

**The Texas Certification Board of  
Addiction Professionals**

presents

**The Texas System for Designation of**

**PEER MENTOR/ PEER  
RECOVERY COACH  
DESIGNATION**

**APPLICATION PACKAGE**

November 2018

**TEXAS CERTIFICATION BOARD OF  
ADDICTION PROFESSIONALS**

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**Designation Criteria and other  
information for**

Peer Mentor/Peer Recovery Coach Designation

AS AUTHORIZED BY THE  
**TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS**

**Edition**

November 1, 2018

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# TEXAS SYSTEM FOR DESIGNATION OF PEER MENTOR/PEER RECOVERY COACH DESIGNATION

## Statement of Purpose

The Peer Mentor/Peer Recovery Coach Designation (PM/PRC) standardizes qualifications of those working in peer recovery support within the field of chemical dependency, mental health, and/or co-occurring disorders. The following PM/PRC designation guidelines have been developed by the **Texas Certification Board of Addiction Professionals (TCBAP) in concert with the Texas Department of State Health Services and identified stakeholders.**

## Statutory Limitations

Designation of a PM/PRC 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 PM/PRC designee be supervised by a licensed provider, they shall be so supervised.

## Principles

Certain important principles have emerged in regard to this credential.

- Principle 1.** This designation is based on a combination of competency and knowledge about advocacy, ethics, mentoring and recovery support to include academic achievement.
- Principle 2.** Authority for this designation comes from professionals working in the field of chemical dependency and mental health who share a common concern for standards of competency.
- Principle 3.** Application for this designation is entirely voluntary.
- Principle 4.** Designation is offered to both members and non-members of the Texas Association of Addiction Professionals.

## Authority

The authority of the Certification Board is derived from those persons who are dedicated to service as counselors, designees and those who are most affected by their services. This authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of this designation is voluntary. The credibility of this designation 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 designation.

## Peer Mentor/Peer Recovery Designation Requirements

The minimum requirements for designation of a PM/PRC shall include academic achievement and adherence to a code of ethics, including the following:

1. Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. **(Complete form on page 6 and include official documentation).**
2. Verification of at least 46 education hours specific to the PRS domains below: **Please provide copies of training certificates by approved providers or official transcripts from a regionally accredited college or university as documentation.**

### *Peer Recovery Support Domains:*

*Advocacy (Minimum of 10 education hours required)*

*Mentoring/Education (Minimum of 10 education hours required)*

*Recovery Support (Minimum of 10 education hours required)*

*Ethical Responsibility (Minimum of 16 education hours required)*

3. Sign and agree to comply with the ethical standards as set forth in the Texas System of Designation for Peer Mentor/Peer Recovery Coach.
4. All persons who apply for the PM/PRC designation through the Texas Certification Board should be a resident of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.
5. 500 hours of volunteer or paid work experience specific to the PRS domains.
6. 25 hour supervised practicum specific to the 4 peer recovery domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
7. This is a non-reciprocal designation but hours of training and work experience may count toward the Peer Recovery Support Specialist.

**Fees for Designation**

The following fee structure shall apply for all individuals who apply for designation as a PM/PRC

Original Application Fee ..... \$60.00

**Requirements for Re-Designation**

The PM/PRC designation shall be issued for a period of two (2) years, therefore requiring an individual to renew every two (2) years on that same date. The requirements for re-designation shall be as follows:

1. Absent of any ethical or malpractice violations.
2. Completion of twenty (20) hours of Peer Recovery Support continuing education, including six hours of ethics training.
3. Submission of a renewal application including a signed copy of the ethical standards for Peer Mentor/Peer Recovery Coach designation.
4. The fee for re-designation shall be **\$60.00**.

Return Completed Application to:  
TCBAP, 401 Ranch Road 620 S., Suite 310,  
Austin, TX 78734

**PEER MENTOR/PEER RECOVERY COACH  
DESIGNATION APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home or Cell# \_\_\_\_\_

Fax Number \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Ethnic Origin**                       African American                       American Indian  
    Asian American                       Caucasian  
    Hispanic                                       Other \_\_\_\_\_

Texas Counseling License Type \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_

**Health Care Licenses/Certifications/Designations currently held (List the type and expiration date)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever undergone a disciplinary action for violation of any Code of Ethics?**

YES \_\_\_\_\_ NO \_\_\_\_\_ (If YES, please attach letter of explanation)

**Education**

High School Degree/Equivalency (Type & Date Awarded) \_\_\_\_\_

Associate's Degree (Type & Date Awarded) \_\_\_\_\_

Undergraduate Degree (Type & Date Awarded) \_\_\_\_\_

Graduate Degree (Type & Date Awarded) \_\_\_\_\_

Doctorate Degree (Type & Date Awarded) \_\_\_\_\_

**Enclosures**

- \_\_\_\_\_ Designation Application
- \_\_\_\_\_ Signed Statement of Understanding (Assurances & Releases below)
- \_\_\_\_\_ Signed Code of Ethics
- \_\_\_\_\_ Verification through **official** transcripts of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. College/University transcripts must be official. **(If you already have certifications through TCBAP that required official transcripts you DO NOT have to send again)**(Please note: "on file")
- \_\_\_\_\_ Documentation of 46 education hours including at least 10 hours in Advocacy, 10 hours in Mentoring/Education, 10 hours in Recovery/Wellness Support and 16 hours in Ethical Responsibility. **(Must be supported by original CEU certificates by approved providers or official transcripts from a regionally accredited college or university).**
- \_\_\_\_\_ 500 hours of volunteer or paid work experience specific to the domains
- \_\_\_\_\_ 25 hour supervised practicum specific to the PRS domains

**PM/PRC Fees**

\_\_\_\_\_ Designation Fee.....\$60.00

**Payment Information**

\_\_\_\_\_ I have enclosed a **Cashier's Check** or **Money Order** payable to TCBAP

\_\_\_\_\_ I authorize TCBAP 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**

TCBAP 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 designation process without the written consent of the applicant.

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

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

"I further agree to hold the TCBAP, 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 TCBAP to issue designation."

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

**Applicant Signature**

**Credentials**

**Date**

## **ETHICAL STANDARDS FOR PEER MENTOR/PEER RECOVERY DESIGNATION**

### Preamble

The purpose of the Peer Mentor/Peer Recovery Designation Code of Ethics is to outline the basic values and principles of peer support practice. The Code shall serve as a guide for Peer Mentor/Peer Recovery Designation in Texas by defining professional responsibility and ethical standards for the profession.

The primary responsibility of Peer Mentor/Peer Recovery Designee is to help individuals achieve their own needs, wants, and goals. Peer Mentor/Peer Recovery Designee will maintain high standards of personal conduct, and will conduct themselves in a manner that fosters their own recovery. Peer Mentor/Peer Recovery Designee will be guided by the principle of self-determination for all, and shall serve as advocates for the people they serve.

Peer Mentor/Peer Recovery Designee will perform services only within the boundaries of their expertise. Peer Mentor/Peer Recovery Designee shall be aware of the limits of their training and capabilities, and shall collaborate with other professionals to best meet the needs of the person(s) served. Peer Mentor/Peer Recovery Designee will, at all times, preserve an objective and professional relationship.

1. Peer Mentor/Peer Recovery Designee will, at all times, respect the rights and dignity of those they serve.
2. Peer Mentor/Peer Recovery Designee 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. Peer Mentor/Peer Recovery Designee will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
3. Peer Mentor/Peer Recovery Designee will not use derogatory language in their written or verbal communication to or about persons served. Peer Mentor/Peer Recovery Designee will use accurate and respectful language in all communications to and about persons served.
4. Peer Mentor/Peer Recovery Designee will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
5. Peer Mentor/Peer Recovery Designee will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, sexual orientation, age, religion and/or belief system, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or state.
6. Peer Mentor/Peer Recovery Designee will advocate for those they serve so that they may make their own decisions in all matters when dealing with other professionals and service providers.
7. Peer Mentor/Peer Recovery Designee will respect the privacy and confidentiality of those they serve. Peer Mentor/Peer Recovery Designee will not name or give information about a person served, former person served, or family member to other professionals except when specifically authorized by the person served.
8. Peer Mentor/Peer Recovery Designee will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between Peer Mentor/Peer Recovery Designee and their colleagues.
9. Peer Mentor/Peer Recovery Designee will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
10. Peer Mentor/Peer Recovery Designee will not enter into relationships or commitments that conflict with the interests of those they serve. Peer Mentor/Peer Recovery Designee shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.
11. Peer Mentor/Peer Recovery Designee shall disclose any existing or pre-existing professional, social or business relationships with person(s) served. Peer Mentor/Peer Recovery Designee shall determine in consultation with their supervisor, whether existing or pre-existing relationships interfere with the ability to provide peer support services to that person. Peer Mentor/Peer Recovery Designee is responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.
12. Peer Mentor/Peer Recovery Designee will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.

13. Peer Mentor/Peer Recovery Designee will not abuse alcohol or other mood-altering substances while practicing peer support.
14. Peer Mentor/Peer Recovery Designee will keep current with emerging knowledge relevant to recovery and openly share this knowledge with their colleagues. Peer Mentor/Peer Recovery Designee will advocate for the profession of peer support.
15. Peer Mentor/Peer Recovery Designee will not give or accept gifts of significant value from those they serve.

**I have read, understand and commit to the preceding Ethical Standards.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PROCEDURE FOR CODE OF ETHICS COMPLAINTS**

**TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP PM/PRC designee or an applicant to the designation 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 PM/PRC or through the PM/PRC's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.**

**Ethic complaints must be submitted in writing and mailed to: TCBAP Headquarters at 401 Ranch Road 620 S, Ste. 310, Austin, and TX 78734.**



## Formal Education

List below all formal education (high school, college, university) you have received.

You are also required to provide an official transcript for the highest level of education earned.

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL/ HIGH SCHOOL EQUIVALENCY			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
COLLEGE OR UNIVERSITY (GRADUATE)			
COLLEGE OR UNIVERSITY (POST-GRADUATE)			



## 25 Hours Supervised Practicum Specific to the PRS Domains for the PM/PRC Designation

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This is the time sheet that should be used to document the 25 hour supervised practicum specific to the PRS domains for the PM/PRC Designation. Supervision must be provided by an organization's ***documented and qualified supervisory staff*** per job description.

**Student Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Week Beginning: \_\_\_\_\_ Week Ending: \_\_\_\_\_

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Current Week Ttl	Cumulative Total Prev Wk	Cumulative Total
Advocacy										
Mentoring/ Education										
Recovery/ Wellness										
Ethical Responsibility										
Daily Total Hours:										

**Practicum Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_