



**TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**Acknowledgment of the  
Certified Peer Recovery Specialist  
Code of Ethics**

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Tennessee Certified Peer Recovery Specialist Code of Ethics and all future amendments and modifications thereto. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Tennessee Certified Peer Recovery Specialist most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

**Initials** \_\_\_\_\_

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Tennessee Certified Peer Recovery Specialist Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics. In the event that an ethics complaint is filed against me, I understand that my certification may be suspended during the investigation, depending on the severity of the complaint, as determined by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in its sole discretion. If an ethics complaint against me is found to be substantiated, I further understand that my certification may be revoked, depending on the severity of the violation, as determined by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) in its sole discretion.

**Initials** \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your printed name \_\_\_\_\_