



## Certified Family Support Specialist Application Process Checklist

Please complete and submit the checklist below verifying that all required documents are enclosed with the application prior to mailing:

|   | Yes | No  |
|---|-----|-----|
| 1) Application Process Checklist  | ___ | ___ |
| 2) Completed Certified Family Support Specialist Application  | ___ | ___ |
| <ul style="list-style-type: none"> <li>• Do not alter the application from its original format.</li> <li>• Write legibly in only black or blue ink.</li> <li>• Do not use nicknames or abbreviated forms of your legal name.</li> </ul> |     |     |
| 3) Statement of personal experience   | ___ | ___ |
| 4) Copy of high-school diploma or GED   | ___ | ___ |
| 5) Employment Summary, if employed completed and submitted by employer to the OSSOC   | ___ | ___ |
| 6) Copies of the certificates of completion from the required evidence-based and/or best practice Family Support Specialist Training Programs recognized by TDMHSAS below:  |     |     |
| NAMI-TN Family Education Program <b>or</b>  | ___ | ___ |
| Parent-2-Parent Training (TVC)  | ___ | ___ |
| <b>and</b>  |     |     |
| Family Support Specialist Professional Competences Course (TVC/NAMI-TN)   | ___ | ___ |
| <b>or</b>   |     |     |
| National Certification  | ___ | ___ |
| 7) Three (3) completed Statements of Support  | ___ | ___ |
| 8) Signed Certified Family Support Specialist Scope of Activities   | ___ | ___ |
| 9) Signed Certified Family Support Specialist Code of Ethics  | ___ | ___ |

This completed checklist verifies that my application packet has been completed prior to its submission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date