TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Acknowledgment of the Certified Peer Recovery Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Peer Recovery Specialist Scope of Activities and all future amendments and modifications thereto. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Certified Peer Recovery Specialist most current Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Recovery Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Your signature _____ Date _____

Your printed name _____