

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.
- 16 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 Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No

If no, you will need to attach your approved CE Eligibility form OR approval letter.

Training Title: _____ **Date:** _____

Number of CE Hours: _____ **Training Format:** In-Person Virtual

Was this training offered by the MDHHS Peer Services Area: Yes No If no, you will

need to attach your approved CE Eligibility form OR approval letter.

Total CE Hours: _____

3The 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)