

TEXAS CERTIFICATION BOARD (TCB) Standards

The logo for the Texas Certification Board (TCB) is centered within a rectangular frame. It features the text "Texas Certification Board" in a bold, black, sans-serif font. The text is flanked by two purple rectangular blocks, one above and one below. Three red curved lines connect the top and bottom blocks, forming an oval shape around the text.

Texas Certification Board

Effective June 2022

TABLE OF CONTENTS

STANDARD 1: APPROVED EDUCATION PROVIDER.....	5
SECTION 1.1. DEFINITIONS	5
SECTION 1.2. APPROVED PROVIDERS.....	7
SECTION 1.3. CONTINUING EDUCATION COORDINATOR REQUIREMENTS AND RESPONSIBILITIES	8
SECTION 1.4. PROVIDER RECORDS	9
SECTION 1.5. STATUS/CONTINUING EDUCATION COORDINATOR CHANGE.....	9
SECTION 1.6. FEES, APPROVAL & RENEWAL	10
SECTION 1.7. CONTINUING EDUCATION HOURS	10
SECTION 1.8. CONTINUING EDUCATION COURSE CRITERIA	11
SECTION 1.9. COURSE STANDARDS	12
SECTION 1.10. COURSE REQUIREMENTS	12
SECTION 1.11. COURSE EVALUATION.....	13
SECTION 1.12. COURSE VERIFICATION AND PROOF OF ATTENDANCE.....	13
SECTION 1.13. INSTRUCTOR QUALIFICATIONS	14
SECTION 1.14. ADVERTISEMENT	14
SECTION 1.15. SUSPENSION/WITHDRAWAL OF APPROVAL	15
SECTION 1.16. MAILING LISTS	16
SECTION 1.17. PUBLICATION OF UPCOMING COURSES	16
SECTION 1.18. PROVIDER REVIEW/AUDIT	16

STANDARD 2: CREDENTIALLED PROFESSIONALS..... 17

SECTION 2.1. EDUCATION TARGETS17

- 2.1.A. Advanced Alcohol and Drug Counselors (AADC) 17
- 2.1.B. Alcohol and Drug Counselors (ADC), Licensed Chemical Dependency Counselors (LCDC), and Certified Chemical Dependency Specialists (CCDS) 17
- 2.1.C. The Knowledge, Skills, Abilities (KSA) Practice Dimensions 18
- 2.1.D. Associate Prevention Specialist (APS) 18
- 2.1.E. Certified Clinical Supervisors (CCS) & Certified Consultants (CSC) 19
- 2.1.F. Certified Compulsive Gambling Counselors (CCGC) 19
- 2.1.G. Certified Criminal Justice Addiction Professional (CCJP) & Certified Criminal Justice Addictions Professional Applicant Status (CCJ-P) 19
- 2.1.H. Certified Prevention Specialists (CPS) & Advance Certified Prevention Specialist (ACPS) 20
- 2.1.I. Peer Mentor/Peer Recovery Designation (PM/PRC) & Peer Recovery Support (PRS) 20
- 2.1.J. Re-Entry Peer Specialist (JI-RPS).....20

SECTION 2.2. ACTIVATING/REACTIVATING CERTIFICATIONS 21

SECTION 2.3. RECIPROCITY..... 21

SECTION 2.4. CODE OF ETHICS FOR SUD PROFESSIONALS22

- 2.4.A. Advanced Certified Prevention Specialist (ACPS), Certified Prevention Specialist (CPS), Associate Prevention Specialist (APS) Code of Ethics .22
- 2.4.B. Ethical Standards for Advanced Alcohol and Drug Counselor (AADC), Alcohol and Drug Abuse Counselor (ADC), Certified Chemical Dependency Specialist (CCDS), Certified Compulsive Gambling Counselor (CCGC), Certified Clinical Supervisor (CCS) and Certified Supervisor Consultant (CSC)26
- 2.4.B.a. In addition to the 12 Principles stated above, Certified Clinical Supervisor (CCS) and Certified Supervisor Consultant (CSC) must also follow Principle 13 below32
- 2.4.C. Ethical Standards for Certified Criminal Justice Addictions Professionals (CCJP) and Certified Criminal Justice Addictions Professional Applicant (CCJP-A) 32

2.4.D. Ethical Standards for Peer Recovery Support (PRS) and Peer Mentor/Peer Recovery Coach Designation (PM/PRC)	35
2.4.E. Ethical Standards for Re-Entry Peer Specialist (JI-PRS).....	37

STANDARD 3: COMPLAINTS, INVESTIGATIONS, SANCTIONS AND APPEALS PROCESS38

SECTION 3.1. SANCTIONS AND APPEALS PROCESS.....	38
SECTION 3.2. PROCEDURES FOR CODE ETHICS COMPLAINTS AND INVESTIGATION	38
SECTION 3.3. DISCIPLINARY ACTIONS	40
SECTION 3.4. ADMINISTRATIVE PENALTIES	42
SECTION 3.5. INFORMAL DISPOSITION.....	43
SECTION 3.6. VOLUNTARY SURRENDER OF CERTIFICATION, DESIGNATION, REGISTRATION OR APPROVED PROVIDER DESIGNATION IN RESPONSE TO A COMPLAINT.....	44
SECTION 3.7. APPEALS	45
SECTION 3.8. PROCEDURES FOR CONTESTED CASES	46
SECTION 3.9. HOLD HARMLESS	47

STANDARD 4: REVISIONS AND EFFECTIVE DATE..... 47

SECTION 4.1. REVISIONS AND EFFECTIVE DATE.....	47
--	----

STANDARD 1: APPROVED EDUCATION PROVIDER

STANDARDS FOR PROVIDERS OF CONTINUING EDUCATION FOR CERTIFICATION, RECERTIFICATION, AND RE-LICENSURE OF ADDICTION PROFESSIONALS IN THE STATE OF TEXAS

SECTION 1.1. DEFINITIONS

- A. **TCB** is the Texas Certification Board. The Texas Certification Board is an autonomous body created under the bylaws of the Texas Association of Addiction Professionals.
- B. **Approved Providers** means those individuals and/or entities, who have been approved and issued an Education Provider Certificate by TCB. TCB will also accept education hours from an accredited college or university, or IC&RC member board approved providers.
1. College transcripts must contain the official seal of the college and the signature of the registrar.
 2. One (1) hour of college credit is equivalent to fifteen (15) CE hours.
 3. Independent study or guided learning courses must be guided and monitored by the instructor and include an evaluation of performance and/or participation verification. In addition, the course must be structured so that participants have access to faculty or instructors for questions and assistance in the completion of such course work.
- C. **Continuing Education** means the forms of learning experiences, including, but not limited to lectures, conferences, academic studies, in-service education, institutes, seminars, workshops, extension studies, independent/home study programs and online courses taken by licensed/certified counselors, certified prevention professionals and peer recovery mentors/coaches for certification and/or recertification. These learning experiences should enhance the knowledge of the participant in establishing or maintaining professional competence in their respective field.
- D. **Continuing Education Coordinator** means the individual identified and registered with TCB as the person responsible for complying with all guidelines for the continuing education provider.
- E. **Content Relevant to the Participant** means content relevant to the development and maintenance of current competency in the field of substance use, mental health and/or co-occurring disorders, prevention and recovery as defined in STANDARD 8.
- F. **Course** means a systematic learning experience, at least one (1) hour in length, for the acquisition of tasks, knowledge, skills, and information.
- G. **Hour** means fifty (50) minutes of participation in an organized learning experience.

- H. **Independent/home study/on-demand courses** mean those courses conducted outside of a classroom environment and carried out remotely on an individual basis, which conforms to these standards.
- I. **Online Course** means a course offered online.
- J. **Webinar** means live online course, which can be converted to an on-demand online course, which conforms to these standards.
- K. **Evaluation** means the method used by the provider to measure the participants' satisfactory completion of the instructional objectives of the continuing education course.
- L. **Satisfactory Completion** means the participant has met all criteria as specified by the provider for continuing education course credit.
- M. **Unsatisfactory Completion** means the participant did not meet all the criteria as specified by the provider for continuing education course credit.
- N. **AADC is an Advanced Alcohol and Drug Counselor.** The AADC is credentialed by the TCB. The AADCs are required to obtain forty (40) hours of continuing education every two (2) years, including three (3) hours of ethics and three (3) hours of clinical supervision.
- O. **ADC is an Alcohol Drug Counselor.** The ADC is credentialed by the TCB. ADCs are required to obtain forty (40) continuing education hours every two (2) years.
- P. **LCDC is a Licensed Chemical Dependency Counselor.** The Texas Department of State Health Services issues the LCDC. The Texas Certification Board has the authority under Chapter 140, Counselor Licensure, Department of State Health Services, amended August 2012 as follows:
- § 140.418. Continuing Education Standards (b) (3): (b) Subject to department review, the department will accept continuing education credits approved by the Texas Certification Board for Addiction Professionals.
- Q. **CCDS is a Certified Chemical Dependency Specialist.** The CCDS is credentialed by the TCB. CCDSs are required to obtain forty (40) continuing education hours every two (2) years.
- R. **CCS is a Certified Clinical Supervisor.** The CCS is credentialed by the TCB. CCSs are required to obtain forty (40) continuing education hours every two (2) years, six (6) of which must be clinical supervision education.
- S. **CSC is a Certified Supervisor Consultant.** The CSC is credentialed by the TCB. CSCs are required to obtain forty (40) continuing education hours every two (2) years, six (6) of which must be clinical supervision education.

- T. **CCGC is a Certified Compulsive Gambling Counselor.** The CCGC is credentialed by the TCB. CCGCs are required to obtain forty (40) continuing education hours every two (2) years, six (6) hours of which must be compulsive gambling education.
- U. **CCJP is a Certified Criminal Justice Addiction Professional.** The CCJP is credentialed by the TCB. CCJPs are required to obtain forty (40) hours of continuing education in the current IC&RC domains every two (2) years.
- V. **The CCJP-A is a Certified Criminal Justice Addictions Professional Applicant Status.** The CCJP-A is credentialed by the TCB. The CCJP-A is issued for five (5) years and can be renewed for a period of three (3) years if the applicant submits 270 continuing education hours in the current domain and has tested a minimum of one time.
- W. **ACPS is an Advanced Certified Prevention Specialist.** The Advanced CPS is credentialed by the TCB. The ACPs are required to obtain forty (40) hours of continuing education relevant to alcohol, tobacco and other substance use prevention across the prevention domains every two (2) years.
- X. **CPS is a Certified Prevention Specialist.** The CPS is credentialed by the TCB. CPSs are required to obtain forty (40) substance use specific or prevention continuing education hours across the prevention domains every two (2) years.
- Y. **Conference** is a training that has two (2) or more breakout sessions simultaneously.
- Z. **APS is an Associate Prevention Specialist.** The APS is credentialed by the TCB. The APSs are required to obtain forty (40) hours of continuing education relevant to alcohol, tobacco and other substance use prevention across the prevention domains every two (2) years.
- AA. **The PM/PRC is a Peer Mentor/Peer Recovery Designation.** The PM/PRC is credentialed by the TCB. The PM/PRCs are required to obtain twenty (20) hours of Peer Recovery Support continuing education, including six (6) hours of ethics training every two (2) years.
- BB. **The PRS is a Peer Recovery Support.** The PRS is credentialed by the TCB. The PRSs are required to obtain twenty (20) hours of Peer Recovery Support continuing education, including six (6) hours of ethics training every two (2) years.

SECTION 1.2. APPROVED PROVIDERS

- A. For the purpose of these standards, the title *Approved Provider* can only be used when an individual, partnership, association, organization, organized health care system, educational institution, or governmental agency:
 - 1. Has committed no act which would lead to disciplinary action.
 - 2. Has submitted a provider application on the form supplied by the TCB Standards Committee.
 - 3. Has remitted the appropriate fee; and

4. Has been issued a provider number.
- B. An Approved Provider may be issued only one (1) provider number. However, any individual employed by an approved provider may be issued a separate provider number.
- C. An Approved Provider shall have a written and published policy, available upon request at each presentation, which provides information on:
1. Withdrawals.
 2. Refunds in case of non-attendance.
 3. Time period for return of fees.
 4. Notification if the course is canceled.
 5. Policies regarding attendance; and
 6. Requirements for satisfactory completion of credit.
- D. All training must:
1. provide reasonable accommodation for a person with a disability.
 2. provide reasonable accommodation for a person who speaks a prevalent language; and
 3. be culturally sensitive.
- E. The name that is on the Provider Certificate is very important.
1. If an individual's name is listed, the individual is the only one approved to use the number no matter who pays the Education Provider fee. The individual is also responsible for the records. If the individual moves, the number goes with him/her.
 2. If a corporation, institution, organization, facility, or other group is listed on the Provider Certificate, then anyone employed by the organization is entitled to use the provider number. However, an individual's name will be designated as the Continuing Education Coordinator for record keeping purposes.
- F. The Approved Provider is required to accept full responsibility for each course, including but not limited to record keeping, advertising course content in compliance with the standards herein, issuance of a certificated, and instructor(s) qualifications. When two or more providers co-sponsor a course, only one provider number shall be used for that course, and that provider must assume full responsibility for record keeping, advertising course content in compliance with the standards herein, insurance of certificated, and instructor(s) qualifications.
- G. Providers are responsible for granting no less than one (1) credit hour. Fractional credit for continuing education may be granted if the course lasts longer than one hour. The course time cannot include breaks or other non-educational times, such as meals.

SECTION 1.3. CONTINUING EDUCATION COORDINATOR REQUIREMENTS AND RESPONSIBILITIES

- A. It is the responsibility of the Continuing Education Coordinator to ensure compliance with all standards for the continuing education provider.
-

- B. It is the responsibility of the Continuing Education Coordinator to ensure all aspects of any course offered under the provider number are current, appropriate as it relates to the relevant credentials.
- C. It is the responsibility of the Continuing Education Coordinator to ensure all education provider records are maintained in compliance with these standards.
- D. Violations of these guidelines by the Continuing Education Coordinator or any person representing the provider may be reported to the TCB Ethics Committee on www.tcbap.org.
- E. The Continuing Education Coordinator is required to sign a statement agreeing to follow the most current TCB standards submitted with initial and renewal applications.

SECTION 1.4. PROVIDER RECORDS

- A. Approved Providers must keep the following records for each course a period of at least four (4) years. The records for all courses for which TCB credit was given during the four (4) years shall be maintained together in the same location. The Approved Provider is responsible for updating the TCB Standards Committee on any changes to the address where records are stored. Failure to do so will jeopardize the Provider Number. The TCB Standards Committee must approve physically separating these records to more than one (1) address in advance. Records to be maintained by the provider include:
 - 1. Documentation of course approval from TCB (if provided).
 - 2. Complete course description.
 - 3. Handouts.
 - 4. Post-tests, if applicable.
 - 5. Participant evaluations; and
 - 6. A copy of the certificate of attendance.
- B. Courses offered during a conference do not require sign-in sheets for each course. Approved Provider is responsible for verifying course attendance offered during conferences and issue a document for proof of attendance as set forth under these standards.
- C. Provider records can be stored electronically and are subject to review/audit by an individual appointed by the TCB Standards Committee per STANDARD 19 of this document.

SECTION 1.5. STATUS/CONTINUING EDUCATION COORDINATOR CHANGE

Approved Providers must notify the TCB Standards Committee within thirty (30) days of any change in the organizational structure of a provider and/or the person(s) responsible for the provider's continuing education course(s), including name and address changes. These must be in writing. Changes in the Continuing Education Coordinator must be submitted on an approved TCB Continuing Education Coordinator Change Form found on www.tcbap.org.

SECTION 1.6. FEES, APPROVAL & RENEWAL

- A. The applicant must submit the initial application for issuance of a provider number to the TCB Standards Committee no less than forty-five (45) days prior to the date the first course is to begin. Incomplete applications will not be considered.
- B. The fee for approval/renewal of a continuing education provider is \$200.00 and must accompany the application. The provider approval/renewal expires on the last day of the month, one (1) year from the date of approval/renewal. Renewal must be completed prior to the expiration of current approval. There is a thirty (30)-day grace period. Failure to renew prior to the expiration of the grace period means that a new application must be submitted for approval and may result in a new provider number.
- C. Written notice of provider approval/renewal will be sent by the TCB Standards Committee indicating the period for which approval is granted, along with the provider number.
- D. As a courtesy to providers, a renewal notice may be sent to the name and address, or email address of record prior to the expiration date of the provider number. Failure to receive a renewal notice does not relieve the provider of the responsibility to renew per sections A and B of this STANDARD.
- E. An Approved Provider number is non-transferable under any circumstances.
- F. It is the responsibility of the provider to update the TCB Standards Committee regarding continuing education coordinator or address changes as they occur. Failure to provide this information may affect the continued approval and/or renewal of the provider number.
- G. No provider will be granted approval of a provider number over the telephone under any circumstances.

SECTION 1.7. CONTINUING EDUCATION HOURS

The TCB Standards Committee will accept hours of approved continuing education on the following basis:

- A. Each hour (50 minutes) of interaction shall be accepted as one (1) continuing education hour (CEH). Time spent on homework or other non-supervised learning is not acceptable.
- B. Courses less than one (1) hour in duration are not approved.
- C. One (1) CEU (continuing education unit) is equal to ten (10) continuing education hours (CEHs).
- D. One (1) academic quarter unit is equal to ten (10) continuing education hours (CEHs).
- E. Distance Learning, Independent Learning Courses, or Online Courses which meet the following guidelines:
 - 1. They must not total more than forty-five (45) hours if an academic course offered by an accredited college or university.

2. Each course will include a written evaluation of performance and/or participation.
3. The course must be structured so that participants have access to the instructor for questions and assistance related to the course and course assignments.
4. Only those courses that are provided by an accredited institution of higher education or by an organization that is an Approved Provider of continuing education by the TCB.
5. If offered from other than an accredited college or university, the course must include a post-test with a minimum of a 70% passing rate.

SECTION 1.8. CONTINUING EDUCATION COURSE CRITERIA

- A. The content of continuing education courses must be relevant to credentials.
- B. It will be the responsibility of the provider to clearly show for the reviewer, by the description of the course, the statement of objectives, and outline of the content, how the course relates to relevant credentials. More specifically, the course(s) must be in one (1) of the following areas:
 1. Content related to the 12 Core Functions or the Knowledge, Skills and Attitudes (KSA's) of the addiction professional.
 2. Theoretical content related to scientific knowledge for practicing in the field of, substance use disorder other addictions counseling, clinical supervision, compulsive gambling counseling and treatment, the prevention of substance use disorder, or recovery support.
 3. Content related to the application of scientific knowledge in substance use disorder prevention, counseling, treatment and recovery support, clinical supervision and compulsive gambling counseling.
 4. Content related to direct client/participant care.
 5. Content related to indirect client/participant care.
- C. Courses offered for continuing education must be categorized as either General continuing education credit or as a specific required topic area (such as, clinical supervision, ethics, etc.).
 1. LCDC re-licensure continuing education hours, per the August 2012 Department of State Health Services Licensed Chemical Dependency Counselor rules, must include at least three (3) hours of Ethics training and at least six (6) hours of training (total) in HIV, Hepatitis C, and sexually transmitted diseases. If an individual's job duties include clinical supervision, required hours of continuing educating must include three (3) hours of clinical supervision.
 - a. Courses relating to HIV, Hepatitis C, and sexually transmitted diseases shall address these diseases in the context of substance use disorder counseling and prepare a counselor to provide appropriate information to educate clients. These courses must provide information relating to the special needs of the people with positive test results, including the importance of prevention, early intervention, and treatment and recognition of psychosocial needs.
 - b. **Clinical Supervision (CS):** Classes in the subcategory offer instruction in the supervision and training of licensed/certified counselors and counselor interns.

- c. **Ethics (E):** Classes in the subcategory address ethics as it pertains to substance use disorders.
- 2. General continuing educating courses are those courses relevant to the practice of substance use disorder counseling, including courses in prevention, psychology, upper division sociology, counseling, mental health, behavioral science, psychiatric nursing, pharmacology, and rehabilitation counseling.
 - a. **Cultural Awareness-Related (CA-R):** Classes in this subcategory address cultural issues in substance use disorder counseling and treatment.
 - b. **Dual Diagnosis/Sexual Abuse-Related (DD-R):** Classes in this subcategory address mental health and sexual abuse issues.
 - c. **Prevention (P):** Classes in this subcategory involve the prevention of substance use disorders.
- D. Courses designed for lay people are not acceptable for continuing education credit. Public presentations such as a celebrity's story or basic information provided as an incentive to get help do not qualify as professional education and therefore do **NOT** meet the requirements for certification/recertification, or re-licensure.

SECTION 1.9. COURSE STANDARDS

- A. Instructional objective(s) are to be stated in behavioral terms. The behavioral terms are the basis for determining the content of the program. The objectives:
 - 1. Must denote measurable attributes observable in the participant completing the program.
 - 2. Are messages from the provider to the participant explaining what proficiency the participant should be able to demonstrate, as well as what the provider thinks is important.

Provider's goals are **NOT** instructional objectives. For **example:** *To introduce the participant to the community health system* is a goal of the provider, not an instructional objective. An example of an objective is: *Upon completing of this program, the participant will be able to a.) explain the role of community education related to the effects of alcohol/drug usage; b.) assess the alcohol/drug knowledge status of county employee groups; and c.) identify and evaluate the drug and alcohol education needs within the community system.*

- B. Training content must be current and designed to include recent developments in the subject of instruction.

SECTION 1.10. COURSE REQUIREMENTS

- A. The participant must meet all course requirements. Partial credit may not be granted for partial attendance or for completing partial course requirements. Participants may not be excused for part of the course and receive credit for completing it.

- B. Upon completing the workshop/seminar/course and proof of competence, if required, participants will be granted the appropriate credit.
- C. Providers offering participants to watch or participate in a webinar or online course must have a system in place for all web-based content.
- D. The continuing education provider shall develop a description for each course that includes:
 - 1. Course objectives as it relates to the relevant credentials.
 - 2. Course content.
 - 3. Teaching methods to be used; and
 - 4. Number of continuing education hours.

SECTION 1.11. COURSE EVALUATION

All courses may utilize a general course evaluation by the attending participants. The following aspects will be measured.

- 1. The extent to which the course met the objectives.
- 2. The adequacy of the instructor's mastery of the subject.
- 3. The utilization of appropriate teaching methods.
- 4. The applicability of the use of the new information to the participant.
- 5. Other comments.

SECTION 1.12. COURSE VERIFICATION AND PROOF OF ATTENDANCE

- A. Approved Providers shall verify attendance and issue a document of proof, i.e., transcripts or certificate, to each participant to show that the participant has met the established criteria for satisfactory completion of a course.
- B. The TCB Standards Committee provides a sample certificate in this packet. All information contained on this example certificate must be included on all certificates issued to meet the requirements of the Certification Board. Information required on course verification certificates includes:
 - 1. Participant name and professional license number
 - 2. Name/Title of course
 - 3. Date of course
 - 4. Location of course
 - 5. Course instructor(s)
 - 6. Type of education hours awarded.
 - 7. Number of continuing education hours (CEH) awarded.
 - 8. The distance learning approval number, if applicable
 - 9. Name, address and telephone number of the Continuing Education Provider, TCB Provider Number and expiration date
 - 10. Sponsoring Agency Name
 - 11. Signature of the instructor or the Continuing Education Coordinator

12. The statement *Complaints about the provider or workshop content may be directed to the TCB Standards Committee, 401 Ranch Road 620 S, Ste. 310, Austin, Texas 78734, Fax No. (888) 506-8123.*

- C. For Conferences with multiple breakouts, the approved provider is responsible for assuring that the participant receives credit only for the courses actually attended.
- D. Course verification (A or B above) must be available to the participant within a reasonable length of time after completion of the course, not to exceed thirty (30) calendar days.
- E. Certificates of satisfactory completion must be filled out with all of the information listed above under Section B. However, the participant's name and license number may be filled in by the participant. Certificates should be given directly to the participant to be completed. Mailed Certificates will be completed with the participant's name, and license number if applicable, prior to mailing or electronically sending them.
- F. Any course verification (A or B above) issued to a participant who is also the continuing education coordinator for that provider **MUST** be cosigned by another credentialed professional who can verify that person's satisfactory completion of the course. (e.g., course instructor)
- G. Certifications should bear the actual signature of the Continuing Education Coordinator. Certificates should not have a computer font as a signature. However, signatures may be scanned and reproduced.

SECTION 1.13. INSTRUCTOR QUALIFICATIONS

- A. Qualified instructors with appropriate knowledge in the subject matter shall teach courses. Qualified instructors include:
 - 1. Qualified credentialed counselors.
 - 2. Individuals with at least a master's degree in the subject.
 - 3. Individuals who are licensed, registered, or certified in the subject area.
 - 4. Individuals with documented education and experience generally recognized as providing expertise in the subject.
 - 5. Be free from any disciplinary action by TCB or the TCB Standards or Ethics Committees, and/or appropriate credentialing committees (such as state licensure boards).
- B. It is the responsibility of the provider to use only qualified instructors.

SECTION 1.14. ADVERTISEMENT

- A. Information dissemination by Approved Providers publicizing continuing education shall be true and not misleading and shall include the following:
 - 1. The statement *Provider approved by the TCB Standards Committee, Provider No. 000000, _____hours general and /or _____hours specific specialization, Expires 00/00 (month/year).* Example: *Provider approved by the TCB Standards Committee,*

Provider Number 0089-87, Three (3) hours general and Three (3) hours clinical supervision. Expires 12/99.

2. A clear, concise description of the course content and objectives.
3. Provider name and number as officially on file with the TCB Standards Committee
4. Requirements for satisfactory completion of continuing education hours (CEH's).
5. All printed material giving information about courses shall include the statement *Complaints about provider or workshop content may be directed to the TCB Standards Committee, 401 Ranch Road 620 South, Ste. 310, Austin, Texas 78734, Fax Number (888) 506-8123.*
6. As appropriate, the provider's policy on withdrawal and refunds in cases of nonattendance by the registrant and policy regarding notification if the course is canceled.

- B. Copies of all advertisements are to be kept with the provider's records for four (4) years.

SECTION 1.15. SUSPENSION/WITHDRAWAL OF APPROVAL

- A. The TCB Standards Committee may suspend or withdraw its approval of a provider or deny a provider application for causes which include but are not limited to the following:
1. Conviction of the continuing education coordinator of a felony.
 2. Sanctions applied by the TCB Ethics Committee or by any other licensing board.
 3. Failure to have the responsible person and/or records available for audit when monitor requests them within the requested timeframe.
 4. Failure to notify Standards Committee of provider changes regarding the location of records, location of provider or person responsible.
 5. Failure to correct deficiencies within a thirty (30) calendar day period after receiving a written notice from the TCB Standards Committee specifying deficiencies.
 6. Advertising or promoting a course in a misleading way or implying that a given course is tantamount to passing the written examination for certification.
 7. Failure to comply with any portion of these standards as set by the TCB Standards Committee.
 8. Failure to fund payment of the application or renewal fee.
 9. Failure to provide participants with appropriate and authorized certificates for credit.
- B. Any material misrepresentation of fact by the continuing education provider or applicant in any information submitted to the TCB Standards Committee is grounds for suspension or withdrawal of approval or denial of application.
- C. The TCB Standards Committee may withdraw its approval of a provider after giving the provider written notice setting forth its reason(s) for suspension or withdrawal.
- D. Should the TCB Standards Committee deny the provider approval, suspend, or withdraw a provider number, the applicant or provider has the opportunity to appeal in writing the action of the TCB Standards Committee within a thirty (30) calendar day period. During these thirty (30) calendar day period, no continuing education credit may be

offered/awarded under this provide number without prior approval by the TCB Standards Committee. Upon receipt of written appeal, a hearing will be held within sixty (60) calendar days. Recommendations will be made to the Certification Board. The decision of the Certification Board is final.

SECTION 1.16. MAILING LISTS

- A. Mailing lists of TCB certified professionals may be purchased, for a fee, from the TCB headquarters, 401 Ranch Road 620 South, Ste. 310, Austin, Texas 78734, and Telephone: (512) 708-0629, Fax Number (888) 506-123.
- B. Mailing lists are the property of TCB.
- C. TCB reserves the right to refuse to provide or sell mailing lists.
- D. Prices of mailing lists are subject to change without notice.

SECTION 1.17. PUBLICATION OF UPCOMING COURSES

All courses offered by an Approved Provider may be publicized, to include the TCB website.

SECTION 1.18. PROVIDER REVIEW/AUDIT

- A. The TCB Standards Committee, or designee, may conduct reviews of the CE Providers for compliance of these standards as directed in this document. TCB CE Providers must provide TCB Standards Committee with login information to access any online courses/webinars/independent study to review courses.
- B. Random reviews/audits may be conducted each year through mail or electronic medium. Audits will be conducted when a complaint warrants such. Audits may be done without prior notification.
- C. CE Providers are required to return requested information within fifteen (15) (business) days of the date reflected in the request.
- D. Failure to comply with any of these standards and instructions can lead to sanctions or removal as an approved provider.
- E. A report on the audit will be mailed to the provider within forty-five (45) days.
- F. Upon finding deficiencies, providers will be given thirty (30) (calendar) days to correct them.
- G. In cases of serious violations, such as fraud, disciplinary action may be taken against the providers, as outlined under these standards.

STANDARD 2: CREDENTIALLED PROFESSIONALS

STANDARDS FOR CERTIFICATION, RECERTIFICATION AND RE-LICENSURE OF ADDICTION PROFESSIONALS

SECTION 2.1. EDUCATION TARGETS

2.1.A. Advanced Alcohol and Drug Counselors (AADC)

Education should be relevant to clinical supervision skills. The AADC domains are as follows:

1. Screening, Assessment, and Engagement
2. Treatment Planning, Collaboration, and Referral
3. Counseling and Education
4. Professional & Ethical Responsibilities

2.1.B. Alcohol and Drug Counselors (ADC), Licensed Chemical Dependency Counselors (LCDC), and Certified Chemical Dependency Specialists (CCDS)

Education for recertification should be relevant to the Twelve Core Functions of the Substance Abuse Counselor and for re-licensure; education should be relevant to the Knowledge and Skills of the Knowledge, Skills, and Attitudes (KSA) practice dimensions and IC&RC Domains.

1. **Screening:** The process by which a client is determined appropriate and eligible for admission to a particular program.
2. **Intake:** The administrative and initial assessment procedure for admission to a program.
3. **Orientation:** Describing to the client:
 - a. General nature and goals of the program.
 - b. Rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program.
 - c. In a non-residential program, the hours during which services are available.
 - d. Treatment costs to be borne by the client, if any; and,
 - e. Client's rights.
4. **Assessment:** Those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.
5. **Treatment Planning:** The process by which the counselor and the client:
 - a. Identify and rank problems needing resolution.
 - b. Establish agreed upon immediate and long-term goals; and
 - c. Decide on a treatment process and the resources to be utilized.
6. **Counseling** (Individual, Group & Significant Others): The utilization of special skills to assist individuals, families or groups in achieving objectives through:
 - a. Exploration of a problem and its ramifications.
 - b. Examination of attitudes and feelings.

- c. Decision-making.
- 7. **Case Management:** Activities, which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activated and collateral contracts.
- 8. **Crisis Intervention:** Those services, which respond to a person during acute emotional and/or physical distress.
- 9. **Client Education:** The provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resource.
- 10. **Referral:** Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client in utilizing the support systems and community resources available.
- 11. **Reports and Record-Keeping:** Charting the result of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
- 12. **Consultation with Other Professional in regard to Client Treatment/Services:** Relating with our own and other professionals to assure comprehensive, quality care for the client.

2.1.C. The Knowledge, Skills, Abilities (KSA) Practice Dimensions

Per Chapter 140, §140.418. Continuing Education Provider Standards (c) *All continuing education hours must be specific to substance use disorders and their treatment, or related to chemical dependency counseling, as defined by the KSA dimensions. Related education hours may include psychology, sociology, counseling, mental health, behavioral science, psychiatric nursing, ethics, and rehabilitation counseling.*

- 1. Clinical Evaluation: Screening and Assessment
- 2. Treatment Planning
- 3. Referral
- 4. Service Coordination: Implement Treatment Plan, Continuing Assessment and Treatment Planning
- 5. Counseling: Individual, Group, Families, Couple and Significant Others
- 6. Education: Client, Family, and Community
- 7. Documentation
- 8. Professional and Ethical Responsibilities

IC&RC 4 domains

- 1. Screening, Assessment, and Engagement
- 2. Treatment Planning, Collaboration, and Referral
- 3. Counseling and Education
- 4. Professional and Ethical Responsibilities

2.1.D. Associate Prevention Specialist (APS)

Education should be relevant to SUD prevention across the prevention domains. The APS six (6) prevention domains include:

1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public and Environmental Change and
6. Professional Growth and Responsibility

2.1.E. Certified Clinical Supervisors (CCS) & Certified Consultants (CSC)

Education should be relevant to clinical supervision. The 2008 IC&RC JTA identified tasks. The domains include:

1. Counselor Development
2. Professional & Ethical Standards
3. Program Development & Quality Assurance
4. Performance Evaluation
5. Administration
6. Treatment Knowledge

2.1.F. Certified Compulsive Gambling Counselors (CCGC)

Education should be relevant to compulsive gambling counseling and treatment. The TCB has identified eleven (11) performance domains for compulsive gambling counselors. The domains are divided into Gambling I and Gambling II and include:

1. Gambling I
 - a. Communication
 - b. Knowledge
 - c. Assessment and Evaluation
 - d. Treatment Planning
 - e. Information and Referral
 - f. Counseling and Treatment
2. Gambling II
 - a. Gambling Ethics
 - b. Gambling Family Issues
 - c. Adolescent Gambling
 - d. Cultural Gambling Issues
 - e. Treatment Techniques

2.1.G. Certified Criminal Justice Addiction Professional (CCJP) & Certified Criminal Justice Addictions Professional Applicant Status (CCJ-P)

Education should be relevant to substance use disorders to individuals in the criminal justice system. There are eight (8) CCJP performance domains. Within each performance domain are several identified tasks. The domains and tasks include:

1. Dynamics of Addiction and Criminal Behavior

2. Legal, Ethical and Professional Responsibility
3. Criminal Justice System and Processes
4. Clinical Evaluation: Screening and Assessment
5. Treatment Planning
6. Case Management, Monitoring and Participation Supervision
7. Counseling
8. Documentation

2.1.H. Certified Prevention Specialist (CPS) & Advance Certified Prevention Specialist (ACPS)

- A. Education should be relevant to SUD prevention across the prevention domains. Within each prevention domain are several identified tasks. The domains include:
 1. Planning and Evaluation
 2. Prevention Education and Service Delivery
 3. Communication
 4. Community Organization
 5. Public and Environmental Change
 6. Professional Growth and Responsibility
- B. Renewal Requirements – Completion of forty (40) hours of continuing education across the prevention domains of which three (3) hours must be prevention specific ethics, within the last two years.

2.1.I. Peer Mentor/Peer Recovery Designation (PM/PRC) & Peer Recovery Support (PRS)

- A. Education should be relevant to peer recovery support. The PRS domains include:
 1. Advocacy
 2. Mentoring/Education
 3. Recovery /Wellness Support
 4. Ethical Responsibility
- B. Renewal Requirements – Completion of twenty (20) hours of Peer Recovery Support continuing education, including three (3) hours of Ethics and three (3) hours of Cultural Competency by an approved provider.

2.1.J. Re-Entry Peer Specialist (JI-RPS)

- A. Must attest to have lived experience with incarceration, demonstrate current self-directed recovery and be willing to appropriately share own recovery story with participants.
- B. Education should be relevant to re-entry. The JI-PRS domains include:
 1. Advocacy
 2. Mentoring/Education
 3. Recovery/Wellness Support

- 4. Ethical Responsibility
- 5. Re-entry

C. Renewal Requirements – Completion of twenty (20) continuing education hours in the Core Domains to include three (3) hours of Ethics.

SECTION 2.2. ACTIVATING/REACTIVATING CERTIFICATIONS

- A. A person with a credential under these standards may request to have his or her credential placed on inactive status by submitting a written request and paying the inactive fee before the credential expires. Inactive status shall not be granted unless the credential is current and in good standing, with no pending investigations or disciplinary actions.
- B. A person on inactive status cannot perform activities outlined under the relevant credential or, represent him or herself as a certification as indicated under these standards, or act in the capacity of the corresponding credential. A person on inactive status remains subject to investigation and action during the period of inactive status.
- C. Inactive status shall not exceed two (2) years.
- D. Inactive status fee--\$50 (fifty).
- E. Inactive status is not available for designations.
- F. Return to Active Status
 - 1. To return to active status, the person shall submit a written request to reactivate the credential, a completed renewal application form, the renewal application fee and the credential renewal fee, and documentation of forty (40) hours of continuing education within the inactive status period.
- G. An inactive credential will automatically expire at the end of the two (2) year period.

SECTION 2.3. RECIPROCITY

Individuals, who have taken certification training from a recognized source in another state and received a certification recognized by the state where the certification was issued, may apply to become certified by completing the Reciprocity Application.

- A. In order to be approved for reciprocity, individuals must meet the following criteria:
 - 1. Individual has received a certification recognized in the state where the certification was issued.
 - 2. Individual has an *active* certification in the state where the certification was issued; and
 - 3. Individual is in good standing with the certifying body in the state where the certification was issued.

- B. The reciprocity process includes the following basic components:
1. Individual submits a completed application, a copy of active certification, and two (2) character references.
 2. TCB reviews the curriculum from the state of the original certification.
 3. TCB contacts the original certifying body to confirm that the individual is in good standing with an active certification.
 4. TCB contacts the individual's previous employer to confirm that the individual was in good standing at the time of employment; then
 5. Each application for reciprocity will be evaluated on a case-by-case basis.
 6. TCB makes a decision about whether to grant reciprocity.
- C. If the application for reciprocity is granted, the applicant does not have to take a knowledge assessment. The TCB-issued certification will end on the original expiration date of the other State's certification. The same TCB continuing education requirements will be in effect for the remainder of the certification period. If the other State's Certification does not have an expiration date, the TCB Certification will be for a maximum of twenty-four (24) months.
- D. If the application for reciprocity is not granted, the applicant may not re-apply for reciprocity. Based on the information gathered by TCB during the reciprocity process, it is up to the discretion of TCB whether to offer or deny the applicant an opportunity to apply to TCB.

SECTION 2.4. CODE OF ETHICS FOR SUD PROFESSIONALS

2.4.A. Advanced Certified Prevention Specialist (ACPS), Certified Prevention Specialist(CPS), Associate Prevention Specialist (APS) Code of Ethics

Code of Ethics- Prevention Specialists

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles Principle 1: Non-discrimination

An applicant or certified prevention specialist shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or

psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

Prevention specialists should be knowledgeable about disabling conditions and demonstrate empathy in interactions with all participants, including those with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists shall know and comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
- D. Ideally, competent senior prevention specialists should supervise prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies within seventy-two (72) business hours.
- F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
- G. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Principle 3: Integrity

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists should not misrepresent, either directly or by implication, professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.
- D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading or discredits the profession.
- E. Prevention specialists shall not engage in conduct, which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
 - 2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:
 - a. Failing to comply with a term, condition or limitation on a certification or license.
 - b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - c. Administering to oneself any controlled substance not prescribed by a doctor or aiding and abetting another person in the use of any controlled substance not prescribed to that person.
 - d. Using any illicit drug, prescription medication or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 - e. Using illicit drug while providing professional services.
- F. Prevention specialists shall uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony during the period in which a prevention specialist holds a prevention certification, excluding class "C" misdemeanors, whether or not the case is pending an appeal.

Principle 4: Nature of Services

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- A. Services should be provided in a way, which preserves the protective factors inherent in each culture and individual.
- B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report immediately or no later than twenty-four (24) hours the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- D. Prevention specialists shall adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
 - 1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
 - a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.
 - b. Prevention specialists should use professional and ethical judgment when including photos and/or comments online or in prevention materials.
 - c. Prevention specialists shall not provide their personal contact information to direct program recipients, i.e., home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums.
 - 2. It is the responsibility of the prevention specialist to ensure, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 - 3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
 - 4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review organizational Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.
 - 5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention Specialists must be aware of their influential position with respect to employees, supervisees, and direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid

dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients, their family members, employees or supervisees.

1. Soliciting and/or engaging in sexual conduct with any direct prevention participants is prohibited.
2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g., developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing "informal counseling" to a participant.)
3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g., providing a skills group for students engaging in risky substance use behaviors, an "indicated population," and teaching an academic subject where they are class members.)
4. Prevention specialists shall avoid bringing personal issues into the professional relationship.

Principle 5: Confidentiality

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Principle 6: Ethical Obligations for Community and Society

According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policymakers. Prevention specialists should adopt a personal and professional stance that promotes health.

2.4.B. Ethical Standards for Advanced Alcohol and Drug Counselor (AADC), Alcohol and Drug Abuse Counselor (ADC), Certified Chemical Dependency Specialist (CCDS), Certified Compulsive Gambling Counselor (CCGC), Certified Clinical Supervisor (CCS) and Certified Supervisor Consultant (CSC)

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support 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.

SPECIFIC PRINCIPLES

Principle 1: Nondiscrimination

The applicant or SUD professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socioeconomic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

The SUD professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. The SUD professional should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Responsibility

The SUD professional must espouse objectivity and integrity and maintain the highest standards in the services the SUD professional offers.

- A. The SUD professional, as teacher, must recognize the SUD professional's primary obligation to help others acquire knowledge and skill in dealing with substance use disorders.
- B. The SUD professional, as practitioner, must accept the professional challenge and responsibility deriving from the SUD professional is work.

Principle 3: Competence

The SUD professional must recognize that the profession is founded on national standards of competency, which promote the best interests of service recipients, colleagues, the profession and society as a whole. The SUD professional must recognize the need for ongoing education as a component of professional competency.

- A. The SUD professional must prevent the practice of substance use disorder counseling by unqualified and/or unauthorized persons.
- B. The SUD professional who is aware of unethical conduct or unprofessional modes of practice must report within seventy-two (72) business hours of such violations to the appropriate certifying authority.
- C. The SUD professional must recognize boundaries and limitations of a SUD professional's competencies and not offer services or use techniques outside of these professional competencies.
- D. The SUD professional must recognize the effect of impairment on professional techniques and must be willing to seek appropriate treatment for oneself or for a colleague. The SUD professional must support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards

The SUD professional must uphold the legal and accepted moral codes, which pertain to professional conduct, legal and accepted moral codes of our society.

- A. The SUD professional must not claim either directly or by implication, professional qualifications/affiliations that the SUD professional does not possess.
- B. The SUD professional must not use the relationship with the TCB for purposes that are not consistent with the stated purposes of the Board.
- C. The SUD professional must not associate with or permit the SUD professional's name to be used in connection with any services or products in a way that is incorrect or misleading or discredit the profession.
- D. The SUD professional associated with the development or promotion of books or other products offered for commercial sale must be responsible for ensuring that such books or products are presented in a professional and factual way.
- E. The SUD professional must obey civil and criminal laws and commit no act involving moral turpitude of which would bring discredit to the profession.

Principle 5: Public Statements

The SUD professional must respect the limits of present knowledge in public statements concerning substance use disorders.

- A. The SUD professional who represents the profession of substance use disorder counseling to service recipients, other professionals, or to the general public must report fairly and accurately the appropriate information.
- B. The SUD professional must acknowledge, and document materials and techniques used.
- C. The SUD professional who conducts training in substance use disorder counseling skills or techniques must indicate to the audience the requisite training/qualification to properly perform those skills and techniques.

Principle 6: Publication Credit

The SUD professional must assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- A. The SUD professional must recognize joint authorship, major contributions of professional character made by several persons to a common project. The author who has made the principal contribution to a publication must be identified as a first listed.
- B. The SUD professional must acknowledge, in footnotes or an introductory statement, minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- C. The SUD professional must acknowledge, through specific citations, unpublished, as well as published, materials that have direct influences the research or writing.
- D. The SUD professional who compiles and edits for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.

Principle 7: Client Welfare

The SUD professional must respect the integrity and protect the welfare of the person or group with whom the SUD professional is working.

- A. The SUD professional must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- B. The SUD professional, in the presence of professional conflict, must be concerned primarily with the welfare of the service recipient.
- C. The SUD professional must terminate counseling or consulting relationship when it is reasonably clear to the SUD professional that the service recipient is not benefiting from it.
- D. The SUD professional, in referral cases, must assume the responsibility for the service recipient's welfare either by mutual agreement and/or by the service recipient becoming engaged with another professional. In situations when a service recipient refuses treatment, referral or recommendations, the SUD professionals must carefully consider the welfare of the service recipient by weighing the benefits of continued treatment or termination and must act in the best interest of the service recipient.
- E. The SUD professional who asks a service recipient to reveal personal information from other professionals or allows information to be divulged must inform the service recipient of the nature of such transaction. The information released or obtained with informed consent must be used for expressed purposes only.
- F. The SUD professional must not use a service recipient in a demonstration role in a workshop setting where such participation would potentially harm the service recipient.
- G. The SUD professional must ensure the presence of an appropriate setting for clinical work to protect the service recipient from harm, and the SUD professional and the profession from censure.
- H. The SUD professional must collaborate with other healthcare professionals in providing a supportive environment for the service recipient who is receiving prescribed medications.

Principle 8: Confidentiality

The SUD professional must embrace, as a primary obligation, the duty of protecting the privacy of service recipient and must not disclose confidential information acquired in teaching, practice or investigation.

- A. The SUD professional must inform the service recipient and obtain agreement in areas likely to affect the service recipient's participation including, but not limited to, the recording of an interview, the use of interview material for training purposes and the observation of an interview by another person.
- B. The SUD professional must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- C. The SUD professional must report information received in confidence only when there is a clear and present danger to the service recipient or to other persons within the organization, and then only to appropriate professional workers, public authorities, immediately, or no more than twenty-four (24) hours of information received.
- D. The SUD professional must discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly

concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.

- E. The SUD professional must use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 9: Client Relationships

The SUD professional must inform the prospective service recipient of the important aspects of the potential relationship.

- A. The SUD professional must inform the service recipient and obtain the service recipient's agreement in areas likely to affect the service recipient's participation including the recording of an interview, the use of interview material for training purposes and /or observation of an interview by another person.
- B. The SUD professional must inform the designate guardian or responsible person of circumstances, which may influence the relationship, when the service recipient is a minor, or incompetent.
- C. The SUD professional must not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- D. The SUD professional must not engage in any type of sexual activity with a service recipient.
- E. SUD professionals should adhere to the same principles of professionalism outlined in the Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
 - 1. SUD professionals are discouraged from interacting with current or past direct service recipients on personal social networking sites. It is recommended that SUD professional establish a professional social networking site for this purpose.
 - a. SUD professionals should not affiliate with their own direct service recipients on personal social media sites.
 - b. SUD professionals use professional and ethical judgment when including photos and/or comments online or in prevention materials.
 - c. SUD professionals should not provide their personal contact information to direct service recipient, i.e., home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct service recipient through these mediums except in cases of agency/professional business.
 - 2. It is the responsibility of the SUD professional to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 - 3. SUD professionals should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the SUD profession, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal

website.

4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review organizational Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the SUD professional should delete inaccurate information or other's posts that violate the privacy and confidentiality of service recipients or that are of an unprofessional nature.
5. SUD professionals should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Principle 10: Interprofessional Relationships

The SUD professional must treat colleagues with respect, courtesy and fairness, and must afford the same professional courtesy to other professionals.

- A. The SUD professional must not offer professional services to a service recipient in counseling with another professional except with the knowledge of the other professional or after the termination of the service recipient's relationship with the other professional.
- B. The SUD professional must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

Principle 11: Remuneration

The SUD professional must establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the service recipient, of the SUD professional and of the profession.

- A. The SUD professional must carefully consider the ability of the service recipient to meet the financial cost in establishing rates for professional services.
- B. The SUD professional must not send or receive any commission or rebate or any other form of remuneration for referral of service recipient for professional services. The SUD professional must not engage in fee splitting.
- C. The SUD professional in clinical or counseling practice must not use one's relationship with service recipients to promote personal gains or the profit of an agency or commercial enterprise of any kind.
- D. The SUD professional must not accept a private fee or any gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its service recipients by members of its staff, and in such instances, the service recipient must be fully apprised of all policies affecting the service recipient.

Principle 12: Societal Obligations

The SUD professional is expected to advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by substance use disorders. The SUD professional must inform the public through active civic and professional participation in community affairs of the effects of substance use disorders and must act to

guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The SUD professional must adopt a personal and professional stance, which promotes the well-being of all human beings.

2.4.B.a. In addition to the 12 Principles stated above, Certified Clinical Supervisor (CCS) and Certified Supervisor Consultant (CSC) must also follow Principle 13 below.

Principle 13. Responsibility to Students, Employees, and Supervisors

The Certified Clinical Supervisor (CCS) and Certified Supervisor (CSC) must not exploit the trust and dependency of students, employees, and supervisors.

- A. The CCS and CSC is aware of their influential position with respect to students, employees, and supervises, and they must avoid exploiting the trust and dependency of such persons. CCS and CSC, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, the CCS and CSC take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisors. Provision of counseling to students, employees, or supervisors s prohibited.
- B. The CCS and CSC must not engage in sexual intimacy with students or supervisors.
- C. The CCS and CSC must not permit students, employees, supervisors to perform or to hold them out as competent to perform professional services beyond their training, level of experience, and competence.
- D. The CCS and CSC must not disclose a supervisor's confidences except:
 - 1. as mandated by law.
 - 2. to prevent clear and immediate danger to a person or persons.
 - 3. where the CCS and CSC is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisors' confidences may be disclosed only in the course of that action).
 - 4. in educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisors; or
 - 5. If there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

2.4.C. Ethical Standards for Certified Criminal Justice Addictions Professionals (CCJP) and Certified Criminal Justice Addictions Professional Applicant (CCJP-A)

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support specialists 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.

It is expected that, in the management of, or delivery of services to, individuals with criminal justice involvement, service recipients of CCJP and CCJP-A will:

Principle 1: Nondiscrimination

The applicant or SUD professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socioeconomic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.

The SUD professional shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with service recipients with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. The SUD professional should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: General Respect and Caring

- A. Perform duties with the attitude that change can occur and accept responsibility for facilitating that change.
- B. Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
- C. Accept responsibility for the consequences of their actions.
- D. Make every reasonable effort to ensure that personal knowledge about client's psychological state is not misused, intentionally or unintentionally, to harm others.
- E. Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.
- F. Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees, and employees with regard to respect for the dignity of persons, all of whom, however, incur similar obligations.

Principle 3: Conflict of Interest

Avoid relationships (e.g., with students, employees, or service recipients) and other situations which might present a conflict of interest, or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others. A. SUD professionals should adhere to the same principles of professionalism outlined in the Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:

- B. SUD professionals are discouraged from interacting with current or past direct service recipients on personal social networking sites. It is recommended that SUD professionals establish a professional social networking site for this purpose.
 - 1. SUD professionals should not affiliate with their own direct service recipients on personal

social media sites.

2. SUD professionals use professional and ethical judgment when including photos and/or comments online or in service materials.
 3. SUD professionals should not provide their personal contact information to direct service recipients, i.e., home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct service recipients through these mediums except in cases of agency/professional business.
- C. It is the responsibility of the SUD Professional to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
- D. SUD professionals should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the SUD profession, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
- E. Employees should be aware that employers may reserve the right to edit, modify, delete, or review organizational Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the SUD professional should delete inaccurate information or other's posts that violate the privacy and confidentiality of service recipient or that are of an unprofessional nature.
- F. SUD professionals should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

Principle 4: Do No Harm

- A. If making a referral to a colleague or other professional, maintain appropriate contact, support, and responsibility until another service begins.
- B. Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death, as allowed by Texas law.

Principle 5: Confidentiality

The SUD professional must embrace, as a primary obligation, the duty of protecting the privacy of service recipient and must not disclose confidential information acquired in teaching, practice or investigation.

- A. The SUD professional must inform the service recipient and obtain agreement in areas likely to affect the service recipient's participation including, but not limited to, the recording of an interview, the use of interview material for training purposes and the observation of an interview by another person.
- B. The SUD professional must make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- C. The SUD professional must report information received in confidence only when there is a clear and present danger to the service recipient or to other persons within the

organization, and then only to appropriate professional workers, public authorities immediately, or no more than twenty-four (24) hours of information received.

- D. The SUD professional must discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- E. The SUD professional must use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 6: Informed Consent

- A. Seek as full and active participation as possible from others in decisions, which affect them.
- B. Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subject's protocols.

Principle 7: Competence and Self-Knowledge

- A. Espouse objectivity and integrity and maintain the highest standards in the services offered.
- B. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- C. Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- D. Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- E. Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, so that their service or research activities and conclusions will benefit and not harm others.
- F. Develop and utilize strategies to maintain one's own physical and mental health.

Principle 8: Reliance on the Discipline

Seek consultation from colleagues and/or appropriate groups and committees and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

2.4.D. Ethical Standards for Peer Recovery Support (PRS) and Peer Mentor/Peer Recovery Coach Designation (PM/PRC)

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support 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 Peer Recovery Support (PRS) and Peer Mentor/Peer Recovery Coach Designation (PM/PRC) Code of Ethics is to outline the basic values and principles of peer support practice. The Code shall serve as a guide for PRS and PM/PRC in Texas by defining professional responsibility and ethical standards for the profession.

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

PRS and PM/PRC will perform services only within the boundaries of their expertise. PRS and PM/PRC 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. At all times, PRS and PM/PRC will preserve an objective and professional relationship.

1. PRS and PM/PRC will, at all times, respect the rights and dignity of those they serve.
2. PRS and PM/PRC 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. PRS and PM/PRC will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
3. PRS and PM/PRC will not use derogatory language in their written or verbal communication to or about persons served. PRS and PM/PRC will use accurate and respectful language in all communications to and about persons served.
4. PRS and PM/PRC will not abuse, intimidate, threaten, harass, or use undue influence or physical force with anyone at any time.
5. PRS and PM/PRC will shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.
6. PRS and PM/PRC 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. PRS and PM/PRC will respect the privacy and confidentiality of those they serve. PRS and PM/PRC will not name or give information about a person served, a former person served, or family member to other professionals except when specifically authorized by the person served.
8. PRS and PM/PRC will not exploit persons served in disputes with colleagues or engage persons served in any inappropriate discussion of conflicts between PRS and PM/PRC and their colleagues.
9. PRS and PM/PRC will take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
10. PRS and PM/PRC will not enter into relationships or commitments that conflict with the

interests of those they serve. PRS and PM/PRC shall disclose to their supervisor any perceived or known violations of the boundaries of the treatment relationship.

11. PRS and PM/PRC shall disclose any existing or pre-existing professional, social, or business relationships with person(s) served. PRS and PM/PRC 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. PRS and PM/PRC are responsible for setting clear, appropriate, and culturally sensitive boundaries with all persons served.
12. PRS and PM/PRC will not engage in sexual activities with persons served, or members of the immediate family of person(s) served.
13. PRS and PM/PRC will not abuse alcohol or other mood-altering substances while practicing peer support.
14. PRS and PM/PRC will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. PRS and PM/PRC will advocate for the profession of peer support.
15. PRS and PM/PRC will not give or accept gifts of significant value from those they serve.
16. PRS and PM/PRC uphold the law and have 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 PRS and PM/PRC holds a certification/designation, excluding minor traffic offenses, whether or not the case is pending an appeal.

2.4.E. Ethical Standards for Re-Entry Peer Specialist (JI-PRS)

The Texas Certification Board (TCB) is comprised of substance use disorder (SUD) prevention and treatment professionals and peer recovery support 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 principles in the following Code of Ethics guide Texas Certified Re-Entry Peer Specialists in their roles, relationships, and levels of responsibility in which they function professionally.

1. The primary responsibility of Re-entry Peer Specialists is to help individuals achieve their own needs, wants, and goals. Re-Entry Peer Specialists will be guided by the principle of self-determination for all.
2. Re-Entry Peer Specialists will maintain high standards of personal conduct. Re-Entry Peer Specialists will also conduct themselves in a manner that fosters their own recovery.
3. Re-Entry Peer Specialists will openly share their recovery stories, and will likewise be able to identify and describe the supports that promote their recovery.
4. Re-Entry Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Re-Entry 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. Re-Entry 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, prior convictions, national origin, marital status, political belief, mental or physical disability, military status, or any other preference or personal characteristic, condition or state.
7. Re-Entry Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Re-Entry Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Re-Entry 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. Re-Entry 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. Re-Entry Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they support.
11. Re-Entry 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. Re-Entry 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. Re-Entry Peer Providers will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Re-Entry Peer Specialists will not accept gifts of significant value from those they serve.
15. Re-Entry Peer Specialist will work within the outlined scope work and if needed will seek supervision and consultation.

STANDARD 3: COMPLAINTS, INVESTIGATIONS, SANCTIONS AND APPEALS PROCESS

STANDARDS FOR CODE OF ETHICS COMPLAINTS, INVESTIGATIONS, SANCTIONS AND APPEALS PROCESS FOR
APPROVED PROVIDERS OF CONTINUING EDUCATION AND CERTIFICATED PROFESSIONALS

SECTION 3.1. SANCTIONS AND APPEALS PROCESS

An Approved Provider may appeal the denial, suspension, or revocation of their provider application to the Texas Certification Board. Refer to the standards on complaints, investigation, denial, suspension, revocation, disciplinary actions, administrative penalties, informal disposition, voluntary surrender of application and contested case procedures under these standards and guidelines.

SECTION 3.2. PROCEDURES FOR CODE ETHICS COMPLAINTS AND INVESTIGATION

- A. The Texas Certification Board (TCB) has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB holder of,

or applicant for, a credential, designation, registration, or CE Approved Provider. 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 holder of, or applicant for, a credential, designation, registration, or CE Approved Provider supervisor/employing agency. If this means fail or does not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

- B. Ethics complaints must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734.
1. The provisions of this section shall apply to complaints against the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider under this section.
 2. A person wishing to report an alleged violation of these standards may file a complaint with the TCB. All complaints shall be in writing and under oath.
 3. Upon receipt of a complaint, the TCB will send an acknowledgment letter to the complainant, together with the TCB's policies and procedures pertaining to complaint investigation and resolution. The TCB may accept an anonymous complaint if there is sufficient information for the investigation.
 4. The TCB will document, evaluate, prioritize, and investigate complaints based on the seriousness of the alleged violation and the level of client or participant risk, and will make any report to another agency required by law.
 5. Prior to or during an investigation, the TCB will request a response from the holder of, or applicant for, a credential, designation, registration, CE Approved Provider, or person against whom a complaint has been filed, and provide the TCB's policies and procedures pertaining to complaint investigation and resolution. The holder of, or applicant for, a credential, designation, registration, CE Approved Provider, or person against whom an alleged violation has been filed shall respond within 15 working days of receipt of the TCB's request.
 6. Pursuant to a TCB investigation regarding an alleged violation of these standards, the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider shall produce records, documents and other evidence related to the certification or designation, registration, or approval to the TCB, upon request, unless otherwise prohibited by law. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider shall not interfere with the TCB's access to service recipients, witnesses or other parties.
 7. If it is determined that the matters alleged in the complaint are non-jurisdictional, or if the matters alleged in the complaint would not constitute a violation of these standards, the TCB may close the complaint and give written notice of the closure to the person against whom the complaint was filed and the complainant.
 8. The TCB may refer complaints outside its jurisdiction, or also within the jurisdiction of another licensing program within the TCB or of another agency, to the appropriate program or agency for action, as permitted by law.
 9. The TCB, at least quarterly and until final disposition of the complaint, shall notify the person filing the complaint and each person against whom the complaint was made

of the status of the complaint, unless the notice would jeopardize an investigation.

SECTION 3.3. DISCIPLINARY ACTIONS

- A. The provisions of this section shall apply to all types of TCB holder of, or applicant for, a credential, designation, registration, or CE Approved Provider under these standards, and shall not limit the authority of the TCB to take any other action against the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider under these standards.
- B. The TCB may take action as authorized under subsection (c) of this section if an applicant for, or the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider, issued under these standards:
 - 1. violates or assists another to violate the rule under these standards.
 - 2. circumvents or attempts to circumvent a rule under these standards.
 - 3. directly or indirectly participates in a plan to evade a rule under these standards.
 - 4. is the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider in another jurisdiction refused, suspended, or revoked for a reason that the TCB determines would constitute a violation of a rule under these standards.
 - 5. engages in false, misleading, or deceptive conduct.
 - 6. engages in conduct that discredits or tends to discredit the credentialed and designated person.
 - 7. directly or indirectly reveals a confidential communication made to the person by the recipient of services, except as required or permitted by law.
 - 8. refuses to perform an act or service the person is the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider to perform under these standards on the basis of the service recipient's race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences; or
- C. Where grounds exist to take action against a person, against the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider, issued under these standards, or against an applicant, issued under these standards, the TCB may:
 - 1. deny, refuse to issue, or refuse to renew the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider.
 - 2. revoke or suspend a certification or designation.
 - 3. probate a suspension of the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider.
 - 4. impose an administrative penalty against a person who violates a rule under these standards; or
 - 5. Issue a reprimand against the applicable the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider holder.

- D. The TCB will determine the length of the probation or suspension. If the TCB probates the suspension of a holder of, or applicant for, a credential, designation, registration, or CE Approved Provider, the TCB may require the holder of the applicable the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider to:
 - 1. regularly report to the TCB on matters that are the basis of the probation.
 - 2. limit practice to the areas prescribed by the TCB; or
 - 3. Complete additional educational requirements, as required by the TCB to address the areas of concern that are the basis of the probation.
- E. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider under these standards for a minimum of two years after the date of revocation. The TCB may consider the findings that resulted in revocation and any other relevant facts in determining whether to deny the application under this section, or as otherwise permitted by law, if an otherwise complete and sufficient application for a certification or designation is submitted after two (2) years have elapsed since revocation.
- F. A voluntary surrender accepted by the TCB in response to a complaint deemed to be the result of a formal disciplinary action as provided for in that section.
- G. The TCB, upon determination that grounds may exist to take disciplinary action, shall issue a notice of violation notifying the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider of the proposed action.
 - 1. the notice letter shall be sent via certified mail to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider address of record.
 - 2. the notice shall specify:
 - a. the statutes, rules, or orders allegedly violated.
 - b. the factual basis of the alleged violations.
 - c. the disciplinary action the TCB intends to take; and
 - d. notice of an opportunity for a hearing.
 - e. If the TCB is proposing to assess an administrative penalty, the letter shall also inform the holder of, or applicant for, a credential, designation, registration, or CEH Approved Provider of the amount of the proposed penalty and the opportunity for a hearing on the occurrence of the violation, the amount of the penalty, or both.
 - 3. If the TCB is proposing to assess an administrative penalty, the letter shall also inform the respondent of the amount of the proposed penalty and the opportunity for a hearing on the occurrence of the violation, the amount of the penalty, or both.
- H. The letter shall also include the following notices:
 - 1. If the respondent does not request a hearing on or before the 30th day after the notice is effective, the allegations will be deemed true and the TCB will issue a final default order implementing the proposed action.
 - 2. Notice is effective three days after the date of certified mailing.
- I. A respondent must submit a timely written request for a hearing to avoid having the

allegations in the notice letter deemed true and a default order implementing the proposed action issued by the TCB. The request for a hearing is timely if filed with the TCB, postmarked on, or before the 30th day after the notice is effective. If the respondent fails to timely file a request for a hearing, the factual allegations of the notice letter may be deemed true and shall form the basis of a final default order by the TCB making findings of fact and conclusions of law consistent with the notice of violation and implementing the proposed action.

SECTION 3.4. ADMINISTRATIVE PENALTIES

- A. The provisions of this section shall apply to administrative penalties proposed or assessed against any person for violation of a rule under these.
- B. The amount of an administrative penalty shall be based on the following criteria:
 - 1. the seriousness of the violation.
 - 2. the history of previous violations.
 - 3. the amount necessary to deter a future violation.
 - 4. efforts made to correct the violation; and
 - 5. Any other matter that justice requires.
- C. The seriousness of a violation shall be categorized by one of the following severity levels:
 - 1. Level I--violations in which harm or other adverse impact to public health, safety, or welfare has actually occurred or is likely to occur and/or recur.
 - 2. Level II--violations that demonstrate a potential for harm or other adverse impact to public health, safety, or welfare; or
 - 3. Level III--violations that are not likely to substantially affect public health, safety, or welfare.
- D. The range of administrative penalties by severity levels is as follows for each violation at the discretion of the TCB Ethics Committee and approved by the Board:
 - a. Certified, Designated, Registered Professionals
 - 1. Level I--up to \$500 per violation.
 - 2. Level II--up to \$250 per violation; or
 - 3. Level III--up to \$100 per violation.
 - b. Continuing Education (CE) Approved Providers
 - 1. Level I--up to \$1,000 per violation.
 - 2. Level II--up to \$500 per violation; or
 - 3. Level III--up to \$200 per violation.
- E. Subsequent violations of the same or similar nature in the same severity level for which an administrative penalty has previously been imposed may be categorized at the next higher severity level, based upon the repeated violation. Subsequent Level I violations of the same or similar nature for which an administrative penalty has previously been imposed at the Level I severity level may be assessed a higher penalty within that severity level, up to \$1,000 per violation, based upon the repeated violations.

- F. Repeated or serious violations may result in suspension or revocation of certification as determined by the TCB Ethics Committee and approved by the Board.

SECTION 3.5. INFORMAL DISPOSITION

- A. At any stage of a disciplinary case, informal disposition of a complaint or contested case involving the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider may be made through an informal conference held to determine whether the matters in controversy can be resolved without further proceedings, including by agreed order.
- B. In any case, where a notice of violation has been issued proposing disciplinary action against the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider, that person will be given the opportunity to attend an informal conference to show compliance with the law, prior to a requested hearing. If the credentialed and designated person fails to appear at a scheduled informal conference, the TCB may deem that person to have waived the right to an informal conference and may proceed to hearing.
- C. An informal conference shall be voluntary for the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider and shall not be a prerequisite to a formal hearing.
- D. The conference shall be informal and shall not follow the procedures established in these standards for contested cases and formal hearings.
- E. The TCB will establish the time, date and place of the informal conference, and provide written notice to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider. Written notice will be provided no less than ten (10) business days prior to the date of the informal conference at the last known address of the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider.
- F. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider may be represented by legal counsel at the informal conference. The TCB's legal counsel and appropriate staff will be present at the conference.
- G. At the conclusion of the informal conference, the TCB may propose an informal disposition of the complaint or contested case. The proposal may include the proposed entry of an agreed order imposing any disciplinary action authorized by these standards. The TCB may also conclude that the TCB lacks jurisdiction; that the matter should be referred for further investigation; that the complaint should be closed without action; or that the TCB will proceed to a contested case hearing on the proposed action, if requested by the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider.

- H. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider may either accept or reject the TCB's proposal at the informal conference. If the recommendations are accepted, a proposed agreed order will be forwarded to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider, or that person's attorney. The order will include any agreed findings of fact and conclusions of law. If the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider fails to return the signed order within 30 calendar days of receipt of the proposed order, or within another time frame specified or agreed to by the TCB, the TCB's proposed order will be deemed withdrawn. The TCB may proceed to a contested case hearing on the action originally proposed, if the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider has requested one, or otherwise proceed with appropriate action against the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider. The credentialed and designated person will be deemed to have signed and received the proposed agreed order after sent certified mail.

SECTION 3.6. VOLUNTARY SURRENDER OF CERTIFICATION, DESIGNATION, REGISTRATION OR APPROVED PROVIDER DESIGNATION IN RESPONSE TO A COMPLAINT

- A. When the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider has offered the surrender of that person's the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider in response to a complaint, the TCB will consider whether to accept the surrender of the certification or designation. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider will be deemed to have offered the surrender of that person's certification or designation in response to a complaint when the surrender is offered after the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider has received notice that a complaint has been received by the TCB. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider will be deemed to have received notice that a complaint has been received by the TCB after a letter notifying the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider is signed/receipt by certified mail by the TCB.
- B. Surrender of a certification or designation without the TCB's acceptance thereof shall not deprive the TCB of jurisdiction under these standards, or other applicable law.
- C. When the TCB accepts the surrender of a certification or designation offered in response to a complaint, the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider is deemed the result of a formal disciplinary action and an order shall be prepared to accept the certification or designation surrender on that basis.
- D. If the TCB accepts the surrender of a certification or designation offered in response to a complaint, the person is not eligible to apply for a certification or designation under these standards for a minimum of two years after the date of acceptance of the surrender.

SECTION 3.7. APPEALS

- A. The Texas Certification Board (TCB) has a process established to provide an avenue through which the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider may
 - 1. appeal a denial of their application for training to TCB which approved the training entity that is the subject of the complaint.
 - 2. appeal the denial, suspension, or revocation of a certification or a denial of a certification renewal to TCB; or
 - 3. appeal a denial of the application for training.
- B. Appeals must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734.
 - 1. The provisions of this section shall apply for appeals to denials of the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider.
 - 2. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider seeking to appeal a denial of the application for training, appeal a denial for suspension or revocation of a certification or denial of a certification renewal under these standards may file an appeal with the TCB. All appeals shall be in writing and under oath.
 - 3. Upon receipt of an appeal, the TCB will send an acknowledgment letter to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal, together with the TCB's policies and procedures pertaining to the appeal process and resolution.
 - 4. The TCB will document, evaluate, prioritize, and review appeals based on the seriousness of the denial, suspension, or revocation.
 - 5. Prior to or during the review, the TCB will request a response from the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal, and provide the TCB's policies and procedures pertaining to the appeal process and resolution. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal shall respond within fifteen (15) working days of receipt of the TCB's request.
 - 6. Pursuant to a TCB review regarding the appeal of these standards, the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal shall produce records, documents and other evidence related to the certification or approval to the TCB, upon request, unless otherwise prohibited by law. The holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal shall not interfere with the TCB's access to service recipients, witnesses or other parties.
 - 7. If it is determined that the matters of the appeal are non-jurisdictional, or if the matters of the denial would not constitute a violation of these standards, the TCB may overrule the denial and give written notice of TCB's decision to override the denial to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal and the entity that issued the denial.

8. The TCB may refer denials that are upheld outside its jurisdiction, or also within the jurisdiction of another licensing program within the TCB or of another agency, to the appropriate program or agency for action, as permitted by law.
9. The TCB, at least quarterly and until final disposition of the appeal, shall notify the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider filing the appeal and the entity that issued the denial the status of the appeal, unless the notice would jeopardize the review.

SECTION 3.8. PROCEDURES FOR CONTESTED CASES

- A. The provisions of this section shall apply to the holder of, or applicant for, a credential, designation, registration, or CE Approved Provider under these standards.
- B. Where the TCB has issued a notice of violation that has not been resolved by informal disposition and the respondent has timely requested a hearing, the TCB will proceed to a hearing.
- C. The TCB will provide written notice of the hearing to the respondent by certified mail, return receipt requested, at respondent's last known address as reflected in the TCB's address of record for the respondent. A Notice of Hearing will be provided at least ten days before the date of the hearing. Respondent's receipt of the Notice of Hearing at least ten days before the date of the hearing will be presumed if the TCB mailed the Notice of Hearing at least ten days before the date of the hearing and allowed an additional three days for mailing.
- D. If the respondent fails to appear at a scheduled hearing after being given proper notice of the hearing at the respondent's last known address as reflected in the TCB's address of record for the respondent, the TCB may move for dismissal of the case, without prejudice, to allow for informal disposition of the case by default order. Based upon the respondent's failure to appear after proper notice of the hearing, the factual allegations of the notice letter may be deemed true and shall form the basis of a final default order by the TCB making findings of fact and conclusions of law consistent with the notice of violation and implementing the proposed action.
- E. Notice of intent to appeal is provided to the Ethics Appeals Committee in writing at least thirty (30) days in advance of the meeting of the Board of Directors at which such appeal is to be discussed. Findings/actions of the Ethics Committee and/or the Certification Board may be appealed to the Ethics Appeals Committee. Decisions of the Ethics Appeals Committee shall be final.
- F. Ethics complaints must be submitted in writing and mailed to TCB Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, and TX 78734.

SECTION 3.9. HOLD HARMLESS

It is expressly agreed and understood that the provider is independent of the Texas Certification Board, the Standards Committee and any other committees assigned. The provider shall hold harmless the TCB and its committees' representatives thereof from all suits, actions, or claims of any kind brought on account of any person or property in consequence of any fact or omission by the provider or its employees, or from any claims or amounts arising or recovered under Workers' Compensation Laws or any other law, bylaw, ordinance, order or decree. The provider shall be responsible for all damage to property and personal injury of any kind resulting from any act, omission, and neglect, or misconduct of any employee or agent of said provider in the manner or method of performing the work of the provider.

STANDARD 4: REVISIONS AND EFFECTIVE DATE

SECTION 4.1. REVISIONS AND EFFECTIVE DATE

These standards may be revised, edited, updated, or amended at any time. It is the responsibility of the applicant, designee or certified individual under these standards to keep up to date with any changes.

All standards and guidelines contained herein are effective as of June 2022.