



KENTUCKY ADULT PEER SUPPORT SPECIALIST (APSS) PROGRAM

THORN HILL EDUCATION CENTER

700 Leslie Ave

Frankfort, KY 40601

502-875-1481

Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

First Name Last Name

Date of Birth : / / Phone :

Email :

ADDRESS

Home Address :

City : Zip Code :

County of residence

STATEMENT OF QUALIFICATIONS

- I completed High School and hold a High School Diploma.
- I completed my GED and hold my GED Certificate.
- I can supply documentation of my High School Diploma or GED Certificate .
- I have primary diagnosis of a Behavioral Health/Substance Abuse Disorder. The Kentucky Adult Peer Support Specialist (APSS) Program only accepts persons who have a diagnosis of Behavioral Health/Substance Abuse /Addictive Behaviors.
- I have received treatment for my Mental health/Substance Use Diagnosis.
- I understand that Kentucky Adult Peer Support Specialist work from the perspective of their own lived experience with behavior health issues, substance use/abuse and recovery. I agree to be open about the fact that I have been diagnosed with a mental illness. I understand that in doing so, I help educate others about the reality of recovery.
- I understand that the Kentucky Peer Support Specialist Training is not a job placement program and completion of the training does NOT guarantee that I will be hired as an APSS.
- I am over the age of 18 years.

RECIEVED SERVICES VERIFICATION

County in which you receive/received treatment services

Name of Agency where you received treatment/services

Agency contact person

Agency telephone

Agency Address :

City :

Zip Code :

Agency contact
person's email

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

2. Why do you think it is important for Peer Specialists to tell their recovery story?

3. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

4. What makes you a good candidate to work with other consumers in the behavioral health/substance use field?

5. What does recovery mean to you?

6. What were some of the important factors in your own recovery?

7. What types of experiences have you had in advocating for consumers of behavioral health/substance abuse services? Please describe in detail, listening efforts in letter-writing, personal advocacy, public testimony, programs you began, or the work you are doing now. Be specific.

8 . Is there anything else you would like us to know in considering you for the Adult Peer Support training?

I understand all submitted information to be true and accurate to the best of my knowledge that any false information will be grounds for not qualifying for the training.

First Name

Last Name

SIGNATURE

DATE OF REGISTRATION

/ /