

The Texas Certification Board

RECOVERY SUPPORT PEER SPECIALIST

APPLICATION PACKAGE

January 2019

**Texas Certification Board
401 Ranch Road 620 South, Suite 310
Austin, Texas 78734**

Tel: 512.708.0629

Fax: 888.506.8123

admin@tcbap.org

www.tcbap.org

Certification Criteria and other information for:

Recovery Support Peer Specialist

AS AUTHORIZED BY THE

**Health and Human Services Commission
Texas Administrative Code Title I, Part 15, Chapter 354 – Medicaid Services,
Subchapter N-Peer Specialist Services**

January 2019

**Originally Prepared by:
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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.

Recovery Support Peer Specialist Requirements

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

- 1. Verification of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. **(Complete attached formal education form and include official documentation).**
- 2. Verification of at least 46 education hours specific to the RSPS domains below: **Please provide copies of training certificates by certified training entity or certified instructor.**
- 3. Verification of a successful score on RSPS training knowledge assessment.

Recovery Support Peer Domains:

Advocacy (Minimum of 10 education hours required)
Mentoring/Education (Minimum of 10 education hours required)
Recovery Support (Minimum of 10 education hours required)
Ethical Responsibility (Minimum of 16 education hours required)

- 4. Documentation of initial online assessment.
- 5. Documentation of core training.
- 6. Documentation of successful completion of core training knowledge assessment.
- 7. Sign and agree to comply with the ethical standards pertaining to Recovery Support Peer Specialist (attached below).
- 8. Documentation of 250 hours of Volunteer or paid work experience specific to RSPS domains. (Volunteer and work experience form attached below)
- 9. Documentation of criminal background check through the Texas Department of Public Safety or IdentoGo within 30 days of application.

Fees for Certification

Original Application Fee\$60.00

**RECOVERY SUPPORT PEER SPECIALIST (RSPS)
CERTIFICATION APPLICATION**

Name _____

Address _____

City/State/Zip _____

Work Phone _____ Hm or Cell Ph _____

Fax Number _____ Social Security No. _____

Email _____ Gender _____ DOB _____

- Ethnic Origin**
- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

State Licenses/Certifications:

License/Certification Type _____ Number _____ Expires _____

License/Certification Type _____ Number _____ Expires _____

License/Certification Type _____ Number _____ Expires _____

License/Certification Type _____ Number _____ Expires _____

Have you ever undergone a disciplinary action for violation of any Code of Ethics?

YES _____ NO _____ (If YES, please attach letter of explanation)

Education

High School Degree/Equivalency: Type _____ Date Awarded _____

Associate's Degree: Type _____ Date Awarded _____

Undergraduate Degree: Type _____ Date Awarded _____

Graduate Degree: Type _____ Date Awarded _____

Doctorate Degree: Type _____ Date Awarded _____

SUBMISSION CHECKLIST

- _____ Certification Application
- _____ Documentation of a minimum education level of a high school diploma or jurisdictionally certified high school equivalency. **(Complete attached formal education form and include official documentation).**
- _____ Documentation of at least 46 education hours specific to the RSPS domains below: **Please provide copies of training certificates by certified training entity or certified instructor.**
- _____ Documentation of a successful score on RSPS training knowledge assessment.

Recovery Support Peer Domains:

Advocacy (Minimum of 10 education hours required)
Mentoring/Education (Minimum of 10 education hours required)
Recovery Support (Minimum of 10 education hours required)
Ethical Responsibility (Minimum of 16 education hours required)

- _____ Documentation of initial online assessment.
- _____ Documentation of core training.
- _____ Documentation of successful completion of core training knowledge assessment.
- _____ Sign and agree to comply with the ethical standards pertaining to Recovery Peer Support Specialist (attached below).
- _____ Documentation of 250 hours of Volunteer or paid work experience specific to RSPS domains. (Volunteer and work experience form attached below)
- _____ Signed assurances and releases (attached see below)
- _____ Documentation of criminal background check through the Texas Department of Public Safety or IdentoGo within 30 days of application.

Application Fee \$60.00

Payment Information

- _____ I have enclosed a **Cashier's Check** or **Money Order** payable to TCB
- _____ I authorize TCB to charge my credit card in the amount of \$ _____
_____ Visa _____ MasterCard _____ American Express _____ Discover

Card No. _____ Exp. Date _____ CVC _____

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 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 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 _____

Return Completed Application to:

401 Ranch Road 620 South, Suite 310, Austin, TX 78734

Formal Education

List below all formal education (high school, college, university) you have received.

You are also required to provide an official transcript for the highest level of education earned.

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL/ HIGH SCHOOL EQUIVALENCY			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
COLLEGE OR UNIVERSITY (GRADUATE)			
COLLEGE OR UNIVERSITY (POST-GRADUATE)			

25 Hours Supervised Practicum Specific to the RSPS Domains

This is the time sheet that should be used to document the 25 hour supervised practicum specific to the RSPS domains. Supervision must be provided by an organization's ***documented and qualified supervisory staff*** per job description.

Participant Name: _____

Supervisor Name: _____ **Phone** _____

Week Beginning: _____ Week Ending: _____

Core Skill Function	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Current Week Total	Cumulative Total previous week	Cumulative Total
Advocacy										
Mentoring/ Education										
Recovery/ Wellness										
Ethical Responsibility										
DAILY TOTAL HOURS:										

PARTICIPANT SIGNATURE: _____ **Date:** _____

SUPERVISOR SIGNATURE: _____ **Date:** _____