



**KANSAS CERTIFIED PEER SPECIALIST IN TRAINING  
APPLICATION FOR APPROVAL**

## **Definitions for each type of certification:**

**Peer Support Specialist (mental health recovery)** is someone who has lived or living experience with mental illness. They self-identify as a person in recovery from behavioral health condition(s) and has established a minimum of one year in stable recovery.

**Peer Mentor (substance use recovery)** is someone who has lived or living experience with substance use. They self-identify as a person in recovery from substance use and has established a minimum of one year in stable recovery.

**Parent Peer Support** is someone who has experience with accessing behavioral health services for a child they have raised with a diagnosis of Severe Emotional Disturbance (SED), substance use, mental health, or co-occurring.

**\*Individuals are expected to have completed the online Level 1 training before completing this application.**

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

\*Note that this application is for Kansas Certified Peer Specialist IN TRAINING (KCPST). Acceptance of this form does not mean you are certified. Individuals are not certified as a KCPS IN TRAINING until their application is approved by KDADS. **Individuals will be notified of approval and sent their certificate via email from WSU or KDADS.** *This is the next step in the process after completing Level 1 training, but there are additional steps required to receive full certification.*

### **Full Certification Process**

1. Complete Online Level 1 Training:  
<https://kansascpstraining.getlearnworlds.com/pages/mentalhealth>
  - a. You will be given a KCPS Level 1 Certificate after this training
2. Submit KCPS IN TRAINING application (**you are completing this step**)
3. Receive KCPS IN TRAINING certificate and approval letter via email
  - a. **Individuals can bill up to 20 hours per week as a KCPS 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 KCPS IN TRAINING
5. Upon completion of the 90-day supervision, register for a Peer Specialist Level 2 Training
  - 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 KCPS 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 KCPS while working at an agency that provides peer support services**

## **KANSAS CERTIFIED PEER SPECIALIST IN TRAINING**

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: \_\_\_\_\_

### **Please respond to the following statements of clarification of KCPST certification:**

- I identify as a person in recovery from a behavioral health condition: YES NO
- I have been in stable recovery for at least one year: YES NO
- 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
- I am certified to provide another type of peer support in the state of Kansas. YES NO

If yes, please provide the type: \_\_\_\_\_

### **Please check each box as recognition per item:**

I understand the training content I received belongs to the Kansas Department for Aging and Disability Services (KDADS) and cannot be shared without written permission from KDADS.

I understand that upon receiving a KCPS IN TRAINING certificate and approval letter via email, I must work a minimum of 90 days under supervision for an agency providing peer support services before applying for Level 2 Training.

I understand that upon receiving a KCPS IN TRAINING certificate and approval letter via email, I can provide no more than 20 hours of billable services under codes H0038PS Individual, H0038HQ Groups and H0040 (where applicable) per week as a KCPS IN TRAINING.

I understand that once this application is approved, **I have one year from approval** of this application to take KCPS Level 2 Training and obtain full certification. If these requirements are not met, I must start the process over again.

I opt in to receive email notifications about peer support opportunities as they arise.

**STATE OF KANSAS**  
**CERTIFIED PEER SPECIALIST CODE OF ETHICS**

Certified Peer Specialists (CPS) will maintain high standards of professional conduct and ethics as embodied in the statements below:

1. CPS will be guided by the principles of self-determination for all. The primary responsibility of peer support is to help individuals achieve their own needs, wants and goals.
2. CPS will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. CPS will share their recovery stories from mental illness and will likewise be able to identify and describe the supports that promote their own recovery.
4. CPS will respect the privacy and confidentiality of individuals they serve.
5. CPS will always respect the rights and dignity of individuals they serve.
6. CPS will keep current with emerging knowledge relevant to recovery and share this knowledge with their colleagues and individuals they serve.
7. CPS will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
8. CPS will never engage in exploitive and/or sexual/intimate activities with the individuals they serve.
9. CPS will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
10. CPS will advocate for individuals to make their own decisions in all matters, including when dealing with other professionals.
11. CPS will advocate for the full integration of individuals into the communities of their choice and will promote the value and asset of diversity that individuals offer their communities. CPS will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment appropriate to their needs.
12. CPS will not enter into commitments that conflict with the interests of individuals they serve.
13. CPS will not exchange gifts of significant monetary value with individuals they serve.

I have read, understand, and commit to the preceding Ethical Standards.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MERIT OF PUBLIC TRUST: ALL MUST COMPLETE**

Please answer the following questions. Note: if the answer to any question in this section is "Yes", you must submit a typed, signed, and dated explanation that provides specific details including disposition of the matter. A "yes" answer will not automatically exclude you from certification.

1. Have you ever been charged with or convicted of a felony or misdemeanor (including Driving Under the Influence convictions) other than a traffic violation? Yes \_\_\_\_ No \_\_\_\_
2. Have you ever had a formal complaint filed against you for alleged unethical behavior or unprofessional conduct? Yes \_\_\_\_ No \_\_\_\_
3. Have you used any substance that you were addicted to or dependent upon within the last 12 months? Yes \_\_\_\_ No \_\_\_\_
4. Have you been diagnosed with or treated for any condition which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 12 months? Yes \_\_\_\_ No \_\_\_\_
5. Have you gambled in a manner which would reflect adversely on the credibility and integrity of the profession in the past 2 years? Yes \_\_\_\_ No \_\_\_\_
6. Have you used controlled substances which were not taken following the direction of a licensed health care provider within the past 2 years? Yes \_\_\_\_ No \_\_\_\_
7. Have you ever been subject to disciplinary action based on unethical behavior, unprofessional conduct or other similar grounds? Yes \_\_\_\_ No \_\_\_\_
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes \_\_\_\_ No \_\_\_\_
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes \_\_\_\_ No \_\_\_\_
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution or (3) an adult? Yes \_\_\_\_ No \_\_\_\_
11. Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as a behavioral health provider by a criminal court of law, civil court of law, or board of a professional organization? Yes \_\_\_\_ No \_\_\_\_

\*I certify the information provided here is true and correct. I understand that falsification can result in denial of application or revocation of certificate.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Applicant \_\_\_\_\_

**AFFIRMATION: ALL MUST COMPLETE**

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the BHS Certification Reviewers. I will accept the decision of the BHS Certification Reviewers and do accept full responsibility for any and all consequences of the process of seeking certification. To the best of my knowledge, the information contained on this application is true and correct. I authorize members or representatives of the BHS Certification Reviewers to contact and obtain information or opinions from any references, employers or educational institutions or agencies deemed necessary in evaluation of this application for certification. I have read the Code of Ethics and understand its meaning. I further understand that any violation of the Code of Ethics may result in suspension or revocation of my certificate. I further understand that revocation of my state credential or license may result in suspension or revocation of my certificate. I understand I must notify BHS of any address or name change within 30 days of occurrence.

Do You Have One Year Of Stable Recovery? YES NO

Have you completed any court ordered probation or conditions? YES NO

I have read, understand, and commit to the preceding Ethical Standards.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL:** I waive my right to inspect the results of any such inquiries made in references, employers, or educational institutions. I waive my right to inspect any letter of endorsement or competence evaluation.

\_\_\_\_\_  
Date and Signature of Applicant

## APPLICATION Help Guide

### Materials Required for KCPS IN TRAINING CERTIFICATION/APPROVAL

- Application cover page with contact information
- Copy of Level One training certificate
- Copy of High School Diploma or equivalent or College transcript
- Signed Code of Ethics
- Merit of Public Trust
- Affirmation

Please return the completed application with all required materials as a single PDF file to: Whitney Cravens at [whitney.cravens@wichita.edu](mailto:whitney.cravens@wichita.edu).

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#### Additional information:

Please maintain copies of each application per individual applying for certification. The organization is responsible for the retention of application and certification records.