



TPAPN Peer Support Partner Application

Thank you for your interest in volunteering with TPAPN. If you would like to volunteer, please review the following information, complete and return the attached form. TPAPN staff is available to answer your questions.

Overview

Texas Peer Assistance Program for Nurses (TPAPN) volunteer Peer Support Partners are Licensed Vocational Nurses (LVNs), Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) who provide peer support to nurses participating in TPAPN. Peer Support Partners are an integral part of TPAPN, TPAPN's recovery support services, and TPAPN participants' recovery. Peer Support Partners lend a listening ear and provide emotional support. Peer Support Partners meet or speak with their assigned participants on a regular basis and communicate regularly with their assigned participants' TPAPN Case Manager. While the lived experience of recovery is not necessary to becoming a TPAPN Peer Support Partner, many are prior TPAPN participants. Resources about volunteering are available on TPAPN's website and trainings are held bi-annually.

About TPAPN

TPAPN's mission is to safeguard patients by providing early identification, support, monitoring, accountability, and advocacy to Texas nurses who have an identified substance use and/or mental health condition or related incident, so the individual may safely practice nursing. TPAPN is a voluntary program funded by nurses' licensure fees through the Texas Board of Nursing. TPAPN may serve as an alternative to Texas Board of Nursing discipline for some nurses participating in the program.

Benefits of Peer Support

Peer support is based on common life experiences. TPAPN Peer Support Partners do not have to have lived experience with substance use or mental health conditions. Rather they are peers by virtue of being nurses.

To Learn More

To learn more about providing Peer Support, please visit TPAPN's website at www.tpapn.org and click on the "For Peer Support Partners" banner.

To learn more about TPAPN please view the TPAPN Overview Presentation located on the main page of the website.

To learn more about substance use and mental health please review the Substance Abuse and Mental Health Services Administration's website at www.samhsa.gov, and the National Alliance on Mental Illness (NAMI) website at www.nami.org.

To learn more about substance use disorder in nursing please review the information on the National Council for State Boards of Nursing website at <https://www.ncsbn.org/substance-use-in-nursing.htm>.



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TPAPN Peer Support Partner Guidelines

1. Peer Support Partner applications are approved by the TPAPN Program Director and Case Management team. Approval is based on the information provided on the application and the letter of recommendation.
2. Qualification selection of the Peer Support Partner is based on the following criteria:
 - a) Hold a valid Texas nursing license.
 - b) A Peer Support Partner is not required to be a former TPAPN participant in recovery, although the lived experience can be helpful. RNs and LVNs in recovery from substance use and/or mental health conditions must have a minimum of three years of documented sustained recovery. APRNs must have five years of documented sustained recovery.
 - c) Be knowledgeable about TPAPN, substance use disorders and mental health conditions.
 - d) Knowledge in recovery and peer support is preferred, but not required.
 - e) Have an understanding that substance use and mental health conditions are chronic health conditions that can be treated, not personal or moral failures.
 - f) Demonstrate interpersonal skills necessary to serve as a TPAPN Peer Support Partner.
 - g) Attend the TPAPN Peer Support Partner Workshop, to become familiar with TPAPN and how to provide peer support.
 - h) Be accountable for actions with respect to his/her role as a TPAPN Peer Support Partner.
3. Peer Support Partners employed by substance use or psychiatric treatment facilities must inform the Nurse of such associations during their initial contact with the Nurse.
4. Peer Support Partners who have the same employer as their participant(s) are not to support Nurses they supervise, have administrative authority over, or may otherwise be placed in a conflict of interest.
5. Peer Support Partners are not to gain financially from their volunteer work or association with TPAPN.

TPAPN Peer Support Partner Responsibilities

- a) Notify TPAPN if the Participant fails to maintain contact with Peer Support Partner or is nonadherent with TPAPN.
- b) Notify TPAPN of any significant developments, e.g., relapse, suicide threat, mental health symptoms.

TPAPN Peer Support Partners will not be responsible for

- a) Conducting interventions.
- b) Reporting to the Nurse's employer.
- c) Acting as the Nurse's counselor, therapist or sponsor.
- d) Recommending treatment or rehabilitation.

TPAPN Peer Support Partner Application Instructions

1. Please answer all questions on the TPAPN Peer Support Partner Application and return to TPAPN, with the following documentation. Attach additional pages for questions if necessary. If a question is not applicable, please indicate as such.
2. A one-page letter of recommendation from a nursing peer, supervisor or work supervisor. (If you are a previous TPAPN Participant, please do not have your Peer Support Partner complete your letter)
The letter should state:
 - a) In what capacity the individual has known you;
 - b) How long the individual has known you;
 - c) Why the individual believes you would make a good Peer Support Partner for TPAPN; and
 - d) The letter must be legible, signed with the individuals name, date of letter and please include address and phone number for possible contact.
2. A one-page curriculum vitae or work history outline.
3. A recent photograph of yourself. Please send a passport type (head portrait) photo. This picture is for identification and recognition purposes only.



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How were you recruited to become a Peer Support Partner? (Employer, Friend, Workshop, BON Newsletters, Previous Participant, Peer Support Partner, other)

Name DOB

Address, City, State, Zip

Phone Email

Emergency Contact Name/Phone

Current Employer Position

Nursing License Number/Expire Date Status of Current License (Active, Retired, Inactive)

Are any State Licensing Boards currently investigating you? (Yes or No)

If yes, please explain:

Has any State's Licensing Board taken action against your license in the past 5 years? (Yes or No)

If yes, please explain:

Have you ever been convicted of or received deferred adjudication for a felony, including sexual assault or predation? (Yes or No)

If yes, please explain:

Education (Specify all that apply):

LVN Certificate

Associate Degree

Diploma

Baccalaureate Degree

Master of Science Nursing

High Degree in Nursing

Other Degree(s)

Other License(s)



TPAPN Peer Support Partner Application

1. Why do you want to become a TPAPN Peer Support Partner?
2. Briefly, what is your view of mental health conditions and substance use disorders?
3. If you are a recovering Nurse, please indicate:
 - a) Clean/Sobriety date is:
 - b) Mental Health recovery started:
4. If recovering, are you involved in any peer support groups, such as AA or NA?
 - a) If you attend such groups, how many meetings do you attend weekly?
 - b) How are you going to role model your recovery to TPAPN Participants?
5. If you are not in recovery, how do you practice self-care/wellness and how will you model it to TPAPN Participants?
6. What do you believe is the best mode of treatment?
 - a) For Nurses with substance use disorder?
 - b) For Nurses with mental health condition?
7. What skills do you possess that would assist you while working with a Nurse in TPAPN?
8. Please describe what time and resources you have available that would allow you to assist Nurses in TPAPN.
9. Please indicate the number of hours each week you can invest toward Peer Support for a recovering Nurse.

If selected, I agree to adhere to the TPAPN Peer Support Partner guidelines and responsibilities.

Signature

Date