

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

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Fax: (888) 506-8123
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Website: www.tcbap.org

Qualified Peer Specialist Supervisor 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 TCB.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.

Qualified Peer Specialist Supervisor (QPSS)

RECERTIFICATION INFORMATION

RECERTIFICATION REQUIREMENTS

The QPSS 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 Peer Specialist Supervisor continuing education, including six hours of ethics training by an approved provider.
3. Proof of background check through the Texas Department of Public Safety or Identogo within 30 days of application.
4. Submission of an application including a signed copy of the ethical standards for Peer Specialist Supervisor.
5. The fee for recertification shall be \$60.00.

SUBMISSION CHECKLIST

Please submit the following items to recertify your credential:

- _____ Completed recertification application form
- _____ Documented 20 continuing education hours pertaining to Peer Specialist Supervision
- _____ Proof of background check within 30 days of submitting renewal
- _____ Signed Code of Ethics (sign below)
- _____ Recertification Fee(s)

Ethical Standards for Qualified Peer Specialist Supervisor

Clinical staff abide by their respective code of ethics along with the following. A peer specialist may not:

- a. practice psychotherapy, make clinical or diagnostic assessments, or dispense expert opinions;
 - a. engage in any service that requires a license;
 - b. falsify any documentation related to application, training, testing, certification, or services provided under this subchapter;
 - c. 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;
 - d. 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;
 - e. 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;
 - f. delay or fail to report suspicion of abuse or neglect to the proper authority;
 - g. violate law, rule, or policy related to a recipient's privacy and confidentiality;
 - h. violate professional and personal boundaries, including having sexual contact with a recipient;
- or
- i. 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 QPSS or through the QPSS supervisor/employing agency. If this means fails 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 _____