

Texas Certification Board  
401 Ranch Road 620 S Suite 310  
Austin, TX 78734

Tel: (512) 708-0629  
Fax: (888) 506-8123  
Email: admin@TCB.org  
Website: www.TCB.org

## Mental Health Peer Specialist Renewal Application

### APPLICANT INFORMATION

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Suffix                      Date of Birth

\_\_\_\_\_  
Mailing Address - Line 1                      Mailing Address - Line 2                      City                      State                      Zip Code

\_\_\_\_\_  
Office Telephone                      Ext                      Home Telephone                      Fax                      Email                      Current Employer

\_\_\_\_\_  
Current Credentials                      Certificate No.                      Expires                      Highest Degree Earned                      Ethnicity                      Gender

### CERTIFICATION INFORMATION

\_\_\_\_\_  
Certification No.                      Issued                      Expires                      Currently Inactive?                       Inactive Status Expires

Are you currently under investigation for any type of disciplinary action? YES NO

Have you received any disciplinary action related to any professional license(s) or certification(s) since your last certification renewal? YES NO

If you answered YES to either question, please attach a letter of explanation.

### Certification Renewal Fee (Not including applicable late fees): \$60.00

IF YOU ARE A TAAP MEMBER YOU ARE AUTHORIZED 10 % OFF THE RENEWAL FEE. PLEASE NOTE THAT YOUR MEMBERSHIP WILL BE VERIFIED. YOU CAN RENEW ONLINE AT TCBAP.ORG AND USE THE PROMO CODE: TAAP

I understand that certification is contingent upon my meeting the requirements and criteria established by the Board. I understand that intentionally misleading statements on this application may result in denial of my certification application or revocation of my certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of the Texas Certification Board of Addiction Professionals. All fees are non-refundable.

\_\_\_\_\_  
APPLICANT SIGNATURE                      DATE

Payment may be made by check, money order, purchase order or credit card. Mail your payment to TCB, 401 RR 620 S, Suite 310, Austin, Texas 78734. In order to ensure prompt renewal of your credential, please remit payment at least fifteen (15) days prior to expiration date.

Amount Enclosed: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_ Purchase Order \_\_\_\_\_ Credit Card

Credit Card Information: \_\_\_ AMEX \_\_\_ DISC \_\_\_ VISA \_\_\_ MC Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*I authorize TCB to charge my credit card. I understand that my credit card statement will show charges from TAAP.*

Please be advised that renewal of your credential is contingent upon payment of the required renewal fee. If your payment fails to fund, your credential is subject to revocation of its renewed status.

# **Mental Health Peer Specialist (MHPS) RECERTIFICATION INFORMATION**

## **RECERTIFICATION REQUIREMENTS**

The MHPS 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) hours of Mental Health Peer Specialist continuing education, including six hours of ethics training by an approved provider.
3. Submission of an application including a signed copy of the ethical standards for Recovery Support Peer Specialist.
4. Proof of background check from the Texas Department of Public Safety or IdentoGo within 30 days of application.
5. The fee for recertification shall be \$60.00.

## **SUBMISSION CHECKLIST**

Please submit the following items to recertify your credential:

\_\_\_\_\_ Documentation of 20 continuing education hours pertaining to Mental Health Peer Specialist

\_\_\_\_\_ Completed recertification application form

\_\_\_\_\_ Proof of background check from the Texas Department of Public Safety or IdentoGo within 30 days of application.

\_\_\_\_\_ Recertification Fee(s)

\_\_\_\_\_ Signed Code of Ethics (see attached)

\_\_\_\_\_ Signed Assurances and Releases (see attached)

**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

**Return completed application packet to: TCB, 401 Ranch Road 620 S, Ste. 310, Austin, Texas 78734**

## Mental Health Peer Specialist Code of Ethics

*The principles in the following Code of Ethics guide Texas Peer Specialists in their roles, relationships, and levels of responsibility in which they function professionally.*

1. The primary responsibility of Peer Specialists is to help individuals achieve their own needs, wants, and goals. Peer Specialists will be guided by the principle of self-determination for all.
2. Peer Specialists will maintain high standards of personal conduct. Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. 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. 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. Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Peer Specialists will respect the privacy and confidentiality of those they serve.
9. 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. 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. Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. 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. 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. Peers Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. 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 MHPS 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 MHPS or through the MHPS 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 Ethical Standards.**

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