



LEVEL 2 CPS TRAINING APPROVAL

(CPS SUPERVISORS MUST COMPLETE)

_____ has demonstrated competency in providing peer support services and is ready to attend and participate in the Level 2 CPS “in-person” training. This individual has worked as a peer support provider at _____ as a Kansas Certified Peer Specialist in Training (KCPST) since _____.

Comments:

Supervisor Name (printed)

Phone number

Supervisor Signature

Date

NOTE: Please return completed and signed form to:

KDADS

Behavioral Health Services/ Attention: Carrie Billbe

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