box 53277  
OKC, OK 73152-3277  
405-522-5366 or 405-522-3842**

(For verification of continuing education please complete side 2.)

**VERIFICATION OF CONTINUING EDUCATION**

LIST THE TRAINING SESSIONS BELOW BY NAME AND HOURS ATTENDED. **A COPY OF DOCUMENTATION FOR TRAINING VERIFYING ATTENDANCE MUST BE ATTACHED FOR EACH TRAINING LISTED.** Remember, *three (3)* CEUs annually must be in Ethics, please specify which session is ethics related and be prepared to supply the certificate of attendance. If more space is needed, continue listing on a plain sheet of paper.

Name of Session	CEU Hours	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I verify that I have attended the training described above and request to apply this training to the continuing education requirements needed to maintain my status as a credentialed recovery support specialist.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_