MDHHS CPRC and CPSS Continuing Education Submission Form Technical Guidance Document

Requirements for submission:

- Trainings provided by the MDHHS Peer Services Area meet all CE requirements.
- 32 CE credits are required for recertification and **must** be related to substance use disorders, mental health, or co-occurring disorders with a focus on recovery.
- 16 out of 32 CE credits **must** be training provided by MDHHS Peer Services Area
- Six hours of in person ethics training must be provided by MDHHS Peer Services
 Area.
- 13 out of 32 CE credits **may** be taken virtually or in a webinar-based training format.

Complete all sections of the form below for **EACH** continuing education training attended. Please attach supporting documentation (certificates of attendance, CE Eligibility application approvals for outside trainings etc.) of hours earned. Attach additional pages as needed.

Name	Date
Email	Phone Number

Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your ap Eligibility form OR approval letter.	proved CE
What was the training format?	☐ In-person ☐ Virtual	
	,	
Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your ap Eligibility form OR approval letter.	proved CE
What was the training format?	☐ In-person ☐ Virtual	
	,	
Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your ap Eligibility form OR approval letter.	pproved CE
What was the training format?	☐ In-person ☐ Virtual	

Training date	Training Title	CE Hours
Was the presentation	☐ Yes	
peer led on peer recovery practices?	□ No	
Was this training offered	☐ Yes	
by MDHHS Peer Services Area?	 No. If no, you will need to attach your approved CE Eligibility form OR approval letter. 	
What was the training	☐ In-person	
format?	☐ Virtual	
Training date	Training Title	CE Hours
Was the presentation	☐ Yes	1
peer led on peer recovery practices?	□ No	
Was this training offered	☐ Yes	
by MDHHS Peer Services Area?	 No. If no, you will need to attach your ap Eligibility form OR approval letter. 	proved CE
What was the training	☐ In-person	
format?	□ Virtual	
Training date	Training Title	CE Hours
Was the presentation	☐ Yes	
peer led on peer recovery practices?	□ No	
Was this training offered by MDHHS Peer Services	☐ Yes	
Area?	 No. If no, you will need to attach your ap Eligibility form OR approval letter. 	proved CE
What was the training	☐ In-person	
format?	☐ Virtual	

Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your a Eligibility form OR approval letter.	pproved CE
What was the training format?	☐ In-person ☐ Virtual	
Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your a Eligibility form OR approval letter.	pproved CE
What was the training format?	☐ In-person ☐ Virtual	
Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your a Eligibility form OR approval letter.	pproved CE
What was the training format?	☐ In-person ☐ Virtual	

Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	YesNo. If no, you will need to attach your approved CE Eligibility form OR approval letter.	
What was the training format?	☐ In-person ☐ Virtual	
Training date	Training Title	CE Hours
Was the presentation peer led on peer recovery practices?	☐ Yes ☐ No	
Was this training offered by MDHHS Peer Services Area?	 Yes No. If no, you will need to attach your approved CE Eligibility form OR approval letter. 	
What was the training	☐ In-person	

Total CE Hours: _____

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-Pub-1627 (11-22)