



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 (PSP) are an integral part of the Texas Peer Assistance Program for Nurses. As a volunteer PSP, you will have the opportunity to serve as an educational resource to employers, nursing schools, communities, and other nurses. SAMSHA defines peer support worker as “someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges”. In 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 that have a understanding and compassion for individuals experiencing substance use and/or mental health conditions. TPAPN peer support is a peer-to-peer relationship that provides recovery support to individuals participating in TPAPN. The relationship between a Peer Support Partner and Participant in TPAPN is genuine and grows organically throughout the course of the relationship.

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 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>.



TPAPN Peer Support Partner Application

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.
 - 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 Information Session, to become familiar with TPAPN and how to provide peer support (available virtually).
 - h) Attend PSP Training modules and complete competencies associated with training (available virtually/at your own pace) prior to supporting a participant.
 - i) Be accountable for actions with respect to his/her role as a TPAPN Peer Support Partner.
3. 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.
4. To remain active as a Peer Support Partner, you must support at least one participant per year.
5. Peer Support Partners are not to gain financially from their volunteer work or association with TPAPN.

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 resume 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.



TPAPN Peer Support Partner Application

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. How do you practice self-care/wellness and how will you model it to TPAPN Participants?
4. What do you believe is the best mode of treatment?
 - a) For Nurses with substance use disorder?
 - b) For Nurses with mental health condition?
5. What skills do you possess that would assist you while working with a Nurse in TPAPN?
6. Please describe what time and resources you have available that would allow you to assist Nurses in TPAPN.
7. 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

Peer Support Partner Volunteer Agreement

This is a voluntary agreement between Texas Peer Assistance Program for Nurses and the agreeing party below to serve as a Peer Support Partner. The volunteer peer support partner will agree to the terms as stated below. Upon the time when the volunteer is no longer able to agree or comply with the below terms, TPAPN will remove the volunteer from active status.

The Peer Support Partner Volunteer:

1. Agrees to complete all required training as laid out in the PSP handbook and attend training activities at least every two years or as new training materials come out. _____PSP initials
2. Agrees to initiate the first conversation with the participant. _____PSP initials
3. Agrees to keep all confidentiality rules as indicated in the Confidentiality of Information Acknowledgment form that was signed by them. _____PSP initials
4. Agrees that they and the nurse participant will agree upon the time and frequency of meetings. TPAPN encourages consistency, quality, and commitment to the growth of the peer-to-peer relationship. _____PSP initials
5. Agrees to maintain a peer-to-peer relationship with a minimum of one nurse participant. _____PSP initials
6. Agrees to complete quarterly surveys in a timely manner. _____PSP initials
7. Will monitor emails from Affinity regarding TPAPN quarterly surveys as well as messages and any other communications from other PSPs or TPAPN regularly and respond accordingly. _____PSP initials
8. Will collaborate with the participant to identify and individualize goals that support ongoing recovery, mental wellness, and successful participation in TPAPN. _____PSP initials

9. Will seek support and/or coaching through the TPAPN Peer Support Lead.

_____PSP initials

10. If a PSP desires to terminate the peer support relationship, the PSP will be required to contact the TPAPN Peer Support Lead after having a discussion with the nurse participant.

_____PSP initials

Peer Support Partners Name: _____

Peer Support Partners Email: _____

Peer Support Partners Telephone #: _____

Peer Support Partners Signature: _____ **Date:** _____

**TEXAS PEER ASSISTANCE PROGRAM FOR NURSES
TPAPN**

**CONFIDENTIALITY OF INFORMATION
ACKNOWLEDGMENT**

I, _____,
(Please Print)

understand that any information which is disclosed to me while I am assisting with the TPAPN Program is confidential and that this confidentiality is protected by federal law. Federal regulation (42CFR Part 2) prohibits me from making any disclosure of such information without the written consent of the person to whom the information pertains.

Signature _____ Date _____

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- (4) The patient commits or threatens to commit a crime either against the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)