



**KANSAS CERTIFIED PARENT PEER SUPPORT 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 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 application is for Kansas Certified Parent Peer Support Specialist IN TRAINING (KCPPSS). Acceptance of this form does not mean you are certified. Individuals are not certified as a KCPPSS 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/parent-peer-support-training>
2. Submit KCPPSS IN TRAINING application **(you are completing this step)**
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
 - 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**

KANSAS CERTIFIED PARENT PEER SUPPORT 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 for clarification of KCPPSST certification:

- I have lived experience as a parent/caregiver of a child with SED, SUD or co-occurring mental health diagnosis. YES NO
- I declare that I have lived experience as a parent of a child that has received services for a severe emotional disturbance (SED), substance use disorder (SUD), or co-occurring mental health diagnosis". 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 have completed the IEP and 504B online training 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 that 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 KCPPSS 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 KCPPSS IN TRAINING certificate and approval letter via email, I can provide no more than 20 hours of billable services under codes H0038PS Individual and H0038HQ Groups per week as a KCPPSS IN TRAINING.

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

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

STATE OF KANSAS CERTIFIED PARENT PEER SUPPORT CODE OF ETHICS

Approved by the Kansas Department for Aging and Disability Services

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

1. Certified Parent Peer Support will be guided by the principles of self-determination for all. The primary responsibility of peer support is to help individuals achieve their family's needs, wants and goals.
2. Certified Parent Peer Support will maintain high standards of personal conduct. They will also conduct themselves in a manner that fosters their own personal and family healing and recovery.
3. Certified Parent Peer Support will share their own lived experience supporting a child with a SED, SUD or co-occurring mental health diagnosis. The CPPS will likewise be able to identify and describe the supports that promote healing and wellbeing for children and families.
4. Certified Parent Peer Support will respect the privacy and confidentiality of those they serve.
5. Certified Parent Peer Support will respect the rights and dignity of those they serve.
6. Certified Parent Peer Support will keep current with emerging knowledge relevant to supporting a child with behavioral and mental health concerns and share this knowledge with their colleagues and those they serve.
7. Certified Parent Peer Support 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. Certified Parent Peer Support will never engage in exploitive and/or sexual/ intimate activities with the persons they serve.
9. Certified Parent Peer Support 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. Certified Parent Peer Support will advocate for those they serve that they may make their own decisions in all matters, including when dealing with other professionals.
11. Certified Parent Peer Support will support parents/caregivers by working to provide the tools and techniques needed for a parent/caregiver to become self-confident in their parenting skills, the tools needed to provide their child the support needed and the ability to make informed decisions regarding the care and treatment of their child. CPPS will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
12. Certified Parent Peer Support will not enter into commitments that conflict with the interests of those they serve.
13. Certified Parent Peer Support will not exchange gifts of significant monetary value with those they serve.

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

Signature _____ Date _____

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.

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

Date and Signature of Applicant

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 KCPPSS CERTIFICATION/APPROVAL

- Application cover page with contact information
- Copy of Level One training certificate
- Copy of IEP/504B certificate
- Copy of High School Diploma or equivalent or college transcript
- Signed Code of Ethics
- Affirmation

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

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.