

The Texas Certification Board of Addiction Professionals

Presents

The Texas System for Certification of

PEER RECOVERY SUPPORT SPECIALIST

APPLICATION PACKAGE

Revised November 2018

**Texas Certification Board of Addiction Professionals
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**Certification Criteria
and other information for**

Peer Recovery Support Specialist

AS AUTHORIZED BY THE

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

Edition

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TEXAS SYSTEM FOR CERTIFICATION OF PEER RECOVERY SUPPORT SPECIALIST (PRS)

Statement of Purpose

The Peer Recovery Support Specialist (PRS) credential standardizes qualifications of those working in peer recovery support within the field of chemical dependency, mental health, and/or co-occurring disorders. The following PRS credentialing guidelines have been developed by the **Texas Certification Board of Addiction Professionals (TCBAP)** following **proposed IC&RC International Standards**.

Statutory Limitations

Certification as a PRS 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 PRS 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 certification 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 certification 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 certification is entirely voluntary.

- Principle 4.** Certification 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 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.

Peer Recovery Support Specialist Requirements

The minimum requirements for certification of a PRS 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 7 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 Certification for Peer Recovery Support Specialist.
4. All persons who apply for the PRS certification 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 PRS domains. Supervision must be provided by an organization's documented and qualified supervisory staff per job description.
7. Verification of a successful score on the ICRC International Peer Examination.
8. In addition to completing the required 46 hour PRS training, young peer mentors working with transitional ages 16-25 must complete an addition six (6) hours of education under the Transitional Age (TAY) Module to receive a Young Peer Mentor Endorsement.

Fees for Certification

The following fee structure shall apply for all individuals who apply for certification as a PRS.

Original Application Fee \$60.00

(Optional) IC&RC Certificate Fee \$10.00

Requirements for Recertification

The PRS certification shall be issued for a period of two (2) years, therefore requiring an individual to recertify every two (2) years on that same date. The requirements for recertification shall be as follows:

1. Absent of any ethical or malpractice violations.
2. Completion of twenty (20) hrs of Peer Recovery Support continuing education, including six hrs of ethics training.
3. Submission of an application including a signed copy of the ethical standards for Peer Recovery Support Specialist.
4. The fee for recertification shall be \$60.00. (fee may be increased with IC&RC recognition)

**PEER RECOVERY SUPPORT SPECIALIST (PRS)
CERTIFICATION APPLICATION**

Name _____

Address _____

City/State/Zip _____

Work Phone _____ Hm or Cell Ph _____

Fax Number _____ Social Security No. _____

Email _____ Gender _____ DOB _____

- | | | |
|----------------------|---|--|
| Ethnic Origin | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian |
| | <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

Texas Counseling License Type _____ Number _____ Expires _____

Health Care Licenses/State Certifications currently held (Please list 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

- _____ Certification 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. **(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
- _____ Documentation of successful ICRC written examination score
- _____ **Six (6) hours education specific under the Transitional Age (TAY) Module (ages 16-25) in addition to the 46 education hours (Not Required for standard PRS certification)**

PRS Fees

Original Application Fee \$60.00
(Optional) IC&RC Certificate Fee \$10.00

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 certification 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 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 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 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

_____ Credentials

_____ Date

ETHICAL STANDARDS FOR PEER RECOVERY SUPPORT SPECIALISTS

Preamble

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

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

Peer Recovery Support Specialists will perform services only within the boundaries of their expertise. Peer Recovery Support Specialists 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 Recovery Support Specialists will, at all times, preserve an objective and professional relationship.

1. Peer Recovery Support Specialists will, at all times, respect the rights and dignity of those they serve.
2. Peer Recovery Support 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. Peer Recovery Support Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
3. Peer Recovery Support Specialists will not use derogatory language in their written or verbal communication to or about persons served. Peer Recovery Support Specialists will use accurate and respectful language in all communications to and about persons served.
4. Peer Recovery Support Specialists will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
5. Peer Recovery Support Specialists 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 Recovery Support Specialists 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 Recovery Support Specialists will respect the privacy and confidentiality of those they serve. Peer Recovery Support Specialists 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 Recovery Support Specialists will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between Peer Recovery Support Specialists and their colleagues.
9. Peer Recovery Support Specialists will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
10. Peer Recovery Support Specialists will not enter into relationships or commitments that conflict with the interests of those they serve. Peer Recovery Support Specialists shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.
11. Peer Recovery Support Specialists shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. Peer Recovery Support Specialists 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 Recovery Support Specialists are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.

12. Peer Recovery Support Specialists will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
13. Peer Recovery Support Specialists will not abuse alcohol or other mood-altering substances while practicing peer support.
14. Peer Recovery Support Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. Peer Recovery Support Specialists will advocate for the profession of peer support.
15. Peer Recovery Support Specialists 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 PRS 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 professional or through the PRS professional'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 South, Ste. 310, Austin, and TX 78734.

Return Completed Application to:

401 Ranch Road 620 South, Suite 310, Austin, 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. Please make copies of this form if additional space is needed.

PRS 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

This is the time sheet that should be used to document the 25 hour supervised practicum specific to the PRS domains. 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: _____

Core Skill Function	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Current Week Total	Cumulative Total Previous Wk	Cumulative Total
Advocacy										
Mentoring/ Education										
Recovery/ Wellness										
Ethical Responsibility										
DAILY TOTAL HOURS:										

PRACTICUM STUDENT SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

