

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

## Training Entity Renewal Application

### APPLICANT INFORMATION

Organization or Individual Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone \_\_\_\_\_ Ext \_\_\_\_\_ Secondary Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Website Address \_\_\_\_\_ Email \_\_\_\_\_

Mental Health       Recovery Support       Peer Specialist Supervisor

### CERTIFICATION INFORMATION

Certification No. \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_ Currently Inactive?  Inactive Status Expires \_\_\_\_\_

Has your organization 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): \$100.00

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.

Organization Chief Officer 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 Date \_\_\_\_\_ Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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.

# **Training Entity**

## **RECERTIFICATION INFORMATION**

### **RECERTIFICATION REQUIREMENTS**

The Training Entity certification shall be issued for a period of one (1) year, therefore requiring an individual to recertify every one (1) year 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.
3. The fee for recertification shall be \$100.00.

### **SUBMISSION CHECKLIST**

Please submit the following items to recertify your credential:

\_\_\_\_\_ Completed recertification application form

\_\_\_\_\_ Recertification Fee(s)

**ASSURANCES AND RELEASES**

TCB may request further information from all organizations 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 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.”

\_\_\_\_\_  
**Organization Chief Officer Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Return completed application packet to: TCB, 401 Ranch Road 620 S, Ste. 310, Austin, Texas 78734**

## **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 ethical violation and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against certified 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 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 \_\_\_\_\_