KENTUCKY PEER SPECIALIST TRAINING
APPLICATION

KENTUCKY PEER SPECIALIST TRAINING

Statewide and regional Kentucky Peer Specialist (KPS) Trainings are provided periodically as funds allow. Training dates and a copy of the application are available at http://mhmr.ky.gov/mhsas/kpst.asp or by calling 502-564-4456. The Kentucky Peer Specialist training is a thirty (30) hour program.

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

- Have a primary diagnosis of mental illness for which the applicant has received treatment and a strong desire to identify themselves as a person with mental illness (current or former consumer of mental health services). The primary diagnosis of any applicant may not be addictive disease, although addictive disease may be a secondary diagnosis.
- 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.)
- Demonstrated experience with leadership and advocacy in the field of mental health; 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 the Kentucky Peer Specialist Coordinator at (502) 564-4456.

TRAINING GOALS

For those working in, or wishing to work in the field of peer support, this training is designed to:

- Present participants with an established core curriculum developed by Ike Powell of Empowerment Partners in conjunction with Substance Abuse and Mental Health Services Administration (SAMHSA) and the Georgia Mental Health Consumer Network.
- 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 KPS Examination.

TO APPLY

To apply for the training, please complete this form AND the Short-Essay Form. Send **both** to the Kentucky Peer Specialist Coordinator.

Fax Application and **Short-Essay Form to:**
KPS Training
Attention: The Coordinator
Fax: 502-564-9010
Or
Mail Application and **Short-Essay Form to:**
KPS Training
Division of Mental Health and Substance Abuse
Department for Mental Health, Developmental Disabilities and Addiction Services
100 Fair Oaks Lane 4th Floor
Frankfort, Kentucky 40261

For Phone Assistance:
502-564-4456 or 800-374-9146

Applicants Full Name: _____

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

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

Reference Information:	**Personal Information:**
County in which you receive/received services: _____	Name: _____
Agency name: _____	Home Telephone No.: _____
Agency contact person _____	Home Address: _____
Agency telephone: _____	_____
Agency address: _____	_____
_____	County: _____
_____	Email:_____
Agency contact person's e-mail: _____	Cell Phone:_____
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.	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? _____

FOR INTERNAL USE ONLY: Date rcvd: _____ Complete? _____

Needed: _____

ACTION TAKEN: _____

Date: _____