

**Certified Prevention Professional**

**CANDIDATE PORTFOLIO/**

**APPLICATION PACKET**



The Prevention Specialist Certification Board of Washington (PSCBW) is a member board of

the International Certification & Reciprocity Consortium (IC&RC).

Copyrighted materials © used with the permission of IC&RC, all rights reserved.

Application originally approved by the Board of Directors, April 15, 2002.

Effective January 7, 2020, rev. 2

Updated April 6, 2020

**Table of Contents**

Introduction 3

Application Directions 4

General Instructions for Completing the Candidate Portfolio 7

Fee Schedule 8

Prevention Educational Prerequisites 9

PSCBW Ethics Policies 10

Criminal History Background Check 12

The International Certification Examination for Alcohol, Tobacco Other Drug Abuse Prevention Specialists 13

Renewal and Extensions Policies 15

Bibliography of Selected Resources 17

Certified Prevention Professional (CPP) Applicant Registration Form 20

**APPLICATION FORMS**

Prevention Experience Guidelines 21

Prevention Experience Form 23

Supervised Experiential Learning 24

Prevention Educational Prerequisites 31

Code of Ethical Conduct for Prevention Professionals Error! Bookmark not defined.

Registration Form for the International Prevention Specialists Written Certification Examination 36

Applicant Checklist for Candidate Portfolio 37

**Introduction**

The Prevention Specialist Certification Board of Washington (PSCBW) developed this **Certified Prevention Professional Candidate Portfolio/Application Packet.**

Our mission is to conduct certification of prevention professionals, to uphold ethical standards and to promote professional development and growth.

The PSCBW was established March 6, 2002, as a Washington State non-profit corporation and is a member board of the International Certification and Reciprocity Consortium (IC&RC). In addition, PSCBW is an IRS tax-exempt professional board 501(c)(6) since May 15, 2010. The PSCBW conducts a peer review process for certification of prevention professionals and for renewals of individuals who have obtained their Certified Prevention Professional credential.

Individuals whose certification lapsed may opt to apply for re-certification.

Individuals, whose certification was transferred to another state through the IC&RC reciprocity process, may continue to keep their Washington Credential, which means they may be dually certified.

If you need more information, please contact us at:

 **Prevention Specialist Certification Board of Washington**

|  |  |
| --- | --- |
| **Contact:** | Gunthild Sondhi, President |
| **Email:** | gsondhi@theofficenet.com |
| **Address:** | Prevention Specialist Certification Board of WashingtonPO Box 7172Spokane, WA 99207 |
| **Website:** | [www.pscbw.com](file:///C%3A%5CUsers%5CSigrid%27s%20HP%20Laptop%5COneDrive%5CDesktop%5CPSCBW%20Website%5Cwww.pscbw.com) |

**Application Directions**

**Applicant: Keep this section for your reference.**

A completed application with fees must be submitted prior to examination placement. Upon approval of the CPP Application by the PSCBW Board, the testing chair of the PSCBW Board registers the respective applicant with the IC&RC for testing. Upon registration, the applicant works directly with the testing company to select a testing date.

**General Description of Application Requirements**

* **Prevention Experience:**
* **Verification of at least 2,000 hours** (approximately 1 year full time) prevention related experience. A minimum of 50% of these hours must be alcohol, tobacco and other drug prevention-specific experience. The balance may be other types of general behavioral health prevention, such as suicide prevention, HIV prevention and bullying prevention.
* **Supervision: Of those 2000 hours,** a minimum of 120-hours of supervised experience must be in the six (6) Prevention Domains (minimum of 10 hours in each). The six Prevention Core Competencies domains are:



Prevention experience is defined as paid or volunteer experience working in primary prevention. Primary prevention is defined as interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.[[1]](#endnote-1) Broad prevention experience across a variety of issues is preferred to single-issue experience. Prevention experience can be distributed between individual, family, school and community foci, among behavioral health promotion and universal, selective and indicated prevention categories.

**Guidelines for acceptable prevention experience include:**

1. Employment/volunteer experience with an organization that provides prevention services. This includes organizations that define themselves as prevention organizations and those that may not but that provide prevention services in after-school, mentoring, public health and other settings. Several examples of positions and types of work that might be considered include:
	1. Prevention agency employee, volunteer or intern
	2. Community coalition work through Drug-Free Communities, Community Prevention & Wellness Initiative (formerly Prevention Redesign Initiative), or schools
	3. County prevention specialist or intern
	4. Student assistance specialist/prevention-interventionist or intern
	5. Public health educator or service-provider, e.g. teenage pregnancy prevention, tobacco prevention, prescription drug abuse prevention, HIV/AIDS prevention, child abuse prevention, domestic abuse prevention, etc.
	6. After-school program facilitator with programs that include specific prevention components
	7. Prevention trainer or educator
	8. Prevention research assistant in a work or work experience capacity (vs. a classroom setting)
	9. Prevention policy development or advocacy
2. Employment/volunteer experience with an evidence-based prevention intervention[[2]](#endnote-2) as defined by CSAP.[[3]](#endnote-3)
3. Employment/volunteer experience with an organization or intervention addressing specific evidence-based risk and protective factors for behavioral health (i.e., substance abuse and mental health) disorders with specific populations.
4. Employment/volunteer experience with the Washington Division of Behavioral Health and Recovery Prevention Services.
5. Employment/volunteer experience with the Washington Department of Health Tobacco Prevention or Suicide Prevention programs.
6. Employment/volunteer experience at a Community Center, working with at-risk youth in an evidence-based after school program demonstrating positive outcomes.
7. Employment/volunteer experience with an American Indian Tribe using culture as a protective factor, e.g., implementing Wellbriety Youth Programs, Daughters/Mothers/Sons/Fathers of Tradition, etc.
* **Qualitative Evaluation** of supervised experience in the Prevention Domains.
* **General Education --** High school diploma or alternative (e.g. GED).
* **Prevention Education --**Verification of a minimum of **120 contact hours** of prevention specific education/training. **50% of the required 120 education hours (60 hours) must be earned within the last ten years, with 40 of those 60 hours earned within the last two years.**
	+ **24 hours of Drug Education** (e.g., pharmacology, classification of drugs, potential for abuse/addiction, effects of drugs on the brain/body, current drug trends, addiction theory, signs and symptoms of addiction, addiction and the family, etc.)
	+ **6 hours of Prevention-specific Ethics training/education**
	+ **45 hours of ATOD Prevention Education** (e.g., training in evidence-based prevention strategies and programs, prevention curriculum training, planning and evaluation of prevention interventions, substance abuse in older adults, substance abuse in veterans, coordinating and/or implementing prevention activities, social marketing, community organizing, coalition development, environmental prevention strategies, etc. if specific to ATOD prevention)
	+ **45 hours of General Prevention Education** (e.g., cultural competency, behavioral health promotion, suicide prevention, HIV/AIDS prevention, community mobilization, media messages, social marketing, public policy, communication, professional growth and responsibility, etc. not specific to ATOD prevention)
* **Code of Ethical Conduct for Prevention Professionals:** Commitment to professional code of ethics through a signed statement.
* **Criminal History Background Check** obtained within one (1) year prior to the date of application to be reviewed and approved by the PSCBW.
* **International Certification and Reciprocity Consortium (IC&RC) Prevention Credentialing Examination:** Upon submission and approval of a completed application the candidate will be registered by PSCBW with IC&RC for testing and must achieve a passing score as established by the IC&RC on the Prevention Credentialing Examination. All Prevention Specialist Examinations are computer-based.

**General Instructions for Completing the Candidate Portfolio**

**Applicant: Keep this section for your reference.**

* **Please complete the Candidate Portfolio by typing or printing neatly.**
* **Complete the Applicant Registration Form.**
* Ensure that you also have submitted the appropriate fees (refer to the fee schedule information on page 5) and submitted a photocopy of your current picture identification.
* **Complete the Prevention Experience Form.**
* If you are documenting experience at more than one agency, photocopy the blank form as needed. A collective total of at least 2,000 hours of experience is required.
* **Complete the Supervised Experiential Learning Evaluation Forms (Six Prevention Domains).**
* Submit this form to an individual who is currently or has supervised/trained you in the past and is generally familiar with your work experience history as a prevention professional.
* **Complete the Prevention Educational Prerequisites Form(s).**
* If you need additional space than what is provided on the form, copy the blank form as needed. Include photocopies of **all** supporting documentation.
* **Sign and Date the Code of Ethical Conduct for Prevention Professionals.**
* **Complete the Criminal History Background Check** as directed. The PSCBW will review the criminal history background check for both violent offenses and sexual offenses that may prohibit award of this credential.
* **Complete the Registration Form for the International Certification Examination for Alcohol, Tobacco and Other Drug Prevention Specialists.**
* **Refer to the “Biography of Selected Resources” to help prepare for the examination.**
* In addition, direct any questions to the PSCBW (see page 3).
* **Utilize the Application Checklist provided with the application packet.**
* To assist you in submitting a complete application packet, please use the Application Checklist and include it with your application.
* **Keep a copy of your completed candidate portfolio/application and submit an original of the completed candidate portfolio/application AND two (2) copies (on white paper with no staples or binding) to:**

Prevention Specialist Certification Board of Washington

PO Box 7172

Spokane WA 99207

Please note: As part of our green initiative, you may alternatively submit an original of the completed portfolio/ application AND a memory stick with the full application scanned/saved electronically.

**Fee Schedule**

 The Prevention Specialist Certification Board of Washington (PSCBW) approved the following fee structure:

|  |  |  |
| --- | --- | --- |
| **Category** | **Fee** | **Effective Date** |
| Certification Fee – for the initial portfolio application and Prevention Specialist Examination Fee  | $275 | January 1, 2016 |
| Retake Fee for Prevention Specialist Examination(within one year of initial portfolio application) | $125 | January 1, 2016 |
| Renewal Fee (part of the requirements every two years to maintain certification) | $100 | January 1, 2016 |
| Recertification Fee (part of the requirements for those whose certification lapsed and are interested in reapplying for certification) | $175 | January 1, 2016 |

The PSCBW strives to keep the fees as low as possible; however, the fees must cover necessary costs. These costs include:

* Application processing
* IC&RC Testing Fees
* Shipping and handling
* Credentialing
* Annual membership fees to the International Certification & Reciprocity Consortium.

Fees are subject to change: Please refer to the current fee schedule on our website [www.pscbw](http://www.pscbw).com.

**Prevention Educational Prerequisites**

##### Directions

* Make as many copies of the form as you need.
* Indicate the name/title of the educational course/event/training that you attended.
* Include the date(s), location (e.g. city, school), and number of clock hours/training hours awarded.
* Total the hours for each educational prerequisite section.
* Include accurate documentation for each educational course/training/event that you list in this application.
	+ - Include as many hours and documentation as possible for each category. Additional documented hours beyond the minimum are encouraged.
		- Include photocopies of transcripts and certificates of completion/ participation/ attendance with your application. If you submit college transcripts, please use a highlighter pen to indicate the applicable course(s) and also provide a syllabus and a brief course description. If the applicant does not have a certificate/transcript, the applicant may submit a completed Affidavit of Attendance. This form may be downloaded from the PSCBW website at [www.pscbw.com](http://www.pscbw.com).
		- Include brief descriptions of educational courses/trainings/events. This can include syllabus, list of objectives, or a published overview of the event with delineated learning goals. This information serves only to provide further information for the PSCBW. The course description, syllabus, etc. can NOT be substituted as documentation of actual attendance in lieu of a transcript, certificate or Affidavit of Attendance.
* Document the minimum educational prerequisites of **120 clock hours** in prevention specific education. **50% of the required 120 education hours (60 hours) must be earned within the last ten years, with 40 of those 60 hours earned within the last two years.** Specifically, the 120 hours must reflect education/training as follows:
	+ - **24 hours of Drug Education** (e.g., pharmacology, classification of drugs, potential for abuse/addiction, effects of drugs on the brain/body, current drug trends, addiction theory, signs and symptoms of addiction, addiction and the family, etc.)
		- **6 hours of Prevention-specific Ethics training/education**
		- **45 hours of ATOD Prevention Education** (e.g., training in evidence-based prevention strategies and programs, prevention curriculum training, planning and evaluation of prevention interventions, substance abuse in older adults, substance abuse in veterans, coordinating and/or implementing prevention activities, social marketing, community organizing, coalition development, environmental prevention strategies, etc. if specific to ATOD prevention
		- **45 hours of General Prevention Education** (e.g., cultural competency, behavioral health promotion, suicide prevention, HIV/AIDS prevention, community mobilization, media messages, social marketing, public policy, communication, professional growth and responsibility, etc. not specific to ATOD prevention) To convert college credit hours into clock hours please see the key on your transcript or consult your university or college where the credits were earned.

**PSCBW Ethics Policies**

**Applicant: Keep this section for your reference.**

The principles of ethics (see pages 33-35) are models of exemplary professional behavior.

**Filing Complaints**

Persons wishing to file a complaint against a Certified Prevention Professional in Washington or against someone seeking certification from the PSCBW may do so by obtaining an Ethics Complaint Form and a personal release form from the PSCBW office.

All complaints must be signed by the complainant, contain the complainant’s home address, and be accompanied by the signed personal release. Upon request, the PSCBW shall make reasonable efforts to accommodate special needs. Completed complaints shall be mailed directly to “President-Investigation” of the PSCBW. The PSCBW shall respond to the complainant regarding receipt of the complaint and shall keep the complainant advised about the status of the complaint review process.

**Review of Complaint/ Investigation**

Within 30 days of receipt of the complaint, the PSCBW President shall review the complaint to determine whether the PSCBW has jurisdiction. If the President has a conflict of interest in reviewing the complaint, another member of the PSCBW Executive Committee will review the complaint and provide recommendations to the PSCBW Ethics Committee. The PSCBW President (or delegate) shall report the complaint and review findings to the Ethics Committee upon their next scheduled session.

Within 30 days of receiving the President’s Report, the Ethics Committee will inform the complainant and the respondent of the results of the President’s review. The Ethics Committee shall notify the respondent by certified mail at the last known address available to the PSCBW. The notice will include the charges, the name of the complainant, and the PSCBW action and reason(s). The Ethics Committee shall also convene a PSCBW review panel to conduct an investigation. The PSCBW review panel will schedule a meeting and conduct their investigation within 45 days of the notice to the complainant and the respondent. If during the course of the investigation it appears that criminal behavior may have occurred, the PSCBW’s President will report the alleged criminal behavior to the appropriate authority. Within 15 days of its meeting, the PSCBW review panel shall recommend to the PSCBW Executive Committee to dismiss the complaint, obtain additional evidence sufficient upon which to base a decision, or impose disciplinary action. If disciplinary action is recommended, it shall consist of one or more of the following:

* Written caution
* Public reprimand
* Suspension
* Revocation of certification or certification plan minimum of two years before re-applying for certification
* Denial of application for certification or recertification
* Other sanctions which may be deemed appropriate by the PSCBW

**Action**

Within 15 days of receipt of the PSCBW review panel’s report, the Executive Committee shall either: (1) Affirm the report and recommendations, or (2) return to review panel for further clarification to be agreed upon between both groups within 30 days.

If no disciplinary action is to result, the PSCBW President shall notify the respondent by certified mail and the complainant by regular mail, and the matter shall be closed. A report shall be submitted at the next PSCBW meeting and a full report filed.

If disciplinary action is contemplated, the recommendation and name of the respondent shall be announced to the full PSCBW at its next meeting (or by mail at the discretion of the PSCBW Executive Committee). Within five working days after the announcement to the full Board, the respondent shall be notified by certified mail of the following:

* Findings of fact
* Conclusions as to which Rules of Conduct have been violated
* The sanction to be imposed
* Right of appeal and procedures for appeal

If no appeal is filed within 30 days, the decision of the PSCBW review panel and affirmation of the Executive Committee shall be final, and any disciplinary action imposed shall take effect upon passage of the prescribed time period. When any disciplinary action takes effect, the President shall notify the complainant of the results of the disciplinary process.

**Appeals Process**

The respondent shall receive full written information about the right of appeal and procedures for appeal, which includes:

* The appeal must contain the name, address and telephone number of the appealing party, as well as a written statement of the reasons supporting the appealing party’s dissatisfaction with the review panel’s decision, a statement of the relief desired by the appealing party, copies of all relevant documents, and signature of the appealing party.
* The appeal shall be mailed to “President-Investigation” by certified mail and postmarked no later than 30 days after receiving notice of intended disciplinary action. The appeal must be accompanied by a non-refundable certified check or money order for $100.
* The PSCBW President and President Elect shall, within 21 days of receipt of the appeal, schedule a hearing to take place no less than 21 days and no more than 45 days from the date of notice of appeal. The PSCBW shall notify by mail all parties expected to attend the hearing.
* The hearing shall be closed to the public. Failure of the respondent to attend the hearing shall be deemed a waiver of the appeal. In such cases, the hearing will be dismissed, and the prior decision of the review panel and Executive Committee shall take effect immediately. Any request by the respondent for postponement of the hearing must be immediately served in writing to the PSCBW – the PSCBW shall have discretion to grant or deny such request.
* Within 21 days of the completion of the hearing, if held, the hearing panel shall prepare a written decision containing the findings of fact, and conclusions as to whether any of the rules of the Code of Ethics have been violated. This decision shall be submitted to the Executive Committee, and a copy to the respondent by certified mail and the complainant by regular mail. At its next scheduled regular meeting, the PSCBW shall be notified of the hearing panel’s decision.

**Criminal History Background Check**

**Applicant: Keep this section for your reference.**

**Directions:** The applicant shall acquire a **Criminal History Background Check (CHBC)** from their local Police Department, Sheriff’s Office or State Patrol. If such a criminal history check has occurred within the past year prior to this application, the applicant may forward a copy of that criminal history background check from another institution (such as a school or state approved treatment agency). The fees for the **CHBC** may vary from community to community (typically ranging $25 to $45). It is available through the WA State Patrol online at <https://watch.wsp.wa.gov> and shall be the responsibility of the applicant to request it. If requesting a background check through the WA State Patrol, it is important to use the entire term, **“Criminal History Background Check”**,when requesting the CHBC. Requesting simply a “background check” will not produce the correct document. The CHBC results should be included with the candidate portfolio at the time of submission. **A complete application includes a Criminal History Background Check.**

Should the applicant successfully complete the certification process, their certificate shall state that they have passed the PSCBW Prevention Standards criminal history check. Those standards shall be printed on the reverse side of the certificate.

The applicant shall not construe their certification through PSCBW as meeting all criminal history check requirements of other institutions. Each institution must make decisions based upon their own requirements and procedures.

Applicants with convictions involving violence against others or sexual abuse or child abuse or the substantive equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Washington under a different statutory name or number, shall be refused certification, until such time as their record becomes expunged, or in contested cases, until the decision is reversed by the board upon appeal. This will apply to convictions occurring in another jurisdiction or in Washington State under a different statutory name or number.

Examples of disqualifying offenses include but are not limited to:

1. Aggravated Murder
2. Murder
3. Kidnapping in the First Degree
4. Rape in the Third Degree
5. Rape in the Second Degree
6. Rape in the First Degree
7. Sodomy in the Third Degree
8. Sodomy in the Second Degree
9. Sodomy in the First Degree
10. Unlawful Sexual Penetration in the Second Degree
11. Unlawful Sexual Penetration in the First Degree
12. Sexual Abuse in the Third Degree
13. Sexual Abuse in the Second Degree
14. Sexual Abuse in the First Degree
15. Contributing to the Sexual Delinquency of a Minor
16. Sexual Misconduct
17. Accosting for Deviant Purposes
18. Public Indecency
19. Bigamy
20. Incest
21. Child Neglect in the First Degree
22. Endangering the Welfare of a Minor
23. Using Child in Display of Sexually Explicit Conduct
24. Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child
25. Paying for Viewing Sexual Conduct Involving a Child
26. Arson in the First Degree
27. Prostitution
28. Promoting Prostitution
29. Compelling Prostitution
30. Sadomasochistic Abuse or Sexual Conduct in Live Show
31. Furnishing Obscene Materials to Minors
32. Sending Obscene Materials to Minors
33. Exhibiting an Obscene Performance to a Minor
34. Displaying Obscene Materials to Minors
35. Disseminating Obscene Materials
36. Publicly Displaying Nudity or Sex for Advertising Purposes
37. Distribution of Controlled Substances to Minors
38. Manufacture or Delivery of Controlled Substances to Minor or Student within 1,000 Feet of a School

**Disqualification and Appeals:**

Should a criminal history background check produce a conviction on any of the above stated crimes, certification shall be withheld. The applicant may file an appeal. To find out more about the appeals procedure, contact the PSCBW (see page 1).

**The Internal Certification Examination for Alcohol, Tobacco and Other Drug**

**Abuse Prevention Specialists**

**© Copyright, IC&RC**

**Applicant: Keep this section for your reference.**

**EXAM OVERVIEW**

The International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists© (also referred to as the International Prevention Specialists Certification Examination), is a valid, computer-based examination which is the property of the International Certification and Reciprocity Consortium (IC&RC). The examination contains 150 multiple-choice questions covering the IC&RC Prevention Domains©. The Six Prevention Domains are a description of the core competencies of a prevention professional (for descriptions, see pages 21-26 of this application), based upon a national role delineation study. The questions on the IC&RC Prevention Specialist Examination were developed from the tasks identified in the 2013 Prevention Specialist Job Analysis.

For more information and guidance, refer to the PSCBW website, [www.pscbw.com](http://www.pscbw.com), which lists the **Rhode Island Prevention Specialist Certification Study Guide for the Certification Examination***.*

**PREREQUISITES**

To qualify for this examination, you must submit a completed application to the PSCBW. Upon approval of your CPP application, PSCBW registers you with IC&RC for testing. Thereafter, the respective applicant works directly with the testing company to arrange a date/time for taking the computer-based Prevention Specialist Examination.

**PASSING THE TEST**

According to the PSCBW policy, the date you are considered a CPP is the date you pass the Prevention Specialist examination.

**SPECIAL TESTING PROCEDURES**

If you require specialized testing procedures, please indicate the type of accommodations you desire. PSCBW will work with IC&RC and the respective testing company to make reasonable accommodations for individuals with documented disabilities prohibiting standardized testing methodologies.

**INSTRUCTIONS**

Complete the examination registration form and submit it with your complete application.

**EXAM PREPARATION**

Refer to the “Bibliography of Selected Resources” on page 17 and on the PSCBW website, www.pscbw.com.

**Renewal and Extensions Policies**

**able of Contents**

**Applicant: Keep this section for your reference.**

**Renewal Policy (every 2 years, on your birthday)**

* 40 Hours of Continuing Education in Prevention Topics
* Criminal History Background Check
* Signing the Code of Ethical Conduct for Prevention Professionals
* Renewal Fee (refer to the fee schedule information on page 5)

Certification is granted for a two-year period. It may be renewed by a process designed to assist the Certified Prevention Professional (CPP) in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be removed from the CPP roster. You will receive a renewal packet from PSCBW, at the CPP’s last known mailing address, 30-60 days prior to the expiration date of your certification.

**It is the responsibility of the CPP to notify the PSCBW in writing of any contact changes such as name, address, and phone number during the two years. Lack of communication from the CPP about such changes could delay the renewal process**.

1. The renewal applicant must demonstrate 40 clock hours of continuing education: 20 in **ATOD Prevention** **Education** and 20 in **General Prevention Education** within the 2-year renewal period. Continuing education may be acquired through:
* college course work
* workshops
* in-services
* training
* classes
* conferences
* webinars

PLEASE NOTE: Chemical dependency classes/conferences or courses are not eligible. Chemical dependency treatment and Substance Abuse/Behavioral Health Promotion are two separate and distinct disciplines and are not interchangeable.

1. The renewal applicant may also acquire continuing education hours through other ways, such as teaching a substance abuse prevention course, for example.

1. The renewal applicant must complete the Record of Training and Education and attach all certificates of completion/participation or transcripts. The application must submit recorded training hours accompanied by a certificate/documentation. Program schedules, syllabi, flyer, etc. will not be accepted as documentation of participation, but accepted only as additional clarifying information. In lieu of a certificate, the applicant may submit a completed [Affidavit of Attendance](http://preventioncertificationwa.org/Documents/Affidavit%20of%20Attendance%20Revised%208-6-09.doc). This affidavit is intended to be used on a **limited basis** and for special circumstances, such as in the case in which the conference/training sponsor did not provide a Certificate of Completion. The Eligibility Committee will review the completed affidavit forms to determine whether these hours will be accepted. This form is available on the PSCBW website at [www.pscbw.com](http://www.pscbw.com).
2. The renewal fee must accompany the renewal application (refer to the fee schedule information on page 8).

1. Acquire a new Criminal History Background Check within a year prior to the CPP’s renewal date and forward the report results to PSCBW, along with the completed Record of Training and Education, related documentation and fee.
2. The renewal applicant must also submit a signed Code of Ethical Conduct form with each renewal application.

**Extensions Policy**

Any Certified Prevention Professional wishing to acquire an extension to renew an expiring certification must present a request for extension to the Board in writing. A 30 day grace period may be allowed upon request. An additional 90 days (120 day extension from expiration of the certificate) may be granted at a cost of $50.

**Bibliography of Selected Resources**

**able of Contents**

**Applicant: Keep this section for your reference.**

As a service to our candidates, the PSCBW is making exam preparation resources available. While these resources cannot guarantee success in passing this exam, it can provide needed resources to assist you in your preparation. More information is available on the PSCBW website at [www.pscbw.com](http://www.pscbw.com).

The following list is not comprehensive; however, these resources may assist the applicant in providing background information to prepare for the IC&RC International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists.

**IC&RC Prevention Specialist Reference List**

1. Academy for Educational Development. (2005). *Facilitating Meetings: A Guide for Community Planning Groups*. Retrieved from http://www.cdc.gov/hiv/topics/cba/resources/guidelines/Facilitating%20Meetings%20version\_2005.pdf.

2. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No Ordinary Commodity. Research and Public Policy* (2nd ed.). Oxford: Oxford University Press.

3. Benard, B. (2004). *Resiliency: What We Have Learned* (1st ed.). San Francisco: WestED.

4. Center for Substance Abuse Prevention. (2009). Identifying *and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program.* HHS Pub. No. (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.ncspfsig.org/Project\_Docs/2009%20Evidence-based%20guidance%20document.pdf.

5. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Primer Series.* Retrieved from http://www.cadca.org/resources/series/Primer

*Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals*. (2010). Retrieved from http://www.cadca.org/resources/detail/assessment-primer.

*Capacity Primer: Building Membership, Structure and Leadership*. (2010). Retrieved from http://www.cadca.org/resources/detail/capacity-primer

*Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan.* (2012). Retrieved from http://www.cadca.org/resources/detail/cultural-competence

*Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation*. (2010). Retrieved from http://www.cadca.org/resources/detail/evaluation-primer

*Implementation Primer: Putting Your Plan into Action*. (2012). Retrieved from http://www.cadca.org/resources/detail/implementation-primer

*Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans.* (2010)*.* Retrieved from http://www.cadca.org/resources/detail/planning-primer

*Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities*. (2012). Retrieved from http://www.cadca.org/resources/detail/sustainability-primer

6. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Beyond the Basics Series*. Retrieved from http://www.cadca.org/resources/series/Beyond+the+Basics

*People Power: Mobilizing Communities for Policy Change*. (2012). Retrieved from [http://www.cadca.org/resources/detail/people-power-mobilizing-communities-policy-change **Revised June 2013**](http://www.cadca.org/resources/detail/people-power-mobilizing-communities-policy-change%20Revised%20June%202013)

*Telling the Coalition Story: Comprehensive Communication Strategies*, (2009). Retrieved from

http://www.cadca.org/resources/detail/telling-coalition-story-comprehensive-communication-strategies

*The Coalition Impact: Environmental Prevention Strategies*. (2009). Retrieved from

http://www.cadca.org/resources/detail/coalition-impact-environmental-prevention-strategies

7. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. (2010). *Research Support for Comprehensive Community Interventions to Reduce Youth Alcohol, Tobacco and Drug Use and Abuse*. Retrieved from http://www.cadca.org/resources/detail/research-support-comprehensive-community-interventions.

8. Compton, M. (2010). *Clinical Manual of Prevention in Mental Health.* Washington, DC: American Psychiatric Publishing, Inc.

9. Corey, G., Corey, M. S., & Callanan, P. (2011)*. Issues and Ethics in the Helping Professions* (8th ed.). Belmont: Brooks/Cole.

10. National Institute of Drug Abuse. (2008). *Drugs, Brains, and Behavior-The Science of Addiction*. Retrieved from http://www.drugabuse.gov/publications/science-addiction.

11. National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. Retrieved from http://books.nap.edu/openbook.php?record\_id=12480.

12. Substance Abuse and Mental Health Services Administration. (2005). *Focus on Prevention.* Retrieved from http://store.samhsa.gov/product/Focus-on-Prevention/SMA10-4120.

13. White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction*



Certification

Application

Forms

**Certified Prevention Professional (CPP) Applicant Registration Form**

|  |  |  |
| --- | --- | --- |
| Today’s Date:      /     /      | Full Legal Name: |       |
| Previous/Maiden/Other Name:       |
| Preferred Name for Communicating:       |
| Home Address:       Town:       |
| State: [ ]  Washington [ ]  Other State (Please name the state.)       Zip Code:       |
| Home/Cell Phone: (       )      -      Office Phone: (       )      -      Fax No. (       )      -      |
| Preferred Email Address:      @      | Birth Date:      /     /      |
| To apply for recertification through the PSCBW, it is required that you live and/or work at least 51% of the time in Washington State. Do you meet this requirement? [ ]  Yes [ ]  NoIf “Yes”, please enclose proof of current residency or employment, such as a copy of your Washington State Driver’s License, a utility bill, a paycheck stub or an employee picture identification. Type of proof enclosed:       |
| Current Employer:       |
| Office Address:       |
| Position/Title:       |
| Where do you wish to be contacted regarding your application? Please check the appropriate box:[ ]  Home Address [ ]  Office Address |
| Enclosed is the following current application fee (non-refundable) – Refer to the Fee Schedule information on Page 4:[ ]  Pay online on the PSCBW website at <http://www.pscbw.com>[ ]  Enclosed is a check made payable to: Prevention Specialist Certification Board of Washington. |
| Include a photocopy of the results from your current (within the last 12 months) Criminal History Background Check.Indicate the type of background check you are submitting:[ ]  Washington State Patrol [ ]  Local Police Dept. or Sheriff’s Office  [ ]  Other (Please describe):       |
| Applicant’s Statement of Application for Credentialing |
| I hereby apply for certification in Washington State as a Certified Prevention Professional (CPP). I understand that the application fee is non-refundable. Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give the Prevention Specialist Certification Board of Washington my permission to verify any statements or supplementary documentation given in any part of this application. |
|  |
|  |  |  |  |
|  Signature of Applicant Date |

**Prevention Experience Guidelines**

Prevention experience is defined as paid or volunteer experience working in primary prevention. Primary prevention is defined as interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.[[4]](#endnote-4) Broad prevention experience across a variety of issues is preferred to single-issue experience. Prevention experience can be distributed between individual, family, school and community foci and among behavioral health promotion and universal, selective and indicated prevention. Guidelines for acceptable prevention experience include:

1. Employment/volunteer experience with an organization that provides prevention services. This includes organizations that define themselves as prevention organizations and those that may not, but that provide prevention services in after-school, mentoring, public health and other settings. Some examples of positions and types of work that might be considered include:
	1. Prevention agency employee, volunteer or intern
	2. Community coalition work through Drug-Free Communities, Community Prevention & Wellness Initiative (formerly Prevention Redesign Initiative), or schools
	3. County prevention specialist or intern
	4. Student assistance specialist/prevention-interventionist or intern
	5. Public health educator or service-provider, e.g., teenage pregnancy prevention, tobacco prevention, prescription drug abuse prevention, HIV/AIDS prevention, child abuse prevention, domestic abuse prevention, etc.
	6. After-school program facilitator with programs that include specific prevention components
	7. Prevention trainer or educator
	8. Prevention research assistant in a work or work experience capacity (vs. a classroom setting)
	9. Prevention policy development or advocacy
2. Employment/volunteer experience with an evidence-based prevention intervention[[5]](#endnote-5) as defined by CSAP.[[6]](#endnote-6)
3. Employment/volunteer experience with an organization or intervention addressing specific evidence-based risk and protective factors for behavioral health (i.e., substance abuse and mental health) disorders with specific populations.
4. Employment/volunteer experience with the Washington Division of Behavioral Health and Recovery Prevention Services.
5. Employment/volunteer experience with the Washington Department of Health Tobacco Prevention or Suicide Prevention programs.
6. Employment/volunteer experience at a Community Center, working with at-risk youth in an evidence-based after school program demonstrating positive outcomes.
7. Employment/volunteer experience with an American Indian Tribe using culture as a protective factor, e.g., implementing Wellbriety Youth Programs, Daughters/Mothers/Sons/Fathers of Tradition, etc.

Please address the following questions in your description of each prevention experience submitted in your application:

1. What are the overall goals of the organization or program?
2. What problem(s), condition(s), behavior(s), or consequence(s) is the organization or program seeking to prevent?
3. What risk and/or protective factors for that problem(s), condition(s), behavior(s), or consequence(s) is the organization or program seeking to change?
4. How were the activities you performed in this position intended to prevent the risk factor(s) or increase the protective factor(s)?
5. How did the activities you performed in this position contribute to these prevention goals of the organization or program?

**Prevention Experience Form**

Make as many photocopies of this form as needed (i.e. for each employment or volunteer experience AND different position). You must submit a minimum of 2,000 Prevention Experience Hours (documented hours of paid or volunteer experience) in order to be eligible for the Prevention Credential. A minimum of 50% of these hours (i.e. at least 1,000 hours) must be alcohol, tobacco and other drug (ATOD) prevention-specific experience. The balance may be other types of general behavioral health prevention, such as suicide prevention, HIV prevention and bullying prevention. Review the Prevention Core Competencies before estimating hours accrued in each of the six domains.

|  |
| --- |
| Dates of Employment or Volunteer ExperienceBeginning Date:      /     /      Ending Date:      /     /      |
| Name of Employer/Agency/Organization:       |
| Location of Employer/Agency/Organization (address, city/town, state):         |
| Position Title:       |
| Description of Job or Volunteer Position as related to ATOD prevention-specific experience:       |
| Description of Job or Volunteer Position as related to general behavioral health prevention experience:       |

**Hours of General**

**Behavioral Health**

**Experience**

**Hours of ATOD**

**Prevention-Specific**

**Experience**

**Prevention Core Competencies Domain**

1. Planning and Evaluation
2. Prevention Education and Service Delivery

1. Communication
2. Community Organization
3. Public Policy and Environmental Change

1. Professional Growth and Responsibility

**Total Number of Hours Accrued This Page**

**GRAND TOTAL OF HOURS**

(If this is last page, a minimum of 2,000

hours with at least 1,000 hours in ATOD

Prevention-Specific Experience)**:**

**Supervised Experiential Learning**

Prevention Domains ©IC&RC

**Directions for Applicant:** This section of the form is to be completed by an individual who has provided you with a minimum of 120 hours of supervised experiential learning with a minimum of ten hours in each of the six Prevention Core Competencies Domains.

**Directions for Supervisor:** Please complete this page and the following forms scoring each competency on the following pages by checking the appropriate box using the following rating system:

 E – Exceeds basic competency in this area

 C – Competent/Proficient in this area

 NA – Not Applicable/has not performed competency in this area – provide explanation

|  |
| --- |
| Print Applicant Name:      |
| Print Name of Supervisor/Administrator/Instructor or other verifying individual who has provided experiential learning:      |
| Position/Title of Supervisor/Administrator/Instructor or another verifying individual:      |
| Dates of Supervision Beginning Date:      /     /      Ending Date:      /     /      |
|  **Hours of Supervised****Prevention Experience****Prevention Core Competencies Domain**  1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public Policy and Environmental Change
6. Professional Growth and Responsibility

**Total Number of Supervised Prevention****Experience Hours Accrued**(Minimum of 120 hours with at least10 hours in each domain)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Supervisor/Verifying Individual Date** |

|  |
| --- |
| **Prevention Domain: I. Planning and Evaluation****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Determine the level of community readiness for change. | [ ]  | [ ]  | [ ]  |       |
| 2. Identify appropriate methods to gather relevant data for prevention. | [ ]  | [ ]  | [ ]  |       |
| 3. Identify existing resources as well as gaps in resources based on the assessment of community conditions. | [ ]  | [ ]  | [ ]  |       |
| 4. Identify target audience. | [ ]  | [ ]  | [ ]  |       |
| 5. Identify risk and protective factors for the target audience. | [ ]  | [ ]  | [ ]  |       |
| 6. Determine priorities based on comprehensive community assessment. | [ ]  | [ ]  | [ ]  |       |
| 7. Develop a prevention plan based on research and theory that addresses community needs and desired outcomes. | [ ]  | [ ]  | [ ]  |       |
| 8. Select and implement prevention strategies, programs, and best practices to meet the identified needs of the community. | [ ]  | [ ]  | [ ]  |       |
| 9. Identify appropriate prevention program evaluation strategies. | [ ]  | [ ]  | [ ]  |       |
| 10. Administer surveys/pre/posttests at work plan activities and conduct evaluation activities to document program fidelity. | [ ]  | [ ]  | [ ]  |       |
| 11. Collect evaluation documentation for process and outcome measures. | [ ]  | [ ]  | [ ]  |       |
| 12. Evaluate activities and identify opportunities to improve outcomes. | [ ]  | [ ]  | [ ]  |       |
| 13. Utilize evaluation to enhance sustainability of prevention activities. | [ ]  | [ ]  | [ ]  |       |
| 14. Provide applicable workgroups with prevention information and other support to meet prevention outcomes  | [ ]  | [ ]  | [ ]  |       |
| 15. Incorporate cultural responsiveness into all planning and evaluation activities. | [ ]  | [ ]  | [ ]  |       |
| 16. Prepare and maintain reports, records, and documents pertaining to funding sources. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate.**

****

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate.**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

|  |
| --- |
| **Prevention Domain: II. Prevention Education and Service Delivery****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Coordinate prevention activities. | [ ]  | [ ]  | [ ]  |       |
| 2. Implement prevention education and skill development activities appropriate for the target audience. | [ ]  | [ ]  | [ ]  |       |
| 3. Provide prevention education and skill development programs that contain accurate, relevant, and timely content. | [ ]  | [ ]  | [ ]  |       |
| 4. Maintain program fidelity when implementing evidence-based practices. | [ ]  | [ ]  | [ ]  |       |
| 5. Serve as a resource to community members and organizations regarding prevention strategies and best practices. | [ ]  | [ ]  | [ ]  |       |
| 6. Employ effective facilitation skills. | [ ]  | [ ]  | [ ]  |       |
| 7. Communicate effectively with various audiences. | [ ]  | [ ]  | [ ]  |       |
| 8. Demonstrate interpersonal communication competency. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |

|  |
| --- |
| **Prevention Domain: III. Communication****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Promote programs, services, activities, and maintain good public relations. | [ ]  | [ ]  | [ ]  |       |
| 2. Participate in public awareness campaigns and projects relating to health promotion across the continuum of care. | [ ]  | [ ]  | [ ]  |       |
| 3. Identify marketing techniques for prevention programs. | [ ]  | [ ]  | [ ]  |       |
| 4. Apply principles of effective listening. | [ ]  | [ ]  | [ ]  |       |
| 5. Apply principles of public speaking. | [ ]  | [ ]  | [ ]  |       |
| 6. Employ effective facilitation skills. | [ ]  | [ ]  | [ ]  |       |
| 7. Communicate effectively with various audiences. | [ ]  | [ ]  | [ ]  |       |
| 8. Demonstrate interpersonal communication competency. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate.**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate.**

|  |
| --- |
| **Prevention Domain: IV. Community Organization****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Identify the community demographics and norms. | [ ]  | [ ]  | [ ]  |       |
| 2. Identify a diverse group of stakeholders to include in prevention programming activities. | [ ]  | [ ]  | [ ]  |       |
| 3. Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities. | [ ]  | [ ]  | [ ]  |       |
| 4. Offer guidance to stakeholders and community members in mobilizing for community change. | [ ]  | [ ]  | [ ]  |       |
| 5. Participate in creating and sustaining community-based coalitions. | [ ]  | [ ]  | [ ]  |       |
| 6. Develop or assist in developing content and materials for meetings and other related activities. | [ ]  | [ ]  | [ ]  |       |
| 7. Develop strategic alliances with other service providers within the community. | [ ]  | [ ]  | [ ]  |       |
| 8. Develop collaborative agreements with other service providers within the community. | [ ]  | [ ]  | [ ]  |       |
| 9. Participate in behavioral health planning activities. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |

 ** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate**

|  |
| --- |
| **Prevention Domain: V. Public Policy and Environmental Change****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Provide resources, trainings, and consultations that promote environmental change. | [ ]  | [ ]  | [ ]  |       |
| 2. Participate in enforcement initiatives to affect environmental change. | [ ]  | [ ]  | [ ]  |       |
| 3. Participate in public policy development to affect environmental change. | [ ]  | [ ]  | [ ]  |       |
| 4. Use media strategies to support policy change efforts in the community. | [ ]  | [ ]  | [ ]  |       |
| 5. Collaborate with various community groups to develop and strengthen effective policy. | [ ]  | [ ]  | [ ]  |       |
| 6. Advocate to bring about policy and/or environmental change. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

**Supervisor: Please ensure that you provide your initials and the date at the bottom of this page to verify all of the information is accurate.**

 *IC&RC Prevention Domains©, 1999 used with the permission of the IC&RC, all rights reserved.*

****

|  |
| --- |
| **Prevention Domain: VI. Professional Growth and Responsibility****Copyright ©1999, IC&RC** |
| **Competency Number and Brief Description** | **E** | **C** | **NA** | **Explanation for Any Competencies Rated as NA. (**Please attach a separate sheet if needed) |
| 1. Demonstrate knowledge of current prevention theory and practice. | [ ]  | [ ]  | [ ]  |       |
| 2. Adhere to all legal, professional, and ethical principles. | [ ]  | [ ]  | [ ]  |       |
| 3. Demonstrate cultural responsiveness as a prevention professional. | [ ]  | [ ]  | [ ]  |       |
| 4. Demonstrate self-care consistent with prevention messages. | [ ]  | [ ]  | [ ]  |       |
| 5. Recognize importance of participation in professional associations locally, statewide, and nationally. | [ ]  | [ ]  | [ ]  |       |
| 6. Demonstrate responsible and ethical use of public and private funds. | [ ]  | [ ]  | [ ]  |       |
| 7. Advocate for health promotion across the life span. | [ ]  | [ ]  | [ ]  |       |
| 8. Advocate for healthy and safe communities. | [ ]  | [ ]  | [ ]  |       |
| 9. Demonstrate knowledge of current issues of addiction. | [ ]  | [ ]  | [ ]  |       |
| 10. Demonstrate knowledge of current issues of mental, emotional and behavioral health. | [ ]  | [ ]  | [ ]  |       |
| **For PSCBW Review Use:** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Evaluating Supervisor Initials Date**

|  |
| --- |
| **Prevention Education Prerequisites** |
| **Number Your Training & Documentation** | **Name/Title of Training, Course or Conference** | **Date(s) and Location** | **Form of Documentation**  Use Codes: **C** - Certificate **T** - Transcript **O** - Other **A** - Affidavit | **Drug Education** (24 Hours) | **Prevention-Specific Ethics** (6 Hours) | **ATOD Prevention Education** (45 Hours) | **General Prevention Education** (45 Hours) | **TOTAL HOURS** (120 Minimum) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL HOURS**(This Page) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **GRAND TOTAL HOURS**(If Last Page) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |
| **Prevention Education Prerequisites** |
| **Number Your Training & Documentation** | **Name/Title of Training, Course or Conference** | **Date(s) and Location** | **Form of Documentation**  Use Codes: **C** - Certificate **T** - Transcript **O** - Other **A** - Affidavit | **Drug Education** (24 Hours) | **Prevention-Specific Ethics** (6 Hours) | **ATOD Prevention Education** (45 Hours) | **General Prevention Education** (45 Hours) | **TOTAL HOURS** (120 Minimum) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL HOURS**(This Page) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **GRAND TOTAL HOURS**(If Last Page) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**

**PSCBW Prevention Code of Ethical Conduct**

**Fee Schedule**

 *Adapted from Prevention Think Tank, Inc. -* Revised November 2017

**Preamble**

The prevention code of ethical conduct principles are models of exemplary professional behavior. These principles 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. Prevention professionals shall adhere to the same principles of professionalism online as they would offline. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles shall not be regarded as limitations or restrictions, but as goals toward which prevention professionals shall 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.***

A prevention professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical or mental disability. A prevention professional shall broaden their understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

Prevention professionals shall comply with all local, state and federal laws.

***Principle 2: Competency***

Prevention professionals 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.

1. Professionals shall 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.
2. 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.
3. A prevention professional shall 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 professional shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention professional shall clearly notify the requesting person/organization of the gap in services available.
4. Ideally, prevention professionals shall be supervised by competent senior prevention professionals. When this is not possible, prevention professionals shall seek peer supervision or mentoring from other competent prevention professionals.
5. When a prevention professional has knowledge of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.
6. A prevention professional shall recognize the effect of impairment on professional performance and shall 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.
7. Prevention professionals shall not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
8. Prevention professionals 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 professionals shall perform all responsibilities with the highest sense of integrity. Personal gain and advantage shall 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.

1. All information shall be presented fairly and accurately. Each professional shall document and assign credit to all contributing sources used in published material or public statements.
2. Prevention professionals shall not misrepresent either directly or by implication professional qualifications or affiliations.
3. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional shall be supportive of assistance or treatment.
4. Prevention professionals shall not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.
5. Prevention professionals shall cooperate with the Ethics Committee of the Prevention Specialist Certification Board of Washington.

*If a Prevention Professional is found to have committed an ethical violation by another discipline or jurisdiction, the Prevention Professional must immediately report the violation to the Ethics Committee of the Prevention Specialist Certification Board of Washington.*

***Principle 4: Nature of Services.***

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

* + - 1. Services shall be provided in a way that preserves the protective factors inherent in each culture and individual.
			2. Prevention professionals shall use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
			3. Where there is suspicion of abuse of children or vulnerable adults, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

***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 professionals 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 professionals shall be proactive on public policy and legislative issues. The public welfare and the individual’s right to services and personal wellness shall guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals shall adopt a personal and professional stance that promotes health.

Prevention Professionals shall be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

I have read and understand the Prevention Code of Ethical Conduct and will adhere to and honor this Code to the best of my ability.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Name (Printed)

*Revised March 2020*

**Registration Form for the International Prevention Specialists**

**Written Certification Examination**

© Copyright, IC&RC

|  |
| --- |
| Applicant’s Full Legal Name:                                     |
| The completed candidate portfolio must have been received on time and then approved by the PSCBW Board of directors before the candidate is eligible to take the International Prevention Specialists Certification Examination. Upon Board approval PSCBW registers the candidate with IC&RC (International Certification and Reciprocity Consortium) for the computer based test. The candidate then works directly with the testing company to schedule the PS (Prevention Specialist) examination.  |
| **GENDER: [ ]** Male [ ]  Female [ ]  Transgender**EDUCATION LEVEL:** (check the box for the highest educational level attained)[ ]  Less than High School [ ]  Some High School [ ]  High School Diploma or GED [ ]  Vocational Certification[ ]  Associate’s Degree[ ]  Bachelor’s Degree[ ]  Master’s Degree[ ]  Ph.D./ Doctorate Degree**RACE/ETHNICITY:**[ ]  Caucasian[ ]  African-American[ ]  Native American or Alaskan Native[ ]  Asian[ ]  Hispanic[ ]  Native Hawaiian[ ]  Pacific Islander (Non-native Hawaiian)[ ]  Other |
| Do you require any special testing procedures to accommodate a documented disability?[ ]  NO [ ]  YES (If YES, please complete/submit the required forms from the website, [www.pscbw.com](http://www.pscbw.com)  |

**Applicant Checklist for Candidate Portfolio**

**able of Contents**

To assist you in submitting a complete application, please use this Application Checklist and include it with your application.

**Applicant Name:**

**Applicant Registration Form:**

[ ]  Registration form completed in full including applicant signature

[ ]  Current application and testing fee enclosed (refer to the fee schedule information on page 5)

[ ]  Proof of current residency or employment

[ ]  Photocopy of applicant’s current photo identification enclosed

**Verification of Prevention Experience:**

[ ]  2,000 hours minimum of documented prevention experience

[ ]  10 hours minimum planning & evaluation (domain 1)

[ ]  10 hours minimum prevention education and service delivery (domain 2)

[ ]  10 hours minimum communication (domain 3)

[ ]  10 hours minimum community organization (domain 4)

[ ]  10 hours minimum public policy and environmental change (domain 5)

[ ]  10 hours minimum professional growth & responsibility (domain 6)

**[ ]** 120 hours minimum of supervised experiential learning (verifying signature)

**Verification of Experiential Learning:**

[ ]  Evaluation Form completed in full including dates of supervision

[ ]  Ratings for prevention domains with evaluating supervisor initials on each page

**Prevention Educational Prerequisites (Education/Training Hours with Attached Documentation):**

**[ ]  Total of 120 hours:** 50% of the required 120 education hours (60 hours) must be earned within the last ten years, with 40 of those 60 hours earned within the last two years.

* Drug Education (24 hours)
* Prevention-Specific Ethics (6 hours)
* ATOD Prevention Education (45 hours)
* General Prevention Education (45 hours)

**Code of Ethical Conduct for Prevention Professionals:**

[ ]  Applicant signed and dated the form to indicate agreement to the principles as a Code of Ethical Conduct

**Criminal History Background Check:**

**[ ]** Enclosed results of Criminal History background check (within one year of application date)

**Registration Form for the International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists:**

[ ]  Registration form for examination completed

**File Copy:**

[ ]  Keep a copy of your completed candidate portfolio/application.

**Submittal of Application:**

[ ]  Submit an original of the completed candidate portfolio/application AND two (2) copies (on white paper with no staples or binding) to:

Prevention Specialist Certification Board of Washington

PO Box 7172

Spokane WA 99207

Please note: As part of our green initiative, you may alternatively submit an original of the completed portfolio/ application AND a memory stick with the full application scanned/saved electronically.

1. National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (O’Connell, M.E., Boat, T., & Warner, K.E., Eds.). Washington, CD: National Academies Press. <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx> [↑](#endnote-ref-1)
2. Included in a federal registry of evidence-based interventions, reported in peer-reviewed journals with positive effects on intended outcomes, or documented effectiveness supported by other sources of information and the consensus judgment of informed experts as described in the following guidelines, all of which must be met: 1) based on a theory of change documented in a logic model; 2) similar in content and structure to interventions that appear in registries and/or peer-reviewed journals; 3) supported by documentation of effectiveness; and 4) reviewed and deemed appropriate by a panel of informed prevention experts. [↑](#endnote-ref-2)
3. Substance Abuse and Mental Health Services Administration, center for Substance Abuse Prevention. (2011). Identifying and selecting evidence-based interventions: Revised guidance document for the Strategic Prevention Framework State Incentive Grant Program (HHS Publication No. (SMA) 09-4205). Rockville, MV: Author. <http://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf> [↑](#endnote-ref-3)
4. National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (O’Connell, M.E., Boat, T., & Warner, K.E., Eds.). Washington, CD: National Academies Press. <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx> [↑](#endnote-ref-4)
5. Included in a federal registry of evidence-based interventions, reported in peer-reviewed journals with positive effects on intended outcomes, or documented effectiveness supported by other sources of information and the consensus judgment of informed experts as described in the following guidelines, all of which must be met: 1) based on a theory of change documented in a logic model; 2) similar in content and structure to interventions that appear in registries and/or peer-reviewed journals; 3) supported by documentation of effectiveness; and 4) reviewed and deemed appropriate by a panel of informed prevention experts. [↑](#endnote-ref-5)
6. Substance Abuse and Mental Health Services Administration, center for Substance Abuse Prevention. (2011). Identifying and selecting evidence-based interventions: Revised guidance document for the Strategic Prevention Framework State Incentive Grant Program (HHS Publication No. (SMA)09-4205). Rockville, MV: Author. <http://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf> [↑](#endnote-ref-6)