

REGISTRATION FORM

Peer Counselor Certification Course
Sponsor: Georgia DPS - Office of Public Safety Support

June 8th – 12th, 2026
0800 – 1600
Peachtree City Police Department
350 S. Hwy 74
Peachtree City Ga 30269

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? _____

Note: Upon completion of this course your certification will be valid for a period of 3 years. Prior to expiration you will need to complete the OPSS 8 hr re-certification course to maintain your certification.