



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.sd7@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	_____
Total Hours	_____

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.sd7@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 _____