

The Texas Certification Board

Instructor

APPLICATION PACKAGE

January 2019

**Texas Certification Board
401 Ranch Road 620 South, Suite 310
Austin, Texas 78734**

Tel: 512.708.0629

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admin@tcbap.org

www.tcbap.org

Certification Criteria and other information for:

Instructor

AS AUTHORIZED BY THE

**Health and Human Services Commission
Texas Administrative Code Title I, Part 15, Chapter 354 – Medicaid Services,
Subchapter N-Peer Specialist Services**

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Originally Prepared by:

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Statement of Purpose

The instructor credential standardizes qualifications of those working in Peer Services Training within the field of substance use, mental health, and/or co-occurring disorders. The following training entity credentialing guidelines have been developed by the **Texas Certification Board (TCB)**.

Statutory Limitations

Texas Government Code §531.033, which provides the Executive Commissioner of HHSC with broad rulemaking authority, and Texas Human Resources Code §32.021 and Texas Government Code §531.021(a), which provides HHSC with the authority to administer the federal medical assistance (Medicaid) program in Texas.

The proposed rules implement Texas Government Code, Chapter 531, and Texas Human Resources Code, Chapter 32.

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.

Instructor Requirements

An instructor must:

(1) be a certified peer specialist in good standing, and must have the certification endorsement related to any supplemental training before providing that training;

(2) be trained by a training entity certified under this sub- chapter, and be approved to provide each type of training described in this subchapter before facilitating that training; and

(3) use training curricula pre-approved by HHSC, including the knowledge assessment required by §354.3159(e) (relating to Core and Supplemental Training) of this subchapter.

An instructor who has been consistently providing peer specialist training in the two years before the initial effective date of this section may apply to a certification entity to be approved as an instructor under this subchapter without meeting the requirements in:

(4) subsection (1) of this section; and

(5) subsection (2) of this section, except that the instructor may only provide supplemental training in the area of specialty for which they have historically provided training.

An instructor must maintain the following documentation for each person trained:

1. Application date of each training attended and length of each training; and results of each knowledge assessment.
2. An application not approved must be retained for at least 2 years.
3. Documentation of each person trained must be retained for at least 5 years.

Fees for Certification Entity

Original Application Fee\$60.00

Instructor
CERTIFICATION APPLICATION

1. Instructor Name: _____

2. Address: _____

3. City/State/Zip _____

4. Work Phone: _____ Fax Number: _____

5. Email: _____

6. What is the name of the training entity that you received your training to be an instructor: _____

7. How long have you been an peer instructor? _____

8. Types of trainings you have provided:

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

9. Roughly how many applicants have you trained: _____

SUBMISSION CHECKLIST

- _____ Documentation of two years instructor experience
- _____ Documentation of peer specialist certification (SUDs or MH)
- _____ Documentation of experience in training that uses adult learning principles
- _____ Documentation of experience in training related to elements of peer specialist services
- _____ A plan to provide training for peer specialists core training regularly
- _____ A plan to provide Mental Health and/or Substance Use supplemental training(s) regularly
- _____ A plan to provide peer supervisor training regularly
- _____ Documented training schedule
- _____ Documented procedures related to registration/enrollment, training methodology, course completion requirements and evaluation of training;
- _____ Documented application process for peer specialists, peer specialist supervisors, and instructors
- _____ Documentation of availability of application materials in prevalent languages, professionally translated;
- _____ Documented internal review process designed to ensure consistency and equity in application scoring, unless the training entity consists of only one individual trainer;
- _____ Documented fee policy
- _____ Documented reasonable accommodation for a person with a disability;
- _____ Documented reasonable accommodation for a person who speaks a prevalent language; and be culturally sensitive.
- _____ Signed Assurances and Releases (see attached)
- _____ Signed Complaint Procedures (see attached)

Application Fee \$60.00

Payment Information

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

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

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card No. _____ Exp. Date _____ CVC _____

Cardholder Name _____

Cardholder Signature _____

ASSURANCES AND RELEASES

TCB may request further information from instructor 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 organization 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."

Instructor Signature

Date

Code of Ethics

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

1. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all.
2. Certified Peer Specialists will maintain high standards of personal conduct. Certified Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Certified Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Certified Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Certified 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. Certified 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, national origin, marital status, political belief, mental or physical disability, military status, or any other preference or personal characteristic, condition or state.
7. Certified Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Certified Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Certified 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. Certified 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. Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. Certified 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. Certified 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. Certified Peers Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Certified Peer Specialists will not accept gifts of significant value from those they serve.

A peer specialist may not:

- a) practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions;
- b) engage in any service that requires a license;
- c) falsify any documentation related to application, training, testing, certification, or services provided under this subchapter;
- d) retaliate against any person who, in good faith, makes a complaint or files a grievance against the peer specialist regarding services provided under this subchapter;
- e) engage in conduct that is prohibited by state, federal, or local law, including those laws prohibiting the use, possession, or distribution of drugs or alcohol;
- f) participate in, condone, or promote discrimination on the basis of race, creed, color, national origin, gender, sexual orientation, religion, age, physical disability, or economic status in the performance of peer specialist services or training;
- g) delay or fail to report suspicion of abuse or neglect to the proper authority;
- h) violate law, rule, or policy related to a recipient's privacy and confidentiality;
- i) violate professional and personal boundaries, including having sexual contact with a recipient;
- j) have a dual relationship with a recipient.

PROCEDURE FOR COMPLAINTS

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB instructor. 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 instructor. If this means fails or does not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

All matters of violations and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against an instructor. 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 complaint is available to all members and to any other person requesting them.

Ethics 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.

Signature _____ Date _____

Return Completed Application to:

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