REGISTRATION FORM

Peer Counselor Re-Certification Course

Sponsor: Georgia DPS - Office of Public Safety Support
September 15, 2026
Cherokee Fire Dept Training Center
3985 Holly Springs Pkwy Holly Springs GA 30115

Please Complete All Lines: (Please print)

Name: _____

Department/Agency: _____

Work Address: _____

City: _____Zip Code: _____

Cell #: _____ Email: _____

Sworn/Certified First Responder: YES _____ NO _____

If NO, please describe your role: _____

Please note: This course is available to sworn or certified first responders only.

Does your agency currently have a peer support team? YES____ NO_____

If so, who is your agency's peer support coordinator? _____

Scan and email completed forms to OPSS at publicsafetysupport@gsp.net. You will receive a confirmation email after your registration form is approved. ***Class size is limited and once the class is full no additional registration forms will be approved.***

Note: Upon completion of this course your certification will be valid for a period of 3 years.

Questions – Contact the Office of Public Safety Support at 404-624-7620