

Kentucky Board of Alcohol and Drug Counselors
HB 470 Peer Support Professionals Workgroup Application

Name _____	Phone _____
Organization _____	Role/Title _____
Email _____	

Please list any credentials that you hold including issuing organization and status (active, expired, pending). _____

I am applying for the following position(s) on the Workgroup. Please select all that apply.

- Registered peer support professional specializing in substance use disorder recovery
- Employer of peer support professionals with residential or clinical treatment experience
- Employer of peer support professionals with recovery community center experience
- Clinical supervisor overseeing peer support programs
- Behavioral health supervisor overseeing peer support programs
- Member of the public who has received peer support services

1. Describe your experience working within or across the behavioral health system including any roles, settings or collaborations that demonstrate system-level understanding or impact.

2. Describe your experience with peer support specialists and the services they offer.

3. Describe your experience engaging with individuals or communities impacted by substance use disorder or peer support services.

4. Why are you interested in serving on a statewide workgroup responsible for informing and shaping peer support policy?

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5. Do you have experience contributing to the development of state-level policy recommendations? If so, please describe.

6. What perspective do you hope to contribute to the workgroup that informs the requirements for credentialing peer support professionals?

7. Describe a situation where you balanced competing priorities, including how you made decisions, managed perspectives and describe the outcome.

8. What do you believe is the most important issue facing peer support specialists in Kentucky and why?

9. Describe your approach to collaboration and compromise in difficult situations.

10. Describe your understanding of current peer support services in Kentucky, including where they can be delivered. How do state laws or regulations influence who can provide those services?

Please list any constraints that may affect your regular participation in meetings through November 1, 2026.

Signature _____

Date _____