



**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



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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:

***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.

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