

CREDENTIALLED PEER 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 Information

Current Place of Employment: _____

Job Title _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____ Ext: _____ FAX: (_____) _____

Work Email: _____

Did you attend the PRSS training? **yes** **no** When? _____

Did you take the test? **yes** **no** When? _____

Did you receive your C-PRSS certificate? **yes** **no** What is your number? _____

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

Name: _____