

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

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

Recovery Support 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? <input type="checkbox"/>	Inactive Status Expires
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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 Account # _____ 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.

Recovery Support Peer Specialist (PEER SPECIALISTS) RECERTIFICATION INFORMATION

RECERTIFICATION REQUIREMENTS

The PEER SPECIALISTS 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. Submission of an application including a signed copy of the ethical standards for Recovery Support Peer Specialist.
3. Completion of twenty (20) hours of Recovery Support Peer Specialist continuing education, including six hours of ethics training by an approved provider.
4. Proof of Texas background check through the Texas Department of Public Safety or Identogo within 30 days of application.
5. The fee for recertification shall be \$60.00. There is a 6 month grace period for renewal of certifications. If you are renewing more than 6 months after your expiration date, there is a \$50 penalty fee in addition to the recertification fee. If you are renewing more than 12 months after your expiration date, there is a \$100 reinstatement fee in addition to the \$50 penalty fee and the recertification fee.

SUBMISSION CHECKLIST

Please submit the following items to recertify your credential:

- _____ Completed recertification application form
- _____ Documentation of 20 continuing education hours pertaining to Recovery Support Peer Specialist
- _____ Documentation of criminal background check through the Texas Department of Public Safety or Identogo within 30 days of application.
- _____ Signed Code of Ethics (sign below)
- _____ Recertification Fee(s)

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

Ethical Standards for RECOVERY SUPPORT PEER SPECIALIST

The Texas Certification Board of Addiction Professionals (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and Recovery Support Peer 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 Recovery Support Peer Specialist (PEER SPECIALISTS) Code of Ethics is to outline the basic values and principles of peer support practice. The Code shall serve as a guide for Peer Specialist in Texas by defining professional responsibility and ethical standards for the profession.

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

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

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

12. PEER SPECIALIST will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
13. PEER SPECIALIST will not abuse alcohol or other mood-altering substances while practicing peer support.
14. PEER SPECIALIST will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. PEER SPECIALIST will advocate for the profession of peer support.
15. PEER SPECIALIST will not give or accept gifts of significant value from those they serve.
16. PEER SPECIALIST upholds the law and has 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 PEER SPECIALIST holds a certification/designation, excluding minor traffic offenses, whether or not the case is pending an appeal.

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 PEER SPECIALIST 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 PEER SPECIALIST or through the PEER SPECIALIST 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 _____