



**Great Plains American Indian Credentialing Board**  
**PEER RECOVERY SPECIALIST (PRS) RENEWAL APPLICATION (Page 1 of 2)**

Complete this form online, save it to your computer, and email it to GPAICB at [GPAICB.SD@gmail.com](mailto:GPAICB.SD@gmail.com) It may also be printed and mailed to the GPAICB office.

Name (as you want it typed on your certificate) \_\_\_\_\_  
Other last names you have used \_\_\_\_\_

Certificate Number \_\_\_\_\_ Certificate Expiration \_\_\_\_\_

Highest Level of Education: H.S. \_\_ Some College \_\_ Associates \_\_ Bachelors \_\_ Masters \_\_ Doctorate \_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever had any credential (i.e. License, certification, endorsement, etc.)? revoked, suspended or sanctioned? Yes  
\_\_ No \_\_ (If yes, on the back of this page indicate: what credential, when, where, for what reason, and the current  
status of that credential)

**PROFESSIONAL DEVELOPMENT DOCUMENTATION**

Total number of professional development hours submitted, as recorded on page 2 (minimum of 20 hours)

	<u>Number of Hours</u>
6 hours Ethics	_____
Relevant Education hours	_____
<b>Total Hours</b>	_____

**FEE**

Renewal Fee: \$ 100.00 \_\_\_\_\_  
**TOTAL PAID** (cash \_\_ check/money order \_\_ PO \_\_) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SEND BOTH PAGES OF THIS APPLICATION AND REQUIRED FEE(S) TO:

GPAICB.SD@gmail.com or Great Plains American Indian Credentialing Board, PO Box 1916, Rapid City, SD 57709



**Great Plains American Indian Credentialing Board**

Verification of Peer Recovery Specialist (PRS) Professional Development

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Directions: Complete this Form for your Renewal - you may make copies of this form if you need more space. You do **NOT** need to submit a copy of your certificate of completion trainings listed below, however **be sure to keep copies of your certificates in case your Renewal is audited by GPAICB.**

Name \_\_\_\_\_

Date of Certificate Expiration \_\_\_\_\_

GPAICB-Approved Trainings			# of Hours
Training Date	Title of Training	Ethics	Relevant Ed.

**Distance Learning & non-GPAICB Approved Trainings (\$15.00 CEU Processing Fee owed for each training)**

Training Date	Title of Training	Ethics	# of Hours Relevant ED

**ALL distance learning must be accompanied by CEU processing fee, including those approved by GPAICB. Maximum of 10 hours distance learning allowed.**

Attestation: I attest that all information above is correct and accurate \_\_\_\_\_

Signature

\* \* \* \* \*

(FOR OFFICE USE ONLY)

Total # clock hours approved: \_\_\_\_\_

GPAICB Signature \_\_\_\_\_

Date \_\_\_\_\_