

## Credentialed Recovery Support Specialist Database Update Request

Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_

### Home Information

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Email: \_\_\_\_\_

### Employment Application

Current Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Email: \_\_\_\_\_

Did you attend the RSS training? Yes No When? \_\_\_\_\_

Did you take the test? Yes No When? \_\_\_\_\_

Did you receive your RSS certificate? Yes No What is your number? \_\_\_\_\_

Do corrections need to be made? If so, list correction(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax to: 405-522-8661 or Email to: [aguerrero@odmhsas.org](mailto:aguerrero@odmhsas.org)