

TEXAS CERTIFICATION BOARD



Texas Certification Board

presents

The Texas System for Certification of

Peer Specialist Supervisor (PSS) Certification

APPLICATION PACKAGE

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TEXAS CERTIFICATION BOARD

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About the Peer Specialist Supervisor (PSS)

Statement of Purpose

The Peer Specialist Supervisor credential standardizes qualifications of those working in Recovery Support Peer within the field of chemical dependency, mental health, and/or co-occurring disorders. The following PSS credentialing guidelines have been developed by the **Texas Certification Board (TCB)**.

Statutory Limitations

Certification as a PSS 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 PSS be supervised by a licensed provider, they shall be so supervised.

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.

Peer Specialist Supervisor Prerequisites

To be eligible for this certification, applicants must be one of the following **BEFORE applying to be a Peer Specialist Supervisor:**

1	A Qualified Credentialed Counselor (QCC)	<p>QCC- A person licensed as one of the following and acting within the authorized scope of the person's license:</p> <ol style="list-style-type: none"> 1. licensed professional counselor; 2. licensed clinical social worker; 3. licensed marriage and family therapist; 4. psychologist; 5. physician; 6. physician's assistant; 7. licensed chemical dependency counselor; 8. certified addictions registered nurse; or 9. advanced practice nurse recognized by the Board of Nurse Examiners as a clinical nurse specialist or practitioner with a specialty in psychiatric-mental health nursing.
2	A Licensed Practitioner of the Healing Arts (LPHA)	<p>LPHA- A person licensed as one of following and acting within the authorized scope of the person's license:</p> <ol style="list-style-type: none"> 1. physician; 2. licensed professional counselor; 3. licensed clinical social worker; 4. psychologist; 5. advanced practice registered nurse; 6. physician assistant; or 7. licensed marriage and family therapist.
3	A Qualified Mental Health Professional-Community Supervision (QMHP-CS) with a QCC OR LPHA supervising the QMHP-CS	<p>QMHP-CS- A person with one of the following and acting within the authorized scope of their education and supervised by a QCC OR LPHA</p> <ol style="list-style-type: none"> 1. A bachelor's degree from an accredited college or university with a minimum number of hours that are equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; 2. licensed registered nurse;
4	A Qualified Peer Supervisor (QPS) with a QCC OR LPHA supervising the QPS	<p>QPS- A person certified as a peer specialist and has either:</p> <ol style="list-style-type: none"> 1. A High School Diploma or GED AND at least four years of work experience as a peer specialist; or 2. An associate's degree or higher from an accredited college or university AND at least two years of work experience as a peer specialist.

Peer Specialist Supervisor Requirements

The minimum requirements for certification of a PSS shall include academic achievement and adherence to a code of ethics, including the following:

1.	<p>Education Level: Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED). (Include official documentation via copy of transcripts or diploma of highest completed education).</p>
2.	<p>Current Certification: If the applicant is an RSPS or MHPS, please provide a copy of that certification. If the applicant is a QCC, LPHA, or QMHP, please provide verification of that certification (with a QCC or LPHA supervising the QMHP).</p>
3.	<p>Peer Supervisor Training: Proof of Supervisor training and passing score on the Supervisor training knowledge assessment. Supervisor Training must be through an approved certified instructor or training entity. Please provide copies of training certificates from approved training entities.</p>
4.	<p>Ethics standards: Sign and agree to comply with the ethical standards pertaining to Peer Specialist Supervisor listed in this application.</p>
5.	<p>Criminal History: Texas administrative code requires submission of a background check. Directions to do so are found on page 6.</p>

Background Check Directions

Results of a Background check are REQUIRED for certification. Applicants have the following options:

Organization	Background Check Name
Texas Department of Public Safety	TCIC AND NCIC (MUST HAVE BOTH)
IdentoGO	FBI History Check

Directions for IDENTOGO’S FBI History Check:

1. Schedule appointment online or over the phone.
 - a. Sign up online at <https://uenroll.identogo.com/workflows/111VVQ>
 - b. When giving reason for FBI Identity History Check, choose “personal review”
 - c. When asked if you have an Authorization Code (Coupon Code) for payment, select “no”.
 - d. Provide all required pre-enrollment data and select a convenient date and time for your appointment.
2. Arrive at your scheduled appointment with your photo identification and fee.
 - a. Payment options: Visa, MasterCard, Discover, American Express, business checks and money orders (required AT THE TIME OF SERVICE).
 - b. Please note that personal checks and cash are **not accepted**.
3. Your background results will be delivered electronically.
4. Submit the results **WITH YOUR APPLICATION**.

Directions for DPS Background Checks:

1. Go to your local DPS office and ask if they provide TCIC **AND** NCIC background checks (not all DPS offices offer background checks)
2. Schedule an appointment (if available at the DPS office)
 - a. When giving reason for obtaining TCIC **AND** NCIC, choose “personal review”
 - b. When asked if you have an Authorization Code (Coupon Code) for payment, select “no”.
 - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment.
3. Arrive at your scheduled appointment with your photo identification and fee.
 - a. Payment options: Visa, MasterCard, Discover, American Express, business checks and money orders (required AT THE TIME OF SERVICE).
4. Submit the results **WITH YOUR APPLICATION**.

Submission Checklist

- Certification Application (page 8)
- Verification of a minimum education level of a high school diploma or GED through copy of official transcripts or diploma. (Not required if applying as a QCC or LPHA)
- Verification of Supervisor Training completion via certificate issued by an approved training entity
- Signed Assurances and Releases (page 9)
- Signed Code of Ethics (page 12)
- Certification Fee Payment (page 8)
- Results of background check through DPS or IdentoGO
- Copy of State Issued ID
- QPS ONLY**- Record of work experience (page 9)
- QPS ONLY**- Copy of MHPS or RSPS Certificate
- Copy of license **depending on credentials (see below)**

Who is Applying	What license do I <u>need</u> to submit?
QCC	Copy of personal QCC
LPHA	Copy of personal LPHA
QMHP-CS with a QCC supervising the QMHP-CS	Copy of supervisor's QCC
QMHP-CS with a LPHA supervising the QMHP-CS	Copy of supervisor's LPHA
QPS with a QCC supervising the QPS	Copy of supervisor's QCC
QPS with a LPHA supervising the QPS	Copy of supervisor's LPHA

Peer Specialist Supervisor (PSS) Certification Application

Last Name _____ First Name _____ MI _____
Address _____
City/ State/ Zip _____
Phone (Main) _____ Phone (Secondary) _____
Email _____
Employer _____
Social Security # _____ D.O.B. _____
Gender _____ Ethnicity _____

Have you ever undergone any disciplinary actions for violation of ethics? Yes No
If yes, please explain: _____

Highest Education Level Completed

(Degree **MUST** be in a human services/ behavioral Sciences field from an accredited college or University)

Please Include transcripts for selected education level

- | | | |
|--|---|---|
| <input type="checkbox"/> High School Diploma/ or GED | <input type="checkbox"/> Vocational Certification | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor of Arts/ Sciences | <input type="checkbox"/> MA, MS, M. Ed. | <input type="checkbox"/> Doctorate |

Application Fee \$60

Application fees are non-refundable regardless of completion status

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

I authorize TCB to charge my credit card in the amount of \$60

Card Type:

Visa MasterCard American Express Discover

Card Number: _____

Exp Date: _____ CVC Code: _____

Billing Zip: _____ Cardholder Name: _____

Cardholder Signature: _____

Peer Supervisor Work Experience Documentation Form

Highest Level of education	Amount of work experience as a peer specialist
HS diploma or GED	4 years
Associate's degree or higher from an accredited college or university	2 years

The information on this form must be supplied and attested to by a supervisor. This form should be photocopied and completed for each separate counseling experience claimed to meet the work experience requirement.

Applicant Info		
Last Name _____	First Name _____	MI _____
Title/ Position _____		
Start Date _____	End Date _____	
Average clock hours of work experience a week _____		_____
Total clock hours claimed for this experience _____		_____
Employer Info		
Employer _____		
Address _____		
City/ State/ Zip _____		
Phone (Main) _____	Phone (Secondary) _____	
Supervisor Name _____		

I, (Supervisor's Name) _____, affirm that the information provided on this form is true and accurate. I can document this information should I be audited by the TCB.

Supervisor's Signature: _____ Date: _____

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: _____ 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; or
- j. have a dual relationship with a recipient.

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 PSS 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 PSS or through the PSS 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.

I have read, understand and commit to the preceding Codes of Ethics.

Applicant Signature: _____ Date: _____