



Associate Prevention Professional

CANDIDATE PORTFOLIO/ APPLICATION PACKET Revision Effective July 1, 2016

This is not an international credential and is not recognized by the IC&RC as reciprocal.



The Prevention Specialist Certification Board of Washington (PSCBW) is a member board of the International Certification & Reciprocity Consortium (IC&RC).

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Application originally approved by the Board of Directors, October 8, 2010. Revised February 6, 2015.
Revised July 1, 2016

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Introduction

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

Associate Prevention Professional (APP): The APP is an entry level certification targeted toward students or beginning professionals who are learning prevention skills and entering the field. An APP is a professional that uses specific knowledge and skill sets to provide services and/or programs aimed at preventing or reducing problems caused by the use of alcohol and other drugs. The APP credential is designed to support an applicant's progress toward becoming a Certified Prevention Professional (CPP) in Washington State.

An APP will have \$50 applied from their APP certification fee toward their CPP application fee. This is a one-time benefit. An APP with a lapsed certification will not be eligible for this benefit.

The APP is not eligible for reciprocity with IC&RC. The APP certificate is issued for a two-year period and can be renewed for one additional two-year period. An APP wanting to renew their APP status must show progress toward attaining the necessary 'training' and 'work experience' required to become a CPP. Following a renewal, an APP wishing to be certified in Washington State must apply for a CPP credential. An APP can, however, submit an application to become a CPP at any time prior to renewal.

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). The PSCBW conducts a peer review process for certification of prevention professionals and for renewals of individuals who have obtained their Associate Prevention Professional and Certified Prevention Professional credentials.

If you need more information, please contact us.

Prevention Specialist Certification Board of Washington

Contact: Gunthild Sondhi

Address:

Prevention Specialist Certification Board of Washington
PO Box 7172
Spokane, Washington 99207

Phone: (509) 290-1933

Email: gsondhi@theofficenet.com

Website: www.pscbw.com or PreventionCertificationWA.org

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Application Directions

Applicant: Keep this section for your reference.

A completed application with fees must be submitted. Application can be submitted to the PSCBW throughout the year.

General Description of Application Requirements

✧ Experience:

- Verification of at least 500 hours (approximately 3 months-full time) ATOD prevention related experience.

✧ **Education/Training:** Verification of a minimum of **70 contact hours** of prevention education/training. *50% of the required 70 education hours (35 hours) must be earned within the last ten years, and 50% (35 hours) earned within the last two years.* Specifically, the 70 hours must be comprised of:

- **35 hours** minimum combined from the following:
 - **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.) and/or
 - **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)
- **35 hours** minimum **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.

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 4) and submitted a photocopy of your current picture identification.
- ❑ **Complete the Prevention Experience Hours Form.**
If you are documenting experience at more than one agency, photocopy the blank form as needed. A collective total of at least 500 hours of experience is required.
- ❑ **Complete the Prevention Educational Prerequisites Form.**
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.
- ❑ **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.
- ❑ **Submit an original of the completed candidate portfolio/application AND three (3) copies (on white paper with no staples or binding) to:**

Prevention Specialist Certification Board of Washington
PO Box 7172
Spokane, Washington 99207
- ❑ **Keep a copy of your completed candidate portfolio/application.**

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)	\$100*	October 8, 2010
Renewal Fee (APP is available for a one-time renewal)	\$100	October 8, 2010

* Associate Prevention Professionals will have \$50 applied from their APP certification fee toward their Certified Prevention Professional (CPP) application fee. This is a one-time benefit. APP's with lapsed certifications will not be eligible.

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

- Application processing
- Shipping and handling
- Credentialing
- Annual membership fees for the PSCBW to the International Certification & Reciprocity Consortium

Fees are subject to change. Please refer to the current fee schedule on our website, www.pscbw.com or PreventionCertificationWA.org or contact the PSCBW person listed on page 1.

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 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 to your application. If the applicant does not have a certificate/transcript, the applicant may submit a completed Affidavit of Attendance. This form is available through request from the PSCBW (see page 1) and may be downloaded from the PSCBW website at www.pscbw.com or PreventionCertificationWA.org.
 - 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, program brochure, 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 totaling **70 clock hours** in the categories identified below. *50% of the required 70 education hours (35 hours) must be earned within the last ten years, and 50% (35 hours) earned within the last two years.* 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.

In most cases: **1 credit = 10 clock hours**

- **35 hours** minimum combined from the following:
 - **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.) and/or
 - **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)
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PSCBW Ethics Committee Policies

Applicant: Keep this section for your reference.

The PSCBW Ethics Committee shall review and potentially investigate all complaints filed against any of its certified constituency.

When a complaint is filed, the PSCBW Ethics Committee shall notify the certified individual by mail at the last known address available to PSCBW. The certified individual shall have opportunity to respond to any grievance or allegation filed against them.

In order to file a complaint on an Associate Prevention Professional, please contact the PSCBW for the appropriate forms.

Criminal History Background Check

Applicant: Keep this section for your reference.

Directions: The applicant shall acquire a **Criminal History** background check 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 **Criminal History** background check may vary from community to community (typically ranging \$25 to \$45). It is available through the WA State Patrol online at <http://watch.wsp.wa.gov/> and shall be the responsibility of the applicant. The Criminal History background check 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:

- | | |
|--|--|
| A. Aggravated Murder | U. Child Neglect in the First Degree |
| B. Murder | V. Endangering the Welfare of a Minor |
| C. Kidnapping in the First Degree | W. Using Child in Display of Sexually Explicit Conduct |
| D. Rape in the Third Degree | X. Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child |
| E. Rape in the Second Degree | Y. Paying for Viewing Sexual Conduct Involving a Child |
| F. Rape in the First Degree | Z. Arson in the First Degree |
| G. Sodomy in the Third Degree | AA. Prostitution |
| H. Sodomy in the Second Degree | BB. Promoting Prostitution |
| I. Sodomy in the First Degree | CC. Compelling Prostitution |
| J. Unlawful Sexual Penetration in the Second Degree | DD. Sadomasochistic Abuse or Sexual Conduct in Live Show |
| K. Unlawful Sexual Penetration in the First Degree | EE. Furnishing Obscene Materials to Minors |
| L. Sexual Abuse in the Third Degree | FF. Sending Obscene Materials to Minors |
| M. Sexual Abuse in the Second Degree | GG. Exhibiting an Obscene Performance to a Minor |
| N. Sexual Abuse in the First Degree | HH. Displaying Obscene Materials to Minors |
| O. Contributing to the Sexual Delinquency of a Minor | II. Disseminating Obscene Materials |
| P. Sexual Misconduct | JJ. Publicly Displaying Nudity or Sex for Advertising Purposes |
| Q. Accosting for Deviant Purposes | KK. Distribution of Controlled Substances to Minors |
| R. Public Indecency | LL. Manufacture or Delivery of Controlled Substances to Minor or Student within 1,000 Feet of a School |
| S. Bigamy | |
| T. Incest | |

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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 Certification Secretary (listed on page 1).

Renewal and Extensions Policies

Applicant: Keep this section for your reference.

The APP certificate is issued for a two-year period. Applicants are eligible for one additional two-year renewal. To renew your APP status, you must complete and submit the following:

- ☐ Written Progress Report- provide a written description demonstrating progress made toward attaining the necessary 'training' and 'work experience' required to become a CPP.
- ☐ Prevention Educational Prerequisites Form- submit training hours accompanied by certificates or other supporting documentation.
- ☐ Criminal History Background Check
- ☐ Renewal Fee (refer to the fee schedule information on page 4)

Following a renewal, APP's wishing to stay certified in Washington State must apply for a Certified Prevention Professional (CPP) credential.

If your certification has lapsed you must file for an extension, otherwise you will be removed from the APP roster. You will receive a renewal packet from PSCBW, at the APP's last known mailing address, 30-60 days prior to the expiration date of your certification.

It is the responsibility of the APP 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 APP about such changes could delay the renewal process.

1. The renewal applicant must demonstrate progress made in achieving the required training and work experience required to become a CPP (please review CPP requirements at www.pscbw.com). Continuing education may be acquired through college course work, workshops, in-services, training, classes, and conferences. Applicant must submit recorded training hours accompanied by a certificate/documentation.
2. 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. 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 or PreventionCertificationWA.org.
3. The renewal fee must accompany the renewal application (refer to the fee schedule information on page 4).
4. Acquire a new Criminal History Background Check within a year prior to the APP's renewal date and forward the report results to PSCBW, along with other required renewal documentation and fee.

Extensions Policy

Any Associate 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.

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Application Forms

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Applicant Registration Form

Today's Date: / /		Full Legal Name:	
Previous/Maiden/Other Name:		Birth date:	
Home Address:		Town or City:	
State: <input type="checkbox"/> Washington <input type="checkbox"/> Other – Please name the state.		Zip Code:	
Home Phone: ()	Office Phone: ()	Fax Number: ()	
Preferred E-mail address:			

To apply for initial certification through the Prevention Specialist Certification Board of Washington, it is required that you live and/or work at least 51% of the time in Washington State. Do you meet this residency/work requirement?

☐ Yes ☐ No

If "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:

If "No," your application will not be reviewed further and any fees will be returned to you.

Current Employer:
Office Address:
Position/Title:
Where do you wish to be contacted regarding examination details? Please check the appropriate box: <input type="checkbox"/> Home Address <input type="checkbox"/> Office Address
Enclosed are the following application fees (non-refundable): <input type="checkbox"/> Initial application fee – refer to the fee schedule information on page 4. <input type="checkbox"/> Enclosed is a check, made payable to: Prevention Specialist Certification Board of Washington. <input type="checkbox"/> Paid by credit or debit card – download the form from the PSCBW website and/or contact the PSCBW Treasurer, Jackie Berganio, by phone at 206-683-7972 or by email at jacjamber22@gmail.com then indicate date paid: ____/____/____

Include a photocopy of your current picture identification (ID). Indicate here what type of ID you are submitting: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other. Please describe:
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Include a photocopy of the results from your current (within the past 12 months) Criminal History Background Check. Indicate here what type of background check you are submitting: <input type="checkbox"/> Washington State Patrol <input type="checkbox"/> Local Police or Sheriff's Department <input type="checkbox"/> Other. Please describe:
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Applicant's Statement of Application for Credentialing

I hereby apply for certification in Washington as an Associate Prevention Professional (APP). 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 Specialists Certification Board of Washington my permission to verify any statements or supplementary documentation given in any part of this application.



Signature of Applicant

Date

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Verification of Prevention Experience Hours

Make as many photocopies of this form as needed (i.e. for each supervising agency/organization). You must submit a minimum of 500 Prevention Experience Hours (documented hours of paid or volunteer experience) in order to be eligible for the Prevention Credential.

The following documentation is **quantitative** only.

Applicant Name:																	
Position Title:																	
Dates of Employment or Volunteer Engagement Beginning Date: ____/____/____ Ending Date: ____/____/____																	
Employer/Agency/Organization:																	
Print Name of Supervisor/Administrator/Instructor or other verifying individual:																	
Supervisor Position/Title:																	
Supervisor Phone Number:																	
<p>Supervisor:</p> <p>Please check only one of boxes below to indicate the estimated total number of experiential hours in prevention accrued by the candidate under your supervision. If the "Other" box is checked, also describe the amount of time and provide the estimated total number of hours. Initial on the appropriate line, then sign below to verify all of the information on this form is complete and accurate.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Amount of Time</th> <th style="text-align: left;">Estimated Total Number of Hours</th> <th style="text-align: left;">Supervisor Initials</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Full-time for 3 months</td> <td>500 hours</td> <td> _____</td> </tr> <tr> <td><input type="checkbox"/> Full-time for 6 months</td> <td>1,000 hours</td> <td> _____</td> </tr> <tr> <td><input type="checkbox"/> 1 Full-time year</td> <td>2,000 hours</td> <td> _____</td> </tr> <tr> <td><input type="checkbox"/> Other: Please describe: _____</td> <td>_____ hours</td> <td> _____</td> </tr> </tbody> </table> <p>Supervisor's Signature: _____ _____ </p> <p style="text-align: right; margin-top: 10px;">Date Signed by Supervisor</p>			Amount of Time	Estimated Total Number of Hours	Supervisor Initials	<input type="checkbox"/> Full-time for 3 months	500 hours	_____	<input type="checkbox"/> Full-time for 6 months	1,000 hours	_____	<input type="checkbox"/> 1 Full-time year	2,000 hours	_____	<input type="checkbox"/> Other: Please describe: _____	_____ hours	_____
Amount of Time	Estimated Total Number of Hours	Supervisor Initials															
<input type="checkbox"/> Full-time for 3 months	500 hours	_____															
<input type="checkbox"/> Full-time for 6 months	1,000 hours	_____															
<input type="checkbox"/> 1 Full-time year	2,000 hours	_____															
<input type="checkbox"/> Other: Please describe: _____	_____ hours	_____															

Prevention Educational Prerequisites

TITLE	DATE(S)	LOCATION	Drug Education and/or ATOD Prevention Education (35 hours min.)	General Prevention Education (35 hours min.)	TOTAL HOURS (70 hours min.)
TOTAL HOURS THIS PAGE					
IF LAST PAGE, GRAND TOTAL HOURS					

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Prevention Educational Prerequisites

TITLE	DATE(S)	LOCATION	Drug Education and/or ATOD Prevention Education (35 hours min.)	General Prevention Education (35 hours min.)	TOTAL HOURS (70 hours min.)
TOTAL HOURS THIS PAGE					
IF LAST PAGE, GRAND TOTAL HOURS					

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Code of Ethical Conduct for Prevention Professionals

Adapted from Prevention Think Tank, Inc. - Revised September 2003

Preamble

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

Principles

I. Non-Discrimination

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

II. Competence

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.

- A. Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.
- B. Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.
- C. Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- D. Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.
- E. When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory or other appropriate bodies.
- F. Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.

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Code of Ethical Conduct for Prevention Professionals (continued)

III. Integrity

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

- A. All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.
- D. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

IV. Nature of Services

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

- A. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- B. Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded 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 and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

VI. Ethical Obligations for Community and Society

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

I have read, understood and agree to adhere to and honor, to the best of my ability, the above stated principles as a Code of Ethical Conduct.



Signature of Applicant

Date

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Registration Applicant Checklist for Candidate Portfolio

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 with applicant signature
- ☐ Current application fee enclosed (refer to the fee schedule information on page 4)
- ☐ Photocopy of applicant's current photo identification enclosed

Verification of Prevention Experience Hours:

- ☐ 500 hours minimum of documented prevention experience (verifying signature)

Prevention Educational Prerequisites (Education/Training Hours with Attached Documentation): *50% of the required 70 education hours (35 hours) must be earned within the last ten years, and 50% (35 hours) earned within the last two years.*

- ☐ 35 hours minimum Drug Education / ATOD Prevention education
- ☐ 35 hours minimum General Prevention training/education

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)

Submittal of Application:

- ☐ Submit an original of the completed candidate portfolio/application AND three (3) copies (on white paper with no staples or binding) to:

Prevention Specialist Certification Board of Washington
PO Box 7172
Spokane, Washington 99207

File Copy:

- ☐ Keep a copy of your completed candidate portfolio/application.