

The Texas Certification Board

presents

The Texas System for Designation of

PEER MENTOR/ PEER RECOVERY COACH DESIGNATION

APPLICATION PACKAGE

July 2019

TEXAS CERTIFICATION BOARD

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**Designation Criteria and other
information for**

Peer Mentor/Peer Recovery Coach Designation

AS AUTHORIZED BY THE
TEXAS CERTIFICATION BOARD

Edition
January 2019

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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 (TCB) 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 aPM/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:
TCB, 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 TCB 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 TCB

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

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card No. _____ Exp Date _____ CVC _____

Zip Code _____ Cardholder Name _____

Cardholder Signature _____

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 designation 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 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 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 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

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support specialist who, as responsible healthcare professionals, believe in the dignity and worth of human beings. In the practice of their profession, they assert that the ethical principles of autonomy, beneficence and justice must guide their professional and societal expectations, obligations and conduct. As professionals dedicated to the prevention, treatment and recovery of service recipients with substance use disorders and their families, they believe that they can effectively prevent and treat its individual and familial manifestations. SUD professionals dedicate themselves to the promotion of the best interests of service recipients, colleagues, the profession and society.

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

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

PRS and PM/PRC will perform services only within the boundaries of their expertise. PRS and PM/PRC 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. PRS and PM/PRC will, at all times, preserve an objective and professional relationship.

1. PRS and PM/PRC will, at all times, respect the rights and dignity of those they serve.
2. PRS and PM/PRC 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. PRS and PM/PRC will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
3. PRS and PM/PRC will not use derogatory language in their written or verbal communication to or about persons served. PRS and PM/PRC will use accurate and respectful language in all communications to and about persons served.
4. PRS and PM/PRC will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
5. PRS and PM/PRC will shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.
6. PRS and PM/PRC 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. PRS and PM/PRC will respect the privacy and confidentiality of those they serve. PRS and PM/PRC 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. PRS and PM/PRC will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between PRS and PM/PRC and their colleagues.
9. PRS and PM/PRC will take adequate measures to discourage, prevent, expose, and correct the unethical

conduct of colleagues.

10. PRS and PM/PRC will not enter into relationships or commitments that conflict with the interests of those they serve. PRS and PM/PRC shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.
11. PRS and PM/PRC shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. PRS and PM/PRC 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. PRS and PM/PRC are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.
12. PRS and PM/PRC will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
13. PRS and PM/PRC will not abuse alcohol or other mood-altering substances while practicing peer support.
14. PRS and PM/PRC will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. PRS and PM/PRC will advocate for the profession of peer support.
15. PRS and PM/PRC will not give or accept gifts of significant value from those they serve.
16. PRS and PM/PRC uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a PRS and PM/PRC holds a certification/designation, excluding minor traffic offenses, whether or not the case is pending an appeal.

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

Signature _____ Date _____

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 PRS and PM/PRC 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 PRS and PM/PRC or through the PRS and PM/PRC 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.

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

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)			

Supervised Volunteer and/or Work Experience

Have a supervisory staff complete this form to document the 500 hours of supervised volunteer and/or work experience required for PM/PRC Designation. Please make copies of this form if additional space is needed.

PM/PRC Applicant Name: _____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Date	Domain	Hours	Initials

I, _____ verify the above named applicant has completed the hours
(Supervisor name)
 documented on this form.

Signature: _____ Date: _____

Domains: Advocacy=A, Mentoring/Education=ME, Recovery/Wellness=RW, Ethical Responsibility=E

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

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:** _____