



Certified Recovery Specialist  
**SUBSTANCE ABUSE AND/OR GAMBLING ENDORSEMENT APPLICATION**

All information will remain confidential.

***To apply for either endorsement, you must already be a CRS in good standing.***

**Part 1: Applicant Information**

Full Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*City*

*State*

*Zip Code*

*County*

Primary  
Phone:

Email Address  
(required):

**Part 2: Endorsement**

Are you currently in recovery from a substance abuse problem or disorder?

Yes

No

Are you currently in recovery from a gambling disorder?

Yes

No

Which certification are you applying for? (Please circle)

CRS with Substance Abuse Endorsement (CRS-SA)

***Complete Attestation of Qualification Form***

Certified Recovery Specialist with Gambling Endorsement (CRS-G)

***Complete South Oaks Gambling Screen***

Signature (type if submitting online)

Date

**Please email, mail or fax this application to:**

Mental Health America of Northeast Indiana  
3201 Stellhorn Road, Site C101, Fort Wayne, IN,  
46815

FAX: 260.423.3400

EMAIL: [info@mhanortheastindiana.org](mailto:info@mhanortheastindiana.org)

**Along with this application, please submit your Endorsement Certification Fee in the amount of \$50.00. You may send a check to the address listed above, or you can submit your payment via PayPal at [www.peernetworkindiana.org](http://www.peernetworkindiana.org).**

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