

**Full Name**

**Email**

**Phone**

**Organization**

**Role/Title**

**Please list any certifications or registrations you hold. Include issuing organization and current status (active, expired, pending).**

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

Peer Support Professional – Mental Health Peer Support Professional – Family/Community Recovery Housing Professional Multidisciplinary Educator/Trainer from an approved Peer Support Training Program

Peer Support Professional – Youth Peer Support Professional – Behavioral Health Recovery Community Center Professional

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 representing communities impacted by behavioral health or peer support services.

4. What interests you in serving on a statewide workgroup responsible for informing and shaping new peer support policy?

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 development of statewide requirements for licensed peer support professionals and the potential efficacy of establishing a board of peer support professionals?

7. Describe a situation where you balanced competing priorities. Include how you made decisions, managed stakeholder perspectives, and what the outcome was.

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

9. This statewide workgroup will bring together individuals with diverse perspectives to help inform new peer support policy. Describe how you adjust your approach and collaborate effectively when your perspective differs from others or when new information challenges your thinking.

10. Describe the current ways peer support services are provided in Kentucky. Include where services can be delivered and how state laws or regulations influence who can provide them and how they are delivered.

11. Describe your availability through November 1, 2026, including any anticipated constraints that may affect participation.

Signature:

Date: