KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

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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 forty (40)[~~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: _____