



Certificate of Specialized Training

Law Enforcement/First Responder Resiliency and Peer Support (LERPS)

New Application Form/Recertification Form

Title and Name: _____

Department: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone #: _____ FAX #: _____

Email Address: _____

Please check what you are applying for: _____ 24-hour LERPS Course _____ 40-hour LERPS Course

Certification and/or Recertification Course and date of completion: (Attach copy of training certificate)

I understand that the "Certificate of Specialized Training" Program is a certificate of awarded for the documented completion of a specialized CSM Resiliency and Peer Support course. The "Certificate of Specialized Training" attests to the completion of a standardized curriculum in Resiliency and Peer Support. This certificate does not indicate competence in the field.

Name _____ Date _____

Please remember to include:

___ Application form (please submit a separate application form for each recertification training).

___ With each application, please submit copies of the required certificates.

___ Application fee- \$50.00

___ Recertification Application fee- \$25.00

We accept MasterCard, Visa, American Express and Discover

Make checks payable to: Crisis Systems Management, LLC, P.O. Box 267, Lebanon, MO 65536

Card Type: _____ Zip Code (associated with card): _____

Name on Card: _____

Credit Card # _____

Exp. Date _____ Security Code _____

Amt. to Charge _____