



**APPLICATION FOR INDIVIDUAL
CERTIFICATION/APPROVAL
(KCPST or KCPS)**

(Please Print Legibly)

One Application Per Certification /Approval

Date of Application: _____ Date of Birth: _____ Education Level: _____

First Name, Middle Name and Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home/Cell Telephone: _____

Office/Work Telephone: _____ City: _____ State: _____

Electronic Communication

Please provide an email address to receive emails from the State.

Email: _____

Please check if you are applying for certification as a:

Kansas Certified Peer Specialist in Training (KCPST)

Kansas Certified Peer Specialist (KCPS)

If applicable, please respond to the following statements of clarification of CPS certification:

1. I am currently certified as a CPS in the State of Kansas and have been employed as a CPS in the past 2 years as of June 20, 2019: YES NO
2. I am currently certified as a CPS in the State of Kansas and have been employed to provide peer support services in the previous 5 years, but have not been employed as a CPS in the past 3 years as of June 20, 2019: YES NO
3. I am currently certified as a CPS in the State of Kansas and have not been employed to provide CPS services in the past 5 years as of June 20, 2019: YES NO
4. I identify as a person in recovery from a behavioral health condition: YES NO
5. I have been in stable recovery for at least one year: YES NO
6. I am a person who has served in the U.S. Military or have a close family member that has served in the U.S. Military: YES NO

Agency Name you work for if applicable: _____

Supervisor's Name: _____

Supervisor's Email: _____

Supervisor's Telephone: _____

APPLICATION Help Guide

Materials Required for CERTIFICATION/APPROVAL (For Kansas Certified Peer Specialist in Training and Kansas Certified Peer Specialist)

- Application
 - A copy of Licenses and/or Credentials
 - Copies of applicable training certificates
 - Copy of High School Diploma or equivalent or College transcript
 - Documentation of work experience as a CPS if applicable
 - Applicable (KCPST, KCPS) Signed Code of Ethics
 - Merit of Public Trust
 - Affirmation
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Please return the completed application with all required materials to:

carrie.a.billbe@ks.gov **Or**

KDADS

Behavioral Health Services / Attention: Carrie Billbe

503 S. Kansas Avenue

Topeka, KS 66603-3404