**APPLICATION FOR INDIVIDUAL CERTIFICATION/APPROVAL**

**Indicate type of Approval/Certification you are applying for**

**(*Please Print Legibly)***

**One Application per certification /approval**

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| --- | --- | --- | --- |
| Please check if you are applying for a: |  | Person Centered Case Management |  |
| Peer Mentor in Training |  | Peer Mentor |  |

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| My current certification expires on: | | | |  | | | | | Date of Birth: | | | | | | |  | | | | | |
| Education Level: |  | | | | | | | | | | | | | | | | | | | | |
| Legal Name: |  | | | | | | | | | | | | | | | | | | | | |
| Home Address: |  | | City: | |  | State: | | | |  | | Zip: | | |  | | | Home Telephone: | | |  |
| Office/Work Address: |  | | City: | |  | County: | | | |  | | | | State: | | |  | | Zip: |  | |
| Office/Work Telephone: | |  | | | | | | | | | Fax: | |  | | | | | | | | |
| Name of Program You Work For *if applicable:* | | | | | | |  | | | | | | | | | | | | | | |
| **Mailed Communication Information**  If certificate should go to a different location other than the home address, designate the mailing address.  Address:       City:        State:       Zip: | | | | | | | | **Electronic Communication**  Please provide an email address to receive emails from the State.    Email: | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Individual services are available in the following languages: | | | | | | | *Please check all those that apply for the Individual listed above.* | | | | | | |  | Spanish |  | Korean |  | Vietnamese | |  | American Sign Language (ASL) | | | | | |  | Other: (Please specify) | | |  | |   \*Application Help Guide on next page  Please return the completed application with all required materials to:  [***Charles.Bartlett@ks.gov***](mailto:Charles.Bartlett@ks.gov) ***or*** *785-296-0256* ***or***  KDADS  SUD Behavioral Health Services / *Attention: Charles Bartlett*  503 S. Kansas Avenue  Topeka, KS 66603-3404 | | | | | | | | | | | | | | | | | | | | | |

**APPLICATION Help Guide**

**Materials Required for certification/Approval**

**(F*or Peer Mentor, Peer Mentor in Training, Person Centered Case Management*)**

Application

A copy of Licenses and/or Credentials

Copies of applicable training certificates

Copy of Diploma or College transcript

Documentation of work experience

Applicable (KCPM,PCCM,KPMT)Signed Code of Ethics

Merit of public trust

Affirmation

Please return the completed application with all required materials to:

[Charles.Bartlett@ks.gov](mailto:Charles.Bartlett@ks.gov)***Or***

KDADS

SUD Behavioral Health Services / *Attention: Charles Bartlett*

503 S. Kansas Avenue

Topeka, KS 66603-3404

**BHS CERTIFICATION for Peer Mentors in Kansas (KPMT and KCPM)**

Behavioral Health Services(BHS) support the concept of voluntary certification of addiction paraprofessionals. Certification focuses specifically on the individual and is an indication of current level of knowledge in addictions. By certifying individuals as PEER MENTORS, BHS assumes no responsibility for the integrity or work performance of any state recognized certificate. This responsibility is that of the employer of the individual, and the employing agency assumes responsibility for service delivery.

**OBJECTIVES OF CERTIFICATION**

To promote competency in addictions services by:

1. Promoting the formal recognition of the professionalism of addiction paraprofessionals.
2. Recognizing formally those individuals who meet the standards established by the BHS Certification.
3. Encouraging continued professional growth in substance use disorder treatment for the purpose of improving the quality of care to addicted persons.
4. Establishing, measuring, and monitoring the level of knowledge required for certification.
5. Assisting employers, government entities, health care providers, educators, and other practitioners, as well as the public, in identifying qualified addiction paraprofessionals.

**ADMINISTRATION**

The certification program is sponsored by the BHS. Questions concerning eligibility criteria or other portions of application should be addressed to:

KDADS

Behavioral Health Services

*Attention: Charles Bartlett*

503 S. Kansas Avenue

Topeka, KS 66603-3404

**ELIGIBILITY REQUIREMENTS for Kansas Peer Mentor In Training (KPMT) – Applicants must meet the following criteria:**

1. Be 18 years of age or older;
2. Establish a minimum of one year in stable recovery;
3. Documentation of completion of a BHS approved Peer Mentor in Training education seminar (6 contact hours),
4. Read the BHS Peer Mentor Code of Ethics, and sign the statement on the Application affirming adherence to this code;
5. Signed affirmation of Merit of Public Trust;

**ELIGIBILITY REQUIREMENTS for Kansas Certified Peer Mentor (KCPM) - Applicants must meet the following criteria:**

1. Be 18 years of age or older; and Establish one year in stable recovery;
2. Documentation of completion of an BHS administered Certified Peer Mentor training seminar (15 contact hours),
3. Read the BHS Peer Mentor Code of Ethics,
4. Sign the statement on the Application affirming adherence to this code;
5. Signed affirmation of Merit of Public Trust; and

Send all of the required information along with completed application to BHS. All pages of the application must be completed;

**ATTAINMENT OF CERTIFICATION**.

BHS staff will initially review each application for completeness and eligibility, and then take the following steps:

* The names of applicants whose applications are deemed by staff to be complete and are otherwise eligible for certification will be placed on a list for distribution to BHS reviewing staff. The lists will be reviewed by BHS Staff to ensure that all candidates presented for credentialing are appropriate.
* Applications deemed eligible by staff will be notified as such. Those deemed ineligible will receive a letter explaining reasons for ineligibility, sent by the BHS staff requesting additional information. Those deemed by staff to have any questionable item as to eligibility will be referred for further staff review.

Before you begin to complete the application materials enclosed herein:

* Please read all instructions and information.
* Answer all questions completely and accurately. The burden of proof in satisfying to the BHS certification review staff that you are eligible for the certificate is upon you. Thus, if you have been convicted of a felony or if there have been other past or current events that potentially raise questions about your ability to merit the public trust; you may be required to provide further explanation of these matters.

Please allow 15-30 days for review of your application. Applications received at our office are considered “valid” for a period of 120 days.