



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

REGISTERED ALCOHOL AND DRUG PEER SUPPORT SPECIALIST APPLICATION

Description: Applicants typically already hold a current Temporary Alcohol and Drug Peer Support Specialist registration, and are ready to take the Alcohol & Drug Peer Support Specialist exam. Must have a High School Diploma or equivalent and have obtained all the required work experience, supervision, and training. Must attest to being in recovery for a minimum of two years from a substance related disorder.

- ☐ 1. Eighteen (18) years of age or older.
- ☐ 2. Section 1 of application completed.
- ☐ 3. Section 2 completed – describing education attainment of at least high school diploma/equivalent
- ☐ 4. Provided a copy of a high school diploma, high school transcript, or equivalent (unless it was previously provided for Temporary PSS). Let the Board Administrator know if your diploma/transcript is under a different last name than your current one.
- ☐ 5. Section 3 completed – Must have completed **500 hours** of experience working with persons having a substance use disorder.
- ☐ 6. Sign the Affidavit at bottom of page 2
- ☐ 7. Attestation of Recovery – Signed and dated.
- ☐ 8. Peer Support Specialist Verification of Alcohol / Drug Training – Completed and documented the **60 classroom hours** of board-approved curriculum.
- ☐ 9. Peer Support Specialist Supervisory Agreement – Completed and signed by you and your Board Approved Supervisor, even if you are maintaining the same Board-approved supervisor of record
- ☐ 10. Peer Support Specialist Verification of Supervision – **25 hours** of direct supervision documented and signed by your Board Approved Supervisor.
- ☐ 11. Supervision Evaluation for Peer Support Specialist – Completed and signed by your supervisor.
- ☐ 12. Two letters of reference from credentialed alcohol and drug counselors.
- ☐ 13. Check or money order made payable to the Kentucky State Treasurer (DO NOT SEND CASH)

Registration as an Alcohol and Drug Peer Support Specialist Application Fee **\$50.00**

(Application fee does not need to be paid again if you are already a Temporary RADPSS)

Registration as an Alcohol and Drug Peer Support Specialist Exam Fee **\$150.00**

(Due at the time this application is submitted)

Registration as an Alcohol and Drug Peer Support Specialist Initial Issuance Fee **\$100.00**

(Due after the examination has been successfully passed)

The completed application may be submitted to the Kentucky Board of Alcohol & Drug Counselors by mail to: P.O. Box 1360, Frankfort, KY 40602 or delivered/special delivery/signature required to 911 Leawood Drive, Frankfort, KY 40601.

Materials must be received by our office at least **10 DAYS PRIOR** to the next scheduled Board Meeting to ensure placement on the agenda. If this deadline is not met, your application will most likely be added to the next month's agenda for review. Board meeting dates are on our website <http://adc.ky.gov> under "Quick Links."

Important Information

Incomplete applications will not be reviewed and you will not be notified when your application arrives. Your check being cashed does not mean your application has been reviewed. It is the **applicant's responsibility** to make certain that **all materials** have been received by the Board administrator. You may contact the office to check on the status of your application. Email is best: Kelly.Walls@ky.gov

Supervision occurring prior to August 24th, 2015 must have been with a Kentucky CADC in good standing with the board and 2+ years of post-certification experience along with appropriate documentation. Supervision sessions occurring **after August 24th, 2015** must adhere to the new requirements: Both the supervisor and the supervision agreement must be approved by the Board first and your temporary credential issued and active.

When you start supervision: It is best to document it on a regular basis. Keep good notes and maintain copies of everything for your own records. You should begin to document your supervision on the **verification of supervision form** found in the "Registered Alcohol & Drug Peer Support Specialist" application packet (found at <http://adc.ky.gov> under "Resources" and "Applications & Forms" in the yellow bar across the top of the page. Your hours will need to be **submitted on an annual basis** (based on the issuance date of your temporary registration) using this same form, along with the "Supervision Annual Report" via your online eServices account. The "Supervision Annual Report" is also found at <http://adc.ky.gov> under "Resources" and "Applications & Forms" in the yellow bar across the top of the page.

Supervision sessions: Should not be documented as "blocks" of dates. List each session individually with the corresponding date and time and the board-approved supervisor's signatures.

If you have long supervision sessions: Document as much detail as possible as to what those sessions looked like/the activities completed or it could cause your Registered Alcohol & Drug Peer Support Specialist application to be deferred. Supervision sessions do not "typically" last 3+ hours and should not be occurring every day. For information regarding the difference between "work experience" and working alongside of your board-approved supervisor versus "clinical supervision", please review the laws and regulations booklet found at <http://adc.ky.gov> under "Resources".

Classroom Training Hours: 1 academic credit hour equals 15 actual training hours. Therefore, if you took a 3 credit hour course related to alcohol/drug counseling, it would equal 45 actual training hours. You may also be able to count trainings you have already taken if relevant (out of state trainings, in state trainings, continuing education, other peer support trainings, etc.). For more information, please refer to the "Curriculum of Study" and "Continuing Education" regulations found at <http://adc.ky.gov> under "Resources" and "Kentucky Administrative Regulations" in the yellow bar across the top of the page. Your training hours will not be officially "accepted" by the Board until you finally apply for the Registered Alcohol & Drug Peer Support Specialist and that application is reviewed (NON-temporary application).

Registered/Temporary Registered Alcohol & Drug Peer Support Specialists Scope of practice:

Temporary Registered and Registered Alcohol and Drug Peer support specialists should not be performing clinical services (i.e.: psycho-socials and treatment plans are clinical functions they should not be doing). They are not to be mini-counselors. They are instead advocates, educators and coaches. Please refer to the following information from SAMHSA: *"Recovery support services are non-clinical services that are used with treatment to support individuals in their recovery goals. These services are often provided by peers, or others who are already in recovery. Recovery support can include: Transportation to and from treatment and recovery-oriented activities; Employment or educational supports; Specialized living situations; Peer-to-peer services, mentoring, coaching; Spiritual and faith-based support; Parenting education; Self-help and support groups; Outreach and engagement; Staffing drop in centers, clubhouses, respite/crisis services, or warm lines (peer-run listening lines staffed by people in recovery themselves; Education about strategies to promote wellness and recovery."*

NEXT STEPS:

1. **You must *remain* under your Board-approved supervisor(s) of record and maintain the minimum required amount of monthly supervision** over the full course of your registration with this Board - even after you pass the examination and have your full registration as an Alcohol & Drug Peer Support Specialist officially issued by the Board. ***Make sure to read the Board's supervision regulation in full***, found at <http://adc.ky.gov> by clicking on "Resources" and "Kentucky Administrative Regulations" in the yellow bar across the top of the page and select "**201 KAR 35:070 Supervision Experience**".
2. **A letter will be mailed to your home address** either approving, denying, or deferring your application. If your application is ***deferred***, you will receive a letter approximately 2 weeks following the Board meeting asking for additional information.
3. If ***approved***, you will receive a letter approximately 2 weeks following the Board meeting with instructions to register for the computer based "PR/Peer Recovery" exam. **Begin preparing to take the IC&RC Peer Recovery computer exam.**
4. **EXAM PREPARATION, STUDY MATERIALS & PRACTICE EXAMS ARE AVAILABLE via IC&RC's website:** <http://internationalcredentialing.org/exams> (PR / Peer Recovery Exam)

The Kentucky ADC Board has made the switch to **computer based examinations**. Applicants no longer have to wait for the 4 specific written testing dates a year and no longer have to come to Frankfort. Applicants may take the computer exam any time they can get scheduled, at a location of their choosing. The computer examination content is the same as the written examination content, and is still multiple choice. Whenever your application is submitted and approved, you will then be given instructions on how to get registered for a computer testing location and testing date of your own choosing – must be scheduled within 1 year from the date of approval.

5. **You will know on the day you take your computer exam if you have passed or not.** If you have not passed the exam, the Board will send you instructions for taking the exam a second time. If you have failed the exam two or more times, a board-approved remediation plan is required as co-signed by your supervisor(s).

After you pass the exam, the Board will receive your score report the next business day. We will then send your passing scores to your home mailing address along with a request for you to send in your initial Registration fee. Upon receipt of your fee, your Registered Alcohol & Drug Peer Support Specialist number will officially be issued and mailed to you within approximately 10 business days. Your registration will not need to be renewed for three years; however, ***please review the renewal continuing education requirements and the requirements for training program in suicide assessment, treatment, and management 201 KAR 35:040 found at <http://adc.kygov> and click on "Resources" and "Kentucky Administrative Regulations" at the top of the page.***

Peer Support Specialist Initial Registration Fee

\$100.00

6. ***It is your responsibility to keep the Board informed of any address, e-mail, name, contact information, employment, and/or supervisor changes.*** Changes can be submitted via your eServices online account (found at <http://adc.ky.gov> by clicking on "Online Services – eServices" in the yellow bar across the top of the page and click the RECORD CORRECTION or SUPERVISION option) Important Board correspondence may be ***emailed*** to you. Do not rely on forwarding services of the U.S. Postal Service.

7. One year from the issuance of your registration, ***YOU MUST SUBMIT A SUPERVISION ANNUAL REPORT and YOUR SUPERVISION LOGS*** to the Board.

Annual Report Forms to Submit and Where to Locate the Forms:

1. The **Supervision Logs/** Supervision Verification Form is located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page WITHIN the “REGISTERED ALCOHOL & DRUG PEER SUPOORT SPECIALIST” APPLICATION PACKET.
2. The **Annual Report/Form 14** Supervision Annual Report” is also located on the “Applications and Forms” page at <http://adc.ky.gov>, under “Resources” at the top of the page.

Supervisees with annual reports due are to submit documentation **via their eServices online account** found at <http://adc.ky.gov> by clicking on “Online Services – eServices” in the yellow bar across the top of the page. Direct Link: <https://oop.ky.gov/Eservices/Default.aspx>

Once logged in, select the “Supervision” option on the main page and upon selecting your registration, you should see your board approved supervisor(s) listed.

Under your supervisor, you will need to change the drop down to “Annual Report” and upload Form 14. Then, change the drop down box to “Supervision Logs” and upload Form 8 Verification of Supervision.

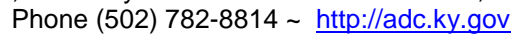
Should the Board request additional documentation, following the next regularly scheduled meeting of the Board (or the following meeting), the supervisee should receive email correspondence regarding their annual report stating the Board’s request for additional information. If the supervision annual report is received and accepted, the supervisee will receive such approval email correspondence.

It is a shared responsibility between supervisee and supervisor that the appropriate documentation is submitted to the Board.

8. ***Request to have two (2) Board-approved supervisors of record:*** If you would like two Board-approved supervisors, an additional Supervisory Agreement (found in the Temporary Registration application packet) shall be submitted to the Board for approval via your eServices online account. 201 KAR 35:070 states each supervisor of record shall provide supervision to the supervisee no less than two (2) hours, two (2) times a month. 201 KAR 35:070 Section 7 states if a supervisee has more than one (1) board-approved supervisor, the supervisors shall be in direct contact with each other at least once every six (6) months, and they shall provide supervisory plans and reports to the board and copies to each other. A request to have two (2) supervisors at one (1) time shall require a request to the board, which shall include detailed information as to how the supervisors shall communicate and coordinate with each other in providing the required supervision.

Request to change or terminate your Board-approved supervisor: If you need to add, change, or remove your supervisor(s) of record, these changes must be submitted via your online eServices account. 201 KAR 35:070 Section 3(2) states upon a change of supervisor, a new plan for supervision (**Supervisory Agreement** as found in the registration as an alcohol & drug peer support specialist application packet) shall be submitted by the supervisor and supervisee to the board for approval (via their online eServices account). Upon termination of the supervisor-supervisee relationship, the final report of supervision (**Supervision Evaluation and copies of Supervision Logs**) shall be submitted to the board (via their online eServices account) within thirty (30) days of the termination.

9. **If you plan to earn a Bachelor’s Degree in the future** and want to work towards your CAD/C, print off and start recording your training and supervision on the Certification as an Alcohol and Drug Counselor (CAD/C) Application. The approved supervision, training, and work experience you have already earned may be carried over upon Board approval.



SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

Submit proof of your highest education achieved:

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____ _____
Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____ _____

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date



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ATTESTATION OF RECOVERY

TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST ()

REGISTRATION AS PEER SUPPORT SPECIALIST ()

Pursuant to KRS 309.0831(7), I attest to being in recovery for a minimum of two (2) years from a substance-related disorder.

Signature (Must not be printed or typed)

Date

Printed Name



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PEER SUPPORT SPECIALIST **ALCOHOL / DRUG TRAINING VERIFICATION FORM**

In accordance with 201 KAR 35:050, Section 1 (1), an applicant seeking registration as an alcohol and drug peer support specialist shall complete sixty (60) classroom hours, which shall include:

1. Sixteen (16) hours of interactive training in ethics of which eight (8) hours shall consist of face-to-face ethics training;
2. Three (3) hours of domestic violence training;
3. Two (2) hours of training in transmission, control, treatment and prevention of the human immunodeficiency virus;
4. Ten (10) hours of advocacy training;
5. Ten (10) hours of training in mentoring and education; and
6. Ten (10) hours of training in recovery support

(Make as many copies of these pages as needed. Number each page.)

ETHICS TRAINING (16)

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

HIV TRAINING (2)

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

MENTORING AND EDUCATION TRAINING (10)

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

RECOVERY SUPPORT TRAINING (10)

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

ADVOCACY TRAINING (10)

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____**DOMESTIC VIOLENCE TRAINING (3)**

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____



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PEER SUPPORT SPECIALIST SUPERVISORY AGREEMENT

To Be Completed By Applicant and Supervisor

INSTRUCTIONS

1. Forms submitted without the appropriate signatures will be returned.
2. The completed form may be submitted to the Kentucky Board of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

SECTION 1 APPLICANT INFORMATION

First Name Middle Name Last Name

/ / () - () -

Social Security Number Home Telephone Work Telephone

Email Address

Street Address

City State Zip Code

SECTION 2 SUPERVISOR INFORMATION

First Name Middle Name Last Name

Email Address

Street Address

City State Zip Code

() -

Telephone Number Type of License/Certification Held and Number

/ / / /

Date of issue (attach a copy) Expiration Date (Attach a copy)

Date of Board Approved
Supervision Training (Attach copy
of certificate of attendance)

Number of Supervisee's Currently
Providing with Board Approved
Supervision

SECTION 3
INFORMATION RELATED TO SUPERVISED EXPERIENCE

Applicant Name _____

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City

State

Zip Code

Average number of hours expected to be gained per week: _____

Type of Setting: ☐ State/Government Agency ☐ Hospital
 ☐ Non-Profit ☐ DUI/Private Practice
 ☐ School ☐ Rehab Center

Type of peer support/counseling experience to be gained (check all that apply):

<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Judicial/Corrections
<input type="checkbox"/> Child & Adolescent	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Adult	<input type="checkbox"/> Group Counseling
<input type="checkbox"/> Family Treatment	
<input type="checkbox"/> Other	

Describe

Describe specifically, and in detail, what work experience will be obtained to meet the criteria for Recovery Support work experience.(201 KAR 35:070)

Describe specifically, and in detail, how supervision will focus on recovery support.(201 KAR 35:070)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours every 2 weeks of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the registration/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least 2 hours every 2 weeks of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand the supervisory arrangement is only valid while my credential remains in good standing.
- That I will notify the board if the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

Signature of Supervisor

Date

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

BOARD USE ONLY

☐ Approved by _____ Date: _____
(Initials of Reviewer)

☐ Denied by _____
(Initials of Reviewer)

☐ Deferred by by _____ Date: _____
(Initials of Reviewer)



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PEER SUPPORT SPECIALIST VERIFICATION OF SUPERVISION

This section must be completed by the applicant and signed by the supervisor. Make as many copies of these pages as needed. Number each page.

Documentation of 25 hours of direct supervision by a Board Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be documented. Methods of supervision include: face-to-face, video, observation, or telephone.

DATE OBSERVED	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Applicant Name _____

Total Number of Hours _____

Page _____



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SUPERVISION EVALUATION FOR PEER SUPPORT SPECIALIST

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name _____

Applicant's Address: _____

Clinical Supervisor: _____ Credential Number: _____

Current Address: _____

Date of Issue of Certification: _____ Supervisor's Day Phone Number: _____ / _____ / _____

Program or agency where you supervised the applicant: _____

I have supervised the applicant's work from _____ to _____, which includes approximately _____
(Date) (Date)

hours of face to face clinical supervision per month for a total of _____ hours.

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: _____ %

PERSONAL ATTRIBUTES:

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:
(Please use appropriate number as indicated on scale.)

1	2	3	4	5	6
/	/	/	/	/	/
Weak	Fair	Average	Above Average	Superior	NA

- _____ A. Respect for client.
- _____ B. Care and concern for client.
- _____ C. Genuineness with client.
- _____ D. Empathy with client.
- _____ E. Flexibility with client.
- _____ F. Spontaneity with client.
- _____ G. Capacity for appropriate self-disclosure.
- _____ H. Sense of immediacy.
- _____ I. Concreteness.

Applicant's Name _____

AREAS OF COMPETENCY

Evaluate the applicant as you feel he/she demonstrates his/her abilities in the area of recovery support. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

PROFESSIONAL AND ETHICAL CONDUCT:

1. Employment of fraud or deception in applying for a certificate: ☐ Yes ☐ No. If yes, please comment:
Comment: _____

2. Practice of Alcohol and Drug Counseling, practicing recovery support under a false or assumed name or the impersonation of another counselor of a like or different name. ☐ Yes ☐ No. If yes, please comment:
Comment: _____

3. Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. ☐ Yes ☐ No. If yes, please comment:
Comment: _____

4. Misrepresentation of one's professional credentials: ☐ Yes ☐ No. If yes, please comment:
Comment: _____

5. Failure to adhere to KRS 309.080 to 309.089: ☐ Yes ☐ No. If yes, please comment:
Comment: _____

Describe what you believe to be significant strengths and / or deficiencies of the applicant (attach additional pages, if needed):

I recommend _____ for registration as a peer support specialist.
Applicant's Name

I do not recommend _____ for registration as a peer support specialist.
Applicant's Name

Signature: _____ Credential: _____

Current Address: _____

Date Signed: _____