



## PEER SUPPORT SPECIALIST SUPERVISORY AGREEMENT

To Be Completed By Applicant and Supervisor

### **INSTRUCTIONS**

1. This form is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Forms submitted without the appropriate signatures will be returned.
4. 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 500 Mero Street, 2SC32, 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:
- |                                                  |                                               |
|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> State/Government Agency | <input type="checkbox"/> Hospital             |
| <input type="checkbox"/> Non-Profit              | <input type="checkbox"/> DUI/Private Practice |
| <input type="checkbox"/> School                  | <input type="checkbox"/> 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 in the four (4) domains: (1) advocacy; (2) ethical responsibility; (3) mentoring and education; and (4) recovery and wellness support. Work experience shall not include counseling. (201 KAR 35:070)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe specifically, and in detail, how supervision will focus on recovery support in the four (4) domains: (1) advocacy; (2) ethical responsibility; (3) mentoring and education; and (4) recovery and wellness 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 twice a month of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the temporary registration or registration 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 twice a month 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)

\_\_\_\_\_

\_\_\_\_\_