

The Texas Certification Board

Presents

The Texas System for Certification of

PEER RECOVERY SUPPORT SPECIALIST

APPLICATION PACKAGE

Revised June 2019

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**Certification Criteria
and other information for**

Peer Recovery Support Specialist

AS AUTHORIZED BY THE
TEXAS CERTIFICATION BOARD

Edition
JUNE 2019

Original Prepared by:
Texas Certification Board

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REVISION AND CHANGE: All or any part of this handbook is subject to change as deemed necessary by TCB.

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

Statement of Purpose

The Peer Recovery Support Specialist (PRSS) 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 PRSS credentialing guidelines have been developed by the **Texas Certification Board (TCB) following proposed IC&RC International Standards.**

Statutory Limitations

Certification as a PRSS 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 PRSS 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 PRSS 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 PRSS 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. Lived Experience – You must attest that you have lived experience as a peer and current self-directed recovery.
8. Verification of a successful score on the ICRC International Peer Examination.
9. 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 PRSS.

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

Requirements for Recertification

The PRSS 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 (PRSS)
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)

(Initial) **I attest that I have lived experience as a peer and demonstrate self-directed recovery.**

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 Assurances & Releases
- _____ 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 TCB that required official transcripts you DO NOT have to send again)** (Please note: "onfile")
- _____ 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
- _____ Attestation of lived experience
- _____ 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 PRSS certification)**

PRSS 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 TCB
- _____ I authorize TCB to charge my credit card in the amount of\$ _____
_____ Visa _____ MasterCard _____ American Express _____ Discover
- Card No. _____
- Exp Date _____ CVC _____ Billing 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 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

Credentials

Date

ETHICAL STANDARDS FOR PEER RECOVERY SUPPORT SPECIALISTS

Preamble

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 Specialist Certification (PRSS) 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 PRSS and PM/PRC in Texas by defining professional responsibility and ethical standards for the profession.

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

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

1. PRSS and PM/PRC will, at all times, respect the rights and dignity of those they serve.
2. PRSS 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. PRSS 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. PRSS and PM/PRC will not use derogatory language in their written or verbal communication to or about persons served. PRSS and PM/PRC will use accurate and respectful language in all communications to and about persons served.
4. PRSS and PM/PRC will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
5. PRSS 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. PRSS 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. PRSS and PM/PRC will respect the privacy and confidentiality of those they serve. PRSS 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. PRSS and PM/PRC will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between PRSS and PM/PRC and their colleagues.
9. PRSS and PM/PRC will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

10. PRSS and PM/PRC will not enter into relationships or commitments that conflict with the interests of those they serve. PRSS and PM/PRC shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.
11. PRSS and PM/PRC shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. PRSS 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. PRSS and PM/PRC are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.
12. PRSS and PM/PRC will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
13. PRSS and PM/PRC will not abuse alcohol or other mood-altering substances while practicing peer support.
14. PRSS and PM/PRC will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. PRSS and PM/PRC will advocate for the profession of peer support.
15. PRSS and PM/PRC will not give or accept gifts of significant value from those they serve.
16. PRSS 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 PRSS 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 PRSS 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 PRSS and PM/PRC or through the PRSS 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.

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)			

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: _____



International Certificate Application/Renewal

This International Certificate does not replace, but rather enhances, the existing credential that you currently hold from your local certification board. Please complete the form below to receive this certification.

- Check one: Counselor / ADC Advanced Counselor / AADC Peer Recovery Support Specialist / PRSS
 Clinical Supervisor / CCS Prevention Specialist / CPS or ACPS Criminal Justice / CCJP

Return this completed application to your board, TCB, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734 with your certification/renewal application.

Name (Must be printed clearly) _____

Home Address: _____
Street Address Apt. #

City State Zip Code

Telephone: _____
Work Home or Cell

Email: _____

I have added the additional \$10.00 fee for this certificate to my renewal/certification total.

Your signature _____ Date _____

To be completed by TCB:

I verify that the certification of the applicant named above is in good standing with the TCB.

The credential is a _____ due to next renew on _____
(Credential acronym) (next recert date)

Signature of board representative _____ Date _____