Recovery Support Specialist
Re-Certification Form
By ADVOCACY UNLIMITED, INC.

This form is to be completed by Certified Recovery Support Specialists (RSS), and submitted to Advocacy Unlimited, Inc. every three years from the date of certification to receive re-certification as an RSS.

1) 60 hours of RSS Continuing Education Credits achieved every three years from the date of certification.
2) Approval of Credits submitted through the Re-Certification Form

Please fill out the form with the information requested, sign, and submit to Advocacy Unlimited, Inc.

_____ _____
Date Certification Number

_____ _____ _____
First Name M.I. Last Name

_____
Street Address

_____ _____ _____
City State Zip

_____ _____
Best Phone Number To Reach You Email Address

Would you like to get the **AU Newsletter**? YES ☐ or No ☐

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the RSS Continuing Education Guidelines.

SIGNATURE: _____ Date: _____

This form must be received by Advocacy Unlimited, Inc. every three years with updated documentation of Continuing Education Credits.

Forms can be mailed to Advocacy Unlimited, Inc. at 114 West Main Street, Suite 201, New Britain, CT 06051; Faxed to 860-259-5731, ATTN : RSS; or scanned and emailed to rssct@advocacyunlimited.org

Questions? Please call Advocacy Unlimited at (860) 505-7581.

FOR OFFICE USE ONLY

_____ _____
Date Received Staff Member Processing RSS Re-Certification Form

_____ _____
Director of Recovery Support Services Date of Approval

Record of Continuing Education Credits

Program Title	Host Agency	Date & Time of Program	# of credits

Program Title	Host Agency	Date & Time of Program	# of credits

Program Title	Host Agency	Date & Time of Program	# of credits

ATTACH ADDITIONAL PAPER IF NEEDED TO DOCUMENT CONTINUING EDUCATION CREDITS