

TEXAS CERTIFICATION BOARD



presents

The Texas System for Certification of

Re-Entry Peer Specialist Certification

APPLICATION PACKAGE

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TEXAS CERTIFICATION BOARD

401 Ranch Road 620 South, Suite 310
Austin, TX 78734

Tel: (512) 708-0629
Fax: (888) 506-8123
Email: admin@tcbap.org
Website: www.tcbap.org

About the Re-Entry Peer Specialist (JI-RPS) Certification

Statement of Purpose

Re-Entry Peer specialists providing services under these standards support participants with a mental health and/or substance use challenge that have been incarcerated (jail or prison) toward long-term recovery.

Statutory Limitations

Certification as a Re-Entry Peer Specialist is not to be construed as authorization to charge or collect fees for services rendered if to do so conflicts with any statutory limitations. Where the statute requires that a Re-Entry Peer Specialist be supervised by a licensed provider, they shall be so supervised.

Authority

The authority of the Certification Board is derived from those persons who are dedicated to service as peer specialist and who are most affected by certification. This authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of this certification is voluntary. The credibility of this certification results from the standards that are maintained, the performance level established by the Certification Board, and most importantly, the competency and integrity of those holding the certification.

Re-Entry Peer Specialist Minimum Qualifications

- A. A peer specialist must:
 - 1. be at least 18 years of age;
 - 2. have lived experience with incarceration;
 - 3. have a high school diploma or General Equivalency Diploma (GED);
 - 4. be willing to appropriately share his/her own recovery story with participants;
 - 5. be able to demonstrate current self-directed recovery; and
- B. A peer specialist must complete required training and be certified before providing services. A peer specialist must remain certified in good standing to provide services.

Scope of Work

- A. A Re-Entry Peer Specialist provides peer specialist services as described below relating to Services provided:
 - 1. All peer specialist services must be recovery oriented, person-centered, relationship focused, and trauma informed.
 - 2. Peer specialist services may include:
 - a. recovery and wellness support, which includes providing information on and support with planning for recovery;
 - b. mentoring, which includes serving as a role model and providing assistance in finding needed community resources and services; and
 - c. advocacy, which includes providing support in stressful or urgent situations, and helping to ensure that the participant's rights are respected.
 - d. strict adherence to Codes of Ethics.
 - 3. Services may be provided individually or in a group.
 - 4. Participation in peer specialist services is voluntary.

Re-Entry Support Specialist Certification Requirements

Lived Experience:

You must attest that you have lived experience with incarceration, demonstrate current self-directed recovery and be willing to appropriately share your own recovery story with participants. The attestation can be found on the application page.

Education Level:

Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED). Must include official documentation via copy of transcripts or diploma with application.

Training:

Verification of Re-Entry Peer Specialist training. Must include a copy of completion certificate.

Ethics Standards:

Sign and agree to comply with the ethical standards pertaining to Re-Entry Peer Specialist listed in this application.

State Issued ID:

A Re-Entry Peer Specialist must be at least 18 years of age. You must include a copy of your state issued ID in your application packet.

Submission Checklist

- Certification Application
- Signed attestation of lived experience.
- Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency through copy of official transcripts diploma.
- Copy of Re-Entry Peer Specialist training certificate as verification of successful training completion.
- Signed Assurances and Releases
- Signed Code of Ethics
- Certification Fee Payment
- Copy of State Issued ID

Re-Entry Peer Specialist (JI-RPS) Certification Application

Last Name _____ First Name _____ MI _____

Address _____

City/ State/ Zip _____

Work Phone _____ Home Phone _____

Email _____

Social Security # _____ D.O.B. _____

Gender _____ Ethnicity _____

Have you ever undergone any disciplinary actions for violation of ethics? Yes No

If yes, please explain: _____

_____ I attest that I have lived experience with incarceration, demonstrate current self-
(initial) directed recovery and am willing to appropriately share my recovery story with participants.

Highest Education Level Completed

Please Include transcripts or diploma for selected education level.

- | | | |
|--|---|---|
| <input type="checkbox"/> High School Diploma/ or GED | <input type="checkbox"/> Vocational Certification | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor of Arts/ Sciences | <input type="checkbox"/> MA, MS, M. Ed. | <input type="checkbox"/> Doctorate |

Application Fee \$60

Application fees are non-refundable regardless of completion status

I have enclosed a **Cashier's Check** or **Money Order** payable to TCB
Check Number _____

I authorize TCB to charge my credit card in the amount of \$60

Card Type:

Visa MasterCard American Express Discover

Card Number: _____

Exp Date: _____ CVC Code: _____

Billing Zip: _____ Cardholder Name: _____

Cardholder Signature: _____

Code of Ethics

The principles in the following Code of Ethics guide Texas Certified Re-Entry Peer Specialists in their roles, relationships, and levels of responsibility in which they function professionally.

1. The primary responsibility of Re-entry Peer Specialists is to help individuals achieve their own needs, wants, and goals. Re-Entry Peer Specialists will be guided by the principle of self-determination for all.
2. Re-Entry Peer Specialists will maintain high standards of personal conduct. Re-Entry Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Re-Entry Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Re-Entry Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Re-Entry Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Re-Entry Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, gender identity, gender expression, sexual orientation, age, religion, prior convictions, national origin, marital status, political belief, mental or physical disability, military status, or any other preference or personal characteristic, condition or state.
7. Re-Entry Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Re-Entry Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Re-Entry Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of these individuals to those communities. Re-Entry Peer Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Re-Entry Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. Re-Entry Peer Specialists will not engage in sexual/intimate activities with those to whom they are currently providing support, or have worked with in a professional role in the past two years.
12. Re-Entry Peer Specialists will not provide services to another when under the influence of alcohol or when impaired by any substance, whether or not it is prescribed.
13. Re-Entry Peer Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Re-Entry Peer Specialists will not accept gifts of significant value from those they serve.
15. Re-Entry Peer Specialist will work within the outlined scope work and if needed will seek supervision and consultation.

Procedure for Code of Ethics Complaints

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB Re-Entry Peer Specialist or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the individual or through the individual's supervisor/employing agency. If these means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

All matters of ethical violation and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against any member of the Association and/or certified individual. After appropriate study and necessary hearings assuring due process, the committee shall make its recommendations to the Certification Board for review and disposition. A written copy of the Code of Ethics and policies and procedures for grievance, complaints and hearings shall be made available to all members and to any other person requesting them.

Ethic complaints must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734.

I have read, understand and commit to the preceding Codes of Ethics.

Applicant Signature: _____ Date: _____

ASSURANCES AND RELEASES

TCB may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

"I give my permission for the TCB and staff to investigate my background as it relates to information contained in this application for certification. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification."

"I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCB, to officers, members, and staff of the aforementioned board."

"I further agree to hold the TCB, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying."

Applicant Signature: _____ Date: _____