

# Kentucky Peer Support Specialist Training

## Registration and Application Procedures

### What is Kentucky Peer Support Specialist training?

New Vista is approved by the Kentucky Department of Behavioral Health to present Adult Peer Support Specialist Training. This is a 5 day 30-hour program running Monday to Friday, 9am to 4pm. Kentucky PSS Training is designed to guide peers to effectively and compassionately draw from their lived experiences to help clients see recovery is possible and to support them as they recover.

### Who is eligible to attend?

A peer support specialist is someone who uses their recovery experience to support clients as a part of a treatment team. Anyone who has a demonstrated pattern of recovery from addiction, mental illness or co-occurring disorders, is 18 years of age or older, has a GED or high school diploma, and has two (2) personal references who can attest to their readiness for work in a peer support role is eligible to apply. Please note **FULL** attendance is required each day in order to successfully complete training – dates and times cannot be missed or substituted.

### What is the cost to attend?

Registration fees are tiered by date of registration – the earlier you register, the more you'll save! See [www.newvista.org/training/](http://www.newvista.org/training/) for our current rates and registration deadlines. If you are a local community partner wishing to send multiple employees at once, please contact [training@newvista.org](mailto:training@newvista.org) to inquire about group rates.

### How will I receive confirmation I'm registered for training?

Registration includes submission of all application materials and fees. Submission of application materials alone **do not guarantee a spot or reserve a seat**. Spots are limited. Once complete application materials and payment are received and processed, you will receive an email confirming your registration for the training.

### Where do I submit payment? Which payment types are accepted?

Please make all checks out to "NewVista". Credit card payments are accepted by phone. Email Tianna Wormley (Tianna.wormley@newvista.org) to request a return call to make a credit card payment by phone.

Payment can be sent along with your application materials, or dropped off in person at our regional office. Checks/Money Orders can be submitted by mail to:

#### **New Vista**

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

1351 Newtown Pike, Building 1, Lexington, KY 40511

Application and references can be faxed to 859.255.4866, **Attn: Anna Dowsett**

**Additional questions? Email** [training@newvista.org](mailto:training@newvista.org)

## **Adult Peer Support Application**

Name:

Employer:

Email address:

Daytime Phone Number:

Mailing Address:

### **Short Essays**

Please answer all questions as completely as possible, though your answers may be brief. Please feel free to attach another sheet if you need additional space.

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 your recovery?

### **Personal Reference**

Please submit a letter of reference from someone who can answer the following question: **How does the applicant demonstrate recovery from their mental health or substance use disorder?**

### **Reference information**

**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 confirm 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