

The Texas Certification Board

Training Entity

APPLICATION PACKAGE

February 2020

**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:

Training Entity

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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Training Entity

Statement of Purpose

The Training Entity credential standardizes qualifications of those working in Peer Services Training within the field of substance use, mental health, and/or co-occurring disorders. The following training entity credentialing guidelines have been developed by the **Texas Certification Board (TCB)**.

Statutory Limitations

Texas Government Code §531.033, which provides the Executive Commissioner of HHSC with broad rulemaking authority, and Texas Human Resources Code §32.021 and Texas Government Code §531.021(a), which provides HHSC with the authority to administer the federal medical assistance (Medicaid) program in Texas.

The proposed rules implement Texas Government Code, Chapter 531, and Texas Human Resources Code, Chapter 32.

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.

Training Entity Requirements

Training Entity must have:

1. a physical location in Texas;
2. experience in training or sponsoring training for para- professionals;
3. experience in training or sponsoring training that uses adult learning principles;
4. experience in training or sponsoring training related to elements of peer specialist services
5. a plan to provide training for peer specialists, including:
 - a. core training
 - b. at least one type of supplemental training (Mental Health and/or Substance Use
 - c. supervisor training
6. a plan to provide training on a regularly scheduled basis, including:
 - a. primary training location(s)
 - b. training schedule, and procedures related to registration/enrollment, training methodology, course completion/graduation requirements, and evaluation of training;
7. a documented application process for peer specialists, peer specialist supervisors, and instructors, including:
8. use of HHSC-approved scoring rubric(s) for peer specialists and peer specialist supervisors; and
9. availability of application materials in prevalent languages, professionally translated;
10. a documented internal review process designed to ensure consistency and equity in application scoring, unless the training entity consists of only one individual trainer;
11. a documented fee policy
12. must use training curricula pre-approved by HHSC, including the knowledge assessment
13. provide reasonable accommodation for a person with a disability;
14. provide reasonable accommodation for a person who speaks a prevalent language; and be culturally sensitive.

A training entity must maintain the following documentation for each person trained:

1. Application date of each training attended and length of each training; and results of each knowledge assessment.
2. An application not approved must be retained for at least 2 years.
3. Documentation of each person trained must be retained for at least 5 years.

Fees for Certification Entity

Original Application Fee\$100.00

If already an approved Continuing Education Provider, please contact TCB regarding application fees

TRAINING ENTITY CERTIFICATION APPLICATION

1. Organization Name: _____

2. Individual Name (if not an organization): _____

3. Address: _____

4. Physical Location: _____

5. City/State/Zip _____

6. Work Phone: _____ Fax Number: _____

7. Internal Revenue Status (LLC, 501(c)(3), etc.): _____

8. General Email: _____ EIN No. _____

9. Chief officer Name: _____ Email _____

10. Does this organization have a governing body: Yes _____ No _____

11. Types of trainings your organization provides:

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

Type _____ Frequency _____

12. How long has your organization provided training? _____

13. Has/have your organization/you conducted trainer-of-trainers: Yes ____ No ____

14. Have the trainers at your organization attended trainer-of-trainers: Yes ____ No ____

15. Roughly how many applicants have you trained: _____

16. Which trainings do you plan to provide?

_____ Mental Health _____ Recovery Support _____ Peer Specialist Supervisor

SUBMISSION CHECKLIST

- _____ Proof of physical location in Texas;
- _____ Proof experience in training for para- professionals;
- _____ Proof experience in training that uses adult learning principles;
- _____ Proof experience in training related to elements of peer specialist services
- _____ A plan to provide training for peer specialists core training regularly
- _____ A plan to provide Mental Health and/or Substance Use supplemental training(s) regularly
- _____ A plan to provide peer supervisor training regularly
- _____ Documented training schedule
- _____ Documented procedures related to registration/enrollment, training methodology, course completion requirements, and evaluation of training;
- _____ Documented application process for peer specialists, peer specialist supervisors, and instructors
- _____ Documentation of availability of application materials in prevalent languages, professionally translated;
- _____ Documented internal review process designed to ensure consistency and equity in Application scoring, unless the training entity consists of only one individual trainer;
- _____ Documented fee policy
- _____ Documented reasonable accommodation for a person with a disability;
- _____ Documented reasonable accommodation for a person who speaks a prevalent language; and be culturally sensitive.
- _____ Documented trainer-of-trainers process
- _____ Signed Assurances and Releases
- _____ Signed Complaint Procedure

Application Fee \$100.00

****If already an approved Continuing Education Provider, please contact TCB regarding application fees****

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 _____ CV _____ Billing Zip Code _____

Cardholder Name _____

Cardholder Signature _____

ASSURANCES AND RELEASES

TCB may request further information training entity 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 organization 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."

Chief Officer Signature

Date

PROCEDURE FOR COMPLAINTS

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB training entity. 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 training entity. If this means fails or does not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

All matters of violations and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against a training entity. 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 complaint is 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 Codes of Ethics.

Signature _____ Date _____

Return Completed Application to:

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