



## Division of Adult, Aging and Behavioral Health Services

Mental Health Services  
PO Box 1437, Slot W241 • Little Rock, AR 72203  
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### **Request for Arkansas Peer Recovery Continuing Education Hours**

All training application requests for Peer Recovery continuing education hours must be submitted to the Department of Human Services (DHS) Recovery Unit for approval and must include a copy of the agenda and bio for each presenter. Please email all forms to Cheyenne Delaney at the following email address [Cheyenne.delaney@dhs.arkansas.gov](mailto:Cheyenne.delaney@dhs.arkansas.gov)

Arkansas Peer Advisory Committee Approval Application	
Name:	Telephone Number:
Email Address:	
Number of Training Hours Requested:	
Please Attach an <i>agenda</i> And <i>Bio</i> for <i>Presenters</i> . <i>Note: Approval of Certification Hours Does Not Imply Endorsement of Event.</i>	
Name of Trainer/Presenter:	
Presenter's Title or Qualifications:	
Name of Sponsoring Organization:	
Address of Sponsoring Organization:	
Title of Training Event:	
Time of Event:	Date(s) of Event:
Location of Event:	

**Brief Description of Training Event:**

**Authorized Signature from Sponsoring Organization**

**Date**

**APPLICANTS DO NOT COMPLETE**

**EDUCATION COMMITTEE ONLY**

**Approved | Disapproved**  
Circle One

**Date:**

**Initials:**

**Recommendations:**

**Applicant or Trainer Notified?**

Yes No  
Circle One

**Date:**

**By:**