# TEXAS CERTIFICATION BOARD

*presents*
The Texas System for Certification of

# Recovery Support Peer Specialist Initial 6-Month Certification

## APPLICATION PACKAGE
Revised December 8, 2021

**TEXAS CERTIFICATION BOARD**
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# About the Recovery Support Peer Specialist (RSPS)

## Statement of Purpose

The Recovery Support Peer Specialist 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 RSPS credentialing guidelines have been developed by the **Texas Certification Board (TCB)**.

## Statutory Limitations

Certification as a RSPS 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 RSPS 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.

## Process for Certification

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| Applicant submits the **Initial 6-month Certification Application** | Applicant is certified for 6 months | Applicant completes 250 work hours | Applicant submits the **Full Certification Application** | Applicant receives full certification |

This application is for your initial certification that can last up to 6 months. In that time, you must complete your 250 work experience hours **under the supervision of a Peer Specialist Supervisor (PSS) - there are no exceptions to the PSS supervision requirement**. When you have completed your 250 hours, you must submit the hours with the "full 2-year RSPS application packet," which can be found at www.tcbap.org. The 2 years will be cumulative between the two certifications.

## Recovery Support Peer Specialist - Initial Certification Requirements

The minimum requirements for certification of a RSPS initial 6-month certification shall include academic achievement and adherence to a code of ethics, including the following:

| | |
|---|---|
| 1 | **Education Level:**<br>Verification of a minimum education level of a high school diploma or General Equivalency Diploma (GED). (Complete the enclosed formal education form and include official documentation via copy of transcripts or diploma). |
| 2 | **Attestation of Initial Online Assessment:**<br>The initial online assessment is available on the HHSC Website. You will find an attestation that you must initial to confirm you reviewed the online assessment on page 7. |
| 3 | **Core Training:**<br>Proof of Core training and passing score on the core training knowledge assessment. Core Training must be through an approved certified instructor or training entity. **Please provide copies of training certificates from approved training entities.** |
| 4 | **RSPS Supplemental Training:**<br>Proof of supplemental RSPS training and passing score on supplemental RSPS training knowledge assessment. RSPS training requires at least 46 education hours specific to the RSPS domains through an approved certified RSPS trainer or training entity. **Please provide copies of training certificates from approved training entities.** |
| 5 | **Ethics Standards:**<br>Sign and agree to comply with the ethical standards pertaining to Recovery Support Peer Specialist listed in this application. |
| 6 | **Criminal History:**<br>Texas administrative code requires submission of a background check. Directions to do so are found on page 5. |
| 7 | **Lived Experience:**<br>You must attest that you have lived experience as a peer and current self-directed recovery. The attestation can be found on page 7. |

## Recovery Support Peer Specialist – Full Certification Requirements

Once you have received the initial RSPS, you have 6 months to complete the 250 work experience hours. To submit the work experience hours please see our RSPS Full Application on our website.

| | |
|---|---|
| 8 | **Work experience:**<br>250 hours of Volunteer or paid work experience specific to RSPS. **These hours must begin AFTER initial certification and be completed within 6 months. These hours must be supervised by a certified Peer Specialist Supervisor (PSS).** |
| 9 | **Letter of recommendation from supervisor:**<br>Along with a completed work experience form, the Texas Administrative Code requires that the applicant's supervisor provide a letter of recommendation. |

# Background Check Directions

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

| Organization | Background Check Name |
|---|---|
| IdentoGO → | FBI History Check |

**Directions for IDENTOGO'S FBI History Check:**

1. Schedule appointment online or over the phone **(877-783-4187).**
    a. Sign up online at https://uenroll.identogo.com/workflows/111VVQ
    b. When giving reason for FBI Identity History Check, choose "personal review" - **this is not for employment nor a license**.
    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 back to you, not the TCB office.
4. Submit the results **WITH YOUR APPLICATION**.

# Submission Checklist

☐ Certification Application (page 7)
☐ Signed attestation of initial online assessment. (page 7)
☐ Signed attestation of lived experience. (page 7)
☐ Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency through copy of official transcripts diploma.
☐ Copy of training certificate as Verification of Core and RSPS Training from a certified Training Entity
☐ Signed Assurances and Releases (page 8)
☐ Signed Code of Ethics (page 10)
☐ Certification Fee Payment (page 7)
☐ Results of background check through IdentoGO
☐ Copy of State Issued ID

# Initial Recovery Support Peer Specialist (RSPS-I) Certification Application

Last Name _____ First Name _____ MI ___

Address _____

City/ State/ Zip _____

Phone (Main) _____ Phone (Secondary) _____

Email _____

Social Security # _____ D.O.B. _____

Gender _____ Ethnicity _____

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

_____ I attest that I have read through the online initial assessment found on HHSC's website: https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/peer-support-services/research-and-resources
(initial)

_____ I attest that I have lived experience as a peer and demonstrate self-directed recovery
(initial)

## 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

☐ High School Diploma/ or GED ☐ Vocational Certification ☐ Associate Degree
☐ Bachelor of Arts/ Sciences ☐ MA, MS, M. Ed. ☐ Doctorate

## Application Fee $60 ($20 if you already hold a MHPS, PSS, PRSS or Instructor certification)

*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: _____

# 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 RSPS 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 RSPS or through the RSPS 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 PO Box 342343, Lakeway, TX 78734.

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

Applicant Signature: _____ Date: _____