



Hello!

Thanks for your interest in Adult Peer Support Specialist Training! We are pleased to offer a curriculum that has been approved by the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. Kentucky System Transformation Advocating Recovery Supports is a big supporter of the growth of Peer Support Services in our state.

In order to be approved to attend our training, you must meet several criteria as required by Kentucky Law. You will find our application packet attached to this letter. Please read the instructions carefully and make sure that all areas are completed. After you have completed your application, we will review your application and contact you to let you know if you have been approved to take the required week-long class. We will also notify you of upcoming training that will be available to you.

Again, thank you so much for your interest in becoming a Kentucky Adult Peer Support Specialist!

Sincerely,

*David Riggsby*

David Riggsby, KYSTARS



## KENTUCKY ADULT PEER SUPPORT SPECIALIST (APSS) TRAINING

# APPLICATION

### KYSTARS ADULT PEER SUPPORT SPECIALIST TRAINING

Statewide and regional Kentucky Adult Peer Support Specialist (APSS) Training dates and a copy of the application are available at [www.kystars.org](http://www.kystars.org) or by calling 877-498-6633. The Kentucky Adult Peer Support Specialist training is a thirty (30) hour program.

Applicant must possess, at a minimum, a high school diploma or GED equivalent and meet the following criteria:

1. Have a primary diagnosis of a behavioral health disorder which the applicant has received treatment and a strong desire to identify themselves as a person with a behavioral health disorder (current or former consumer of behavioral health services including substance abuse treatment).
2. Demonstrate strong reading comprehension and written communication skills as indicated by their responses on the short-essay form. (Please do not type any portion of the application and short-essay form, and do not have anyone fill out either of these forms for you.)
3. Demonstrated experience with leadership and advocacy in the field of behavioral health/substance use disorders; as well as the ability to demonstrate his or her own efforts at self-directed recovery.

If you have any questions about your qualifications, please feel free to contact KYSTARS at (877) 498-6633.

### TRAINING GOALS

KYSTARS is pleased to offer and present a core curriculum to train and certify Kentucky Adult Peer Support Specialists. For those working in, or wishing to work in the field of peer support, this training is designed to:

- Present students with a curriculum that sources the latest available *materials for an up-to-date presentation*. The curriculum is developed, and approved for use, and meets the requirements of the Kentucky Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).
- Prepare participants to use curriculum to work in Peer Specialist Services within the Community Mental Health Centers, state operated or contracted inpatient facilities, or other organizations approved by the KDMHDDAS Commissioner.
- Prepare participants to pass oral and written APSS Examination.

### TO APPLY

To apply for the training, please complete this form AND the Short-Essay Form. Send **both** to the KYSTARS APSS Training Coordinator.

#### **Fax Application and Short-Essay Form to:**

KYSTAR APSS Training  
Attention: The Coordinator  
Fax: 866-538-9971

#### **Mail Application and Short-Essay Form to:**

KYSTARS - APSS Training  
498 Georgetown St. Suite 100  
Lexington, KY 40508 **OR**

**EMAIL** to [info@kystars.org](mailto:info@kystars.org) **OR**

#### **For Phone Assistance:**

877-498-6633 or 859-272-7891

**Applicant's Full Name:** \_\_\_\_\_

**In the space below, please describe a work; volunteer; or personal situation; that indicates you would be a good Adult Peer Support Specialist.**

**Please fill out both columns with your contact information. Leave blank any information you prefer we *do not* use to contact you:**

<b>Reference Information:</b> County in which you receive/received services: _____ Agency name: _____ Agency contact person _____ Agency telephone: _____ Agency address: _____ _____ _____ Agency contact person's e-mail: _____ <b><i>IF YOU WOULD RATHER USE SOMEONE ELSE FROM YOUR COMMUNITY OR AGENCY AS A REFERENCE, PLEASE GIVE US THEIR CONTACT INFORMATION INSTEAD BUT BE SURE TO INCLUDE THEIR TITLE AND YOUR RELATIONSHIP TO THEM.</i></b>	<b>Personal Information:</b> Name: _____ Home Telephone No.: _____ Home Address: _____ _____ _____ County: _____ Email: _____ Cell Phone: _____ May we leave messages regarding your application on another phone if you don't have a home phone? If so, please provide phone owner's name and phone number: _____ May we leave messages on your home phone? _____
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<b>FOR INTERNAL USE ONLY:</b>  Date rcvd: _____ Complete? _____ Needed: _____  ACTION TAKEN: _____  Date: _____
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**ADULT PEER SUPPORT SPECIALIST TRAINING  
SHORT-ESSAY FORM**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Answer all questions on your own. Your answers can be brief but you must use complete sentences. Your handwriting must be legible. You may use a dictionary. This is not a test about right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Peer Specialist in the Commonwealth of Kentucky. Peer Specialists assist consumers they serve in many activities requiring these skills. If you need additional space for your answers, attach a separate sheet of paper.

**This short-essay form must be filled out by the applicant in the applicant's own handwriting. Typed Short-essay forms will be returned.**

1. Why do you want to become a Peer Specialist (PS)?

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2. Why do you think it is important for Peer Specialists to tell their recovery stories?

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3. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

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4. Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

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2/3 Short-essay form

5. What makes you a good candidate to work with other consumers in the behavioral health/substance use field?

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6. What does recovery mean to you?

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7. What were some of the important factors in your own recovery?

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8. What types of experiences have you had in advocating for consumers of behavioral health/substance abuse services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

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9. Is there anything else you would like us to know in considering you for the Adult Peer Support Specialist training?

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**Proceed to Page 3 to complete your Short-essay form.**  
2016 Edition



3/3 Short-essay form

**Please sign your initials to only those that apply:**

- \_\_\_\_\_ I completed this short-essay form on my own.
- \_\_\_\_\_ I completed High School and hold a High School Diploma.
- \_\_\_\_\_ I completed my GED coursework and hold my GED Certificate.
- \_\_\_\_\_ I can supply documentation of my High School Diploma or GED Certificate.
- \_\_\_\_\_ It has been at least one year since I was diagnosed with a Behavioral Health Disorder.
- \_\_\_\_\_ I have a primary diagnosis of a Behavioral Health/Substance Abuse Disorder. The Kentucky Adult Peer Support Specialist (APSS) Program accepts persons who have a Behavioral health or substance use disorder.
- \_\_\_\_\_ I understand that Kentucky Adult Peer Support Specialists work from the perspective of their own lived experience with behavior health issues, substance use/abuse and recovery. I agree to be open about the fact that I have been diagnosed with a Behavioral health or substance use disorder. I understand that in doing so I help educate others about the reality of recovery.
- \_\_\_\_\_ **YES**, I agree to disclose my history with behavioral health/substance use disorders and recovery in keeping with the values of Kentucky Adult Peer Support Specialists.
- \_\_\_\_\_ **NO**, I do not want to disclose my history with mental illness and recovery at this time.
- \_\_\_\_\_ I understand that the Kentucky Adult Peer Support Specialist Training is not a job placement program and completion of the training does NOT guarantee that I will be hired as an APSS.

**Your signature** \_\_\_\_\_

Please also **print** your name \_\_\_\_\_

If you have additional questions, please call (859) 619-2797 or (859)-312-8675.

You will receive **Confirmation/Receipt of Information that we have received this Short-essay form and Application within 6-10 business days.** If you do not, please contact the KYSTARS Peer Specialist Coordinator immediately at one of the phone numbers above. It may mean we did not receive all or part of your application packet and may be unable to contact you.

Please fax or mail your **Application Packet** (Application and Short-essay form) to:

**KYSTARS Peer Specialist Training Coordinator,  
Fax # (866) 538-9971**

Or

**KYSTARS Peer Specialist Training Coordinator,  
498 Georgetown St. Suite 100  
Lexington, KY 40508**



**Personal Reference Form**

**ADULT PEER SUPPORT SPECIALIST APPLICATION FOR CERTIFICATION**

The individual named below is completing an application to be trained as a Kentucky Certified Adult Peer Support Specialist. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past one year. Please complete the reference form below. Place the completed form in an envelope and seal it. Place your signature across the seal. Please mail it to the address listed below:

KYSTARS Peer Support Specialist Training Coordinator  
498 Georgetown St. Suite 100  
Lexington, KY 40508

**Name of the Applicant:** \_\_\_\_\_

**1.** Please describe the nature of your relationship with the applicant.

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**2.** Describe your experience with the individual that indicates his/her demonstrated recovery for the last one year.

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**3.** Please indicate any strengths or assets this individual may offer as a Peer Support Specialist.

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact information: Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.**