

Oklahoma Department of Mental Health and Substance Abuse Services
Peer Recovery Support Specialist
Grandfather Application

PAGE ONE - Everyone wishing to be grandfathered is REQUIRED to complete this form
(Illegible & Incomplete Applications will not be processed)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: (_____) _____ Cell #: _____

Personal Email: _____

Month and Year of PRSS Credential (if known): _____

Employment or Volunteer Information:

Name of Behavioral Health or Advocacy Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____

Work Email: _____

Dates of employment or volunteer service: _____

Name of Contact Person: _____

Contact Person's Phone: _____

By submitting this information, I attest that I have attended the Peer Recovery Support Specialist training, have been providing peer services either by employment or volunteering at a behavioral health services organization and request to apply for Grandfather Certification status as a Certified Peer Recovery Support Specialist.

Print Name and Date

Signature

Oklahoma Department of Mental Health and Substance Abuse Services
Peer Recovery Support Specialist
Verification of Employment and/or Volunteer Experience Form
PAGE TWO – only for people who received their PRSS credential
prior to June 2009 are REQUIRED to complete this form
(Illegible & Incomplete Applications will not be processed)

If you received your PRSS credential **prior to June 2009** please, complete this additional form:

Last Name: _____ First Name: _____ Middle Initial: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment or Volunteer Service -From: _____ To: _____

Specific duties performed providing peer services: _____

To be completed by Employment Agency:

Name of person verifying service provided by above PRSS: _____

Title of person verifying services: _____

Phone: (____) _____

Email Address: _____

Print Name and Date

Signature