

Application for Benefits Counselor Certification

**THE TEXAS HEALTH INFORMATION, COUNSELING AND
ADVOCACY PROGRAM**

APPLICATION FOR CERTIFICATION

NAME: _____

ADDRESS: _____

PHONE NO.: _____

AREA AGENCY: _____

I request approval to become a certified or re-certified (choose one) Benefits Counselor I or Benefits Counselor II (choose one) for the Texas Health Information, Counseling and Advocacy Program (HICAP). I agree to abide by the rules, policies and procedures governing this program, including reporting requirements, as set forth by the Texas Health and Human Services Commission. I agree to accept supervision and direction from the area agency and its staff benefits counselor. I agree to perform my duties in a consistent and faithful manner and to maintain the need and rights of older people as a priority for my efforts.

I understand the need to maintain confidentiality of any and all personal information I receive in the course of my duties as benefits counselor.

I agree to notify the staff benefits counselor and area agency of any conflicts of interest that exist or may develop during the course of my duties.

I understand that I may be re-certified by showing evidence of my commitment to the required continued training and by mutual consent of the area agency. I further understand that this agreement may be terminated by either party by written notification.

DATE

BENEFITS COUNSELOR APPLICANT SIGNATURE

Please return to BCtraining@tlsc.org