



CHW and CRS Certification Late Renewal Form

All information will remain confidential

DATE: _____

NAME: _____

CERTIFICATION: CHW CRS

UPDATED CONTACT INFORMATION

STREET ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: (____) _____

EMAIL: _____

CURRENTLY EMPLOYED? YES NO

PLEASE LIST NAME OF EMPLOYER AND POSITION TITLE: _____

CURRENTLY EMPLOYED AS A PEER SPECIALIST? YES NO

ARE YOU INTERESTED IN JOINING THE CHW and CRS CONFERENCE PLANNING COMMITTEE?

YES NO

Signature _____ Date: _____

Printed name _____

(PLEASE SEE BACK FOR DIRECTIONS TO SUBMIT)

Please email, fax, or mail this form, along with your CEU tracking sheet, to Mental Health America of Northeast Indiana, using the contact information below. Once both forms are received and processed, you will be contacted by MHANI staff via email about your certification status.

Mental Health America of Northeast Indiana
Training and Outreach Coordinator
1025 West Rudisill Boulevard Box 8
Fort Wayne, IN 46807

FAX: 260-423-3400
EMAIL: info@mhaac.com

If you have questions about the program or this form, please call our office at 260.422.6441 or email at info@mhaac.com.