



**KANSAS CERTIFIED PARENT PEER SUPPORT SPECIALIST  
LEVEL 2 TRAINING REGISTRATION & SUPERVISOR APPROVAL FORM**

\*Supervisors who will be supervising peers are **required** to complete the 2-part online Parent Peer Support Supervisor Training found at <https://kansascpstraining.getlearnworlds.com>.

\*Note that this Registration Form is for Kansas Certified Parent Peer Support Specialist (KCPPSS) Level 2 training. Acceptance of this form does not mean you are registered. **Individuals will be notified when their registration is confirmed via email by WSU or KDADS.** *This is the next step in the process after working for 90 days, under supervision, and as a KCPPSS IN TRAINING at an agency providing peer support services.*

### **Full Certification Process**

1. Complete Online Level 1 Training:  
<https://kansascpstraining.getlearnworlds.com/pages/mentalhealth>
  - a. You will be given a KCPPSS Level 1 Certificate after this training
2. Submit KCPPSS IN TRAINING application
3. Receive KCPPSS IN TRAINING certificate and approval letter via email
  - a. **Individuals can bill up to 20 hours per week as a KCPPSS IN TRAINING while working at an agency that provides peer support services**
4. Obtain employment for an agency or center providing peer support services and work for 90 days, under supervision, as a KCPPSS IN TRAINING
5. Upon completion of the 90-day supervision, register for a Parent Peer Support Level 2 training (you are completing this step)
  - a. Individuals must attend all days of the training, meet training expectations, and pass the exam with an 80% to pass the Level 2 training
6. Upon passing the Level 2 Training, submit final KCPPSS application
  - a. Once approved, KDADS will send the final certificate and approval letter via email
  - b. **Individuals can bill up to 30 hours per week as a KCPPSS while working at an agency that provides peer support services**

**Level 2 Training Registration Form for Kansas Certified Parent Peer Support Specialist in Training**

**Please fill out the following information:**

Legal Name (first and last): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Office/Work Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office/Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Education Level: \_\_\_\_\_

Agency Name you work for: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Work Telephone: \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

(Some trainings are in-person, and some will be held virtually. **NOTE** for virtual trainings: Attendees must have internet access and use computer with video.)

**Date of training you plan to attend:** \_\_\_\_\_

(Both days must be completed to be eligible for exams and certification)

**To be eligible for Level Two training, the following is required:**

- Completion of the KDADS/BHS approved Level One (online) training with minimum of 80% passing on associated exam
- Employed as Kansas Certified Parent Peer Support Specialist in Training with certificate issued by KDADS
- Has completed 90 days of supervision as a Kansas Certified Parent Peer Support Specialist in Training with an agency that provides peer support services
- This packet (including this registration form and the Level 2 Kansas Certified Parent Peer Support Specialist in Training (KCPPSST) Supervisor Approval form) signed and returned to KDADS

**List the date you received your Kansas Certified Parent Peer Support Specialist IN TRAINING Approval:** \_\_\_\_\_

**NOTE:** Special accommodation requests should be emailed to Whitney Cravens: whitney.cravens@wichita.edu **at least two weeks prior to the training date.**



**Level 2 Training Supervisor Approval Form  
Kansas Certified Parent Peer Support Specialist IN  
TRAINING**

Name of Level 2 Applicant: \_\_\_\_\_

Organization Name: \_\_\_\_\_

**Note:**

Before registering and to qualify for Level 2 Training, the applicant must be currently approved as a Kansas Certified Parent Peer Support Specialist in Training (KCPPSST). This requires completion of the Level One training, submission of a KCPPSST application and working a minimum of 90 days under supervision as a KCPPSST. Individuals approved as a Kansas Certified Parent Peer Support Specialist in Training (KCPPSST) will receive an approval certificate from KDADS.

**Readiness Assessment:**

As supervisor of the applicant, I certify that this person has demonstrated the following competencies:

- Understand the role of a parent peer support provider and how Parent Peer Support is different from Parent Support and Training (PST)
- Understand how to build healthy peer support relationships and negotiate boundaries
- Understand the principles of Family-Driven Care and how to use family-driven language
- Be able to use lived experience in a way that is helpful to other people
- Understand how to build partnerships with others in the community and workplace
- Be able to apply the components of cultural competency to the peer relationship
- Understand the principles of Trauma-Informed Care and how they apply to providing parent peer support services



**Level 2 Training Supervisor Approval Form  
Kansas Certified Parent Peer Support Specialist  
IN TRAINING**

**Supervision Expectations:**

- I will ensure this employee does not engage in any work commitments (appointments, sessions, travel, meetings) during all schedule time of training.
- I certify that the training participant is currently employed in the state of Kansas.
- I certify that the organization is providing and documenting opportunities for the applicant to shadow and observe peer support specialists.
- I currently provide at least one hour of supervision for every 20 hours of peer support provided.
- After certification, I will continue to provide at least one hour of supervision for every 30 hours of peer support provided. This will continue for the duration of employment.

**Please provide the following information based on Supervision of applicant:**

Applicants are required to provide peer support in group and/ or individual setting before registering for Level 2. Please provide the number of participants the applicant provided support to:

Individual peer support: \_\_\_\_\_ Group peer support: \_\_\_\_\_

Please provide a description of the type of peer support the applicant provided during the 90 days of supervision:

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**\*Please attach documentation of work experience of Kansas Certified Parent Peer Support Specialist in Training (KCPPSST) during supervision.**

**Supervisor Training:**

As a supervisor:

I **have** completed the online Peer Support Supervisor Training found at <https://kansascpstraining.getlearnworlds.com>. **This is a requirement to supervise peers.**

Supervisor Name (printed): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send registration documents as a single PDF file via e-mail to [whitney.cravens@wichita.edu](mailto:whitney.cravens@wichita.edu).

State of Kansas, Behavioral Health Services is offering this training and certification at no charge to qualified applicants.