



**Attestation of Qualification**  
**to Participate in the Certified Recovery Specialist Training**  
**Endorsement Training Program**

---

This is my statement of qualification to participate in the state authorized Certified Recovery Specialist Training as a candidate for the Substance Abuse Endorsement or Gambling Addiction Endorsement.

I, \_\_\_\_\_, am stating that I am a person in recovery from a substance abuse/gambling addiction problem or disorder. This self-attestation is provided willingly as a required step in the application process to the above mentioned training program.

I recognize that due to the nature of this training, only persons in recovery from a substance abuse problem or gambling problem may be accepted.

---

Printed Name

---

Signature

Date

---

Please email, mail or fax this form to:

Mental Health America of Northeast Indiana  
Training and Outreach Coordinator  
3201 Stellhorn Road  
Fort Wayne, IN 46815  
EMAIL: [info@mhanortheastindiana.org](mailto:info@mhanortheastindiana.org)

If you have questions about the program or this form, please call 260.422.6441 or email questions to [info@mhanortheastindiana.org](mailto:info@mhanortheastindiana.org)