



908 KAR 2:220. Adult Peer Support Specialist

## Kentucky Adult Peer Support Specialist Training

### Application Form and Registration Procedures

**Certified Peer Support Specialists** use their experience of recovery from substance use, mental health or co-occurring disorders to support clients as a part of a treatment team. Newvista.org is pleased to offer **Kentucky Adult Peer Support Specialist Certification Training (APSS)** – a 5 day, 30-hour interactive program designed to provide the skills and knowledge necessary to effectively support clients throughout the recovery process.

### Who can apply?

Anyone with a demonstrated pattern of recovery from addiction, mental illness or co-occurring disorders, and:

- o a high school diploma or GED
- o at least 18 years of age or older
- o two (2) personal references
- o is available to attend all 30 hours of training: **FULL** attendance is required each day; dates and times cannot be missed or substituted.

### What is the cost to attend?

The cost is \$300. Self-pay individuals may apply for a reduced fee scholarship that reduces the price to \$150, however, limited sponsorships are available and are on a first come first serve basis. Participants sponsored by a grant, organization or employer do not qualify for the scholarship. Please see [www.newvista.org/training](http://www.newvista.org/training) for our current fees and registration deadlines.

See our **Frequently Asked Questions** on page 2 for more event details.

Additional questions? Contact:

The Training and Development Dept.  
[training@newvista.org](mailto:training@newvista.org)  
Training and Development  
1351 Newtown Pike, Bldg. 3  
Lexington, KY 40511

# Frequently Asked Questions

## **Is there a mandatory length of sobriety required to take this training?**

Employers often require a specific duration of demonstrated recovery in order to apply for APSS positions. However, no specific duration of sobriety/recovery time is required to attend this certification training. Still, we encourage all individuals interested in becoming peer support specialists to carefully consider the decision with those in your support system who can attest to your readiness.

## **Does APSS certification transfer to other states?**

This training only certifies you as a Kentucky APSS. Reciprocity of your KY peer certification varies across states depending on each state's regulations regarding peer support services.

## **Are scholarships available?**

Yes, self-pay individuals may apply for a reduced fee scholarship that reduces the price to \$150, however, limited sponsorships are available and are on a first come first serve basis. Participants sponsored by a grant, organization or employer do not qualify for the scholarship.. See [www.newvista.org/training/](http://www.newvista.org/training/) for our current rates and submission deadlines.

## **How will I receive confirmation of registration?**

Confirmed registration requires the timely receipt of **ALL** application materials and fees, first come first serve. Once all materials (application, references) and payment are received and processed you will be sent a confirmation email through Eventbrite. You are not registered until you have received the confirmation email. Submission of application materials alone **does not guarantee you a spot or reserve your seat. Seats are limited!**

## **The training I wanted to attend is full! Can I get on a waitlist?**

We do not manage a waitlist, but we do offer KY APSS certification training quarterly throughout the year. If [www.newvista.org/training/](http://www.newvista.org/training/) indicates the upcoming peer training is full before all your application materials were received or processed, you are welcome to register early to guarantee you a spot in the next scheduled training.

## **Where do I submit my application, references and/or payment? Which payment types are accepted?**

Once a member of the training department has approved your application you will be emailed an Eventbrite link to complete your payment and registration with card. You may pay by check as well, please make all checks or money orders out to "Newvista.org". Please send any payment, references and your application to:

### **New Vista**

#### **Attn: Peer Support Training**

1351 Newtown Pike, Building 3, Lexington, KY 40511

Application and reference letters may also be faxed to 859.255.4866



## Adult Peer Support Application

**\*\*Please clearly print all the below fields as this is used to contact you with any updates concerning your application\*\***

Name:

Employer:

Email address:

Daytime Phone Number:

Mailing Address:

Referred by:

### Short Essays

Please answer all questions in brief essay form as completely as possible. Feel free to attach another sheet if you need more space, however this is not required.

1) Why do you want to become a Peer Support Specialist?

2) Why do you feel it is important for Peer Support Specialists to share their stories of recovery with others?

3) What services and supports were important to you during your recovery?



### **Personal Reference**

Please attach **two (2)** letters of reference from someone in your life who can answer the following: **How does the applicant demonstrate recovery from their mental health or substance use disorder? Why would the application make a good peer support specialist?**

### **Reference information**

**Name:**

**Relationship to applicant:**

**Mailing address:**

**Email address:**

**Name:**

**Relationship to applicant:**

**Mailing address:**

**Email address:**



## Statement of Qualifications

**Kentucky Peer Support Specialists must meet regulatory requirements in order to serve in this role. By initialing each of the following I affirm that:**

- I am over 18 years of age.
- I have a high school diploma or have obtained a GED.
- I can supply documentation of a high school diploma or GED if requested.
- I have a primary diagnosis of a mental health or substance use disorder.
- I have received treatment for my mental health/substance use disorder.
- I can demonstrate recovery from my mental health/substance use or co-occurring disorder.

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Signature

Date

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Print Name