



## **Dear Training Applicant:**

*Thank you for your interest in peer support training and/or in becoming a Certified Peer Specialist (CPS). This is your opportunity to contribute to a growing profession in Kansas. Certified Peer Specialists join an already strong network of service providers in our state.*

*The Peer Support Training and Certification is offered by the Center for Community Support and Research (CCSR). Detailed information is provided below, but please, feel free to contact us if you have additional questions or want more information. You may also access information about Certified Peer Specialists – including the Code of Ethics, Job Description, and Training Competencies at [www.trainingteams.org](http://www.trainingteams.org). We are excited about the work ahead!*

For all questions regarding the Peer Support Training and Certification, please contact William Welch at 1.800.445.0116 or [william.welch@wichita.edu](mailto:william.welch@wichita.edu).

## **Program Requirements**

**Consideration for participation in the Peer Support Training Program involves meeting all of the following criteria:**

- **Participants are able to attend the full training and will not miss more than three hours of the entire training for any reason.**
- **Training participants will sit for examination at each training level.**
- **Participants have a desire to self-disclose as a (current or former) person living with a psychiatric diagnosis in order to demonstrate the reality of recovery. Participants whose primary experience is with substance abuse are not eligible to attend this training.**
- **Participants must be at least 18 years of age.**
- **Participants must have a high school diploma or equivalent.**
- **Participants agree to uphold the Kansas CPS Code of Ethics.**
- **Participants are well-grounded in their own recovery and are able to manage their own wellness utilizing their own resources and supports.**
- **Participants are willing and able to follow the “Classroom Guidelines” discussed and approved during training. These agreements are established by the class to ensure a comfortable and productive learning experience for all attendees.**



## Instructions

**All sections of the form must be completed for the application to be accepted.**

**Email Release:** The application includes room to provide a valid email address and allows for its inclusion on distribution lists specific to peer support or employment. If you do not want your email to be on these lists, please check the box on the last page to opt out.

**Lived Experience:** In order to be eligible for this training, you must be willing to identify as a mental health “consumer”, or person living with a psychiatric diagnosis. In this context, the term “consumer” refers to those with direct lived experience either receiving or having had received mental health services; it is intended to include people who refer to themselves as survivors, ex-patients, ex-inmates, clients, users of mental health services, or other similar terms. Those with lived experience are the primary stakeholders in their own lives, well-being, and the right and ability to play, work, and live in our communities. Peer Support Specialists and Certified Peer Specialists are effective because they share this lived experience with others. If you do not have this background or are not seeking to draw directly on this background, please do not apply for this training. Individuals with co-occurring mental health and chemical dependency history are eligible for this training.

**Employment:** This training is designed to prepare peers for employment. Preference is given to applicants already providing peer support services at behavioral health agencies (including state hospitals and Health Homes providers) or those who have job offers and are awaiting training. After that, priority generally goes to those applicants currently serving as peer support workers in other organizations (e.g. Salvation Army, The Veteran’s Administration, Health Homes) or those that are U.S. Veterans. Applicants working at behavioral health agencies in any position, including Consumer Run Organizations, will be given the next highest priority, followed by applicants that have other volunteer or employment experiences.

**Complete the Application Yourself:** DO NOT have anyone else fill out this application for you, including service providers, employment supervisors, or family members. If you have a specific reasonable accommodation for a verified disability, or have questions about assistance, please call WSU-CCSR at 316.978-3564 and we will make individual arrangements with you.



**Recovery:** No one but you can say whether or not you are in recovery. This is a question that you should ask yourself very carefully. Being a Peer Support Worker means being able to help others and being able to work consistently. Having an awareness of and ability to use personal wellness tools and an understanding of your own recovery will be helpful throughout the training and in the work environment.

**Personal Story:** The power of sharing your story is an important aspect of peer support. Please carefully consider how comfortable you are sharing your story with peers and others.

**Information About the Application Process:** CCSR conducts several trainings each year. Your application will be reviewed by the CCSR Training Team. If accepted, you will be contacted about the class dates and locations that you would attend. Participants **MUST** meet all training criteria and expectations in order to be considered. For additional information, please visit [www.trainingteams.org](http://www.trainingteams.org) or contact:

William Welch, KCPM, CPS  
Peer Educator  
Phone: 316.978.3224, Fax: 316.978.3593  
[william.welch@wichita.edu](mailto:william.welch@wichita.edu)

**Thank you for applying for the Kansas Peer Support Training, and best wishes on your journey!**

*All sections must be completed for the application to be accepted. The information that you provide in this application may be shared with The Kansas Department of Aging and Disability Services and the Peer Support Team at the WSU Center for Community Support and Research.*

*Wichita State University does not discriminate in its programs and activities on the basis of race, religion, color, national origin, gender, age, sexual orientation, gender identity, gender expression, marital status, political affiliation, status as a veteran, genetic information or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Executive Director, Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita KS 67260-0138; telephone (316) 978-3186.*



**Peer Support Training Application**

*This application must be filled out by the applicant.*

DATE OF APPLICATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
APPLICANT'S FULL NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
YOUR EMAIL ADDRESS \_\_\_\_\_

Please indicate the best number to reach you.

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
HIGH SCHOOL DIPLOMA/GED: YES\_\_\_ NO \_\_\_  
I AM OVER 18 YEARS OF AGE: YES\_\_\_ NO\_\_\_  
I COMPLETED THIS APPLICATION ON MY OWN: YES\_\_\_ NO \_\_\_  
I IDENTIFY AS A PERSON WITH A LIVED EXPERIENCE OF BEHAVIORAL HEALTH STRUGGLES AND RECOVERY: YES\_\_\_ NO \_\_\_  
I AM CURRENTLY EMPLOYED AS A PEER SPECIALIST: YES \_\_\_ NO \_\_\_  
I CURRENTLY VOLUNTEER AS A PEER SPECIALIST: YES \_\_\_ NO \_\_\_  
I CURRENTLY RECEIVE PEER SUPPORT SERVICES: YES\_\_\_ NO \_\_\_  
IF SO, WHERE: \_\_\_\_\_

Please check all that currently apply in your volunteer or work activities:

- \_\_\_ I have a job offer or am currently employed as a peer specialist at a behavioral health agency.
- \_\_\_ I am employed as a Health Homes provider or administrator.
- \_\_\_ I have employment or a volunteer position as a peer counselor in a different setting.
- \_\_\_ I have other employment or a volunteer position at a behavioral health agency.
- \_\_\_ I have employment or a volunteer position in another behavioral setting.
- \_\_\_ I have other employment or volunteer experience.
- \_\_\_ I am a US Veteran
- \_\_\_ I am not currently working

AGENCY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
SUPERVISOR EMAIL: \_\_\_\_\_ SUPERVISOR PHONE: \_\_\_\_\_  
AGENCY STREET ADDRESS: \_\_\_\_\_

