



Certified Prevention Professional

CANDIDATE PORTFOLIO/ APPLICATION PACKET Effective February 29, 2008

*International Certification and Reciprocity Consortium/ Alcohol and Other Drug Abuse, Inc. (IC&RC) Prevention Domains©, 1994
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The ATOD Prevention Specialists Written Certification Examination is a sealed psychometric objective examination.

Prevention Specialist Certification Board of Washington is affiliated with IC&RC.

Originally approved by the Board of Directors, April 15, 2002.

***Prevention Specialist Certification Board of Washington (PSCBW) is a member board of the
International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC)***

Application, February 29, 2008 Revision

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Prevention Specialist Certification Board of Washington (PSCBW) is a member board of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC)

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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. 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.

If you need more information, please contact us.

Prevention Specialist Certification Board of Washington

Contact: Juliet Kandel, Board Secretary

Address:

Prevention Specialist Certification Board of Washington
P.O. Box 1217
Moses Lake, WA 98837

Phone: 206-438-6511

Email: jkandel@cfchildren.org

Fax: 509-766-2589

Website: www.pscbw.com or www.ppcb.org

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Application Directions

Applicant: Keep this section for your reference.

A completed application with fees must be submitted prior to examination placement. Application must be submitted by the deadline for any desired examination date (refer to cover letter and the PSCBW website at Website: www.pscbw.com or www.ppcbaw.org).

General Description of Application Requirements

❖ Experience:

- ❖ Verification of at least 2,000 hours (approximately 1 year full time) ATOD prevention related experience.
- ❖ **Quantitative verification** of a minimum of 120-hours supervised experience in the five (5) Prevention Domains (minimum of 10 in each). The five domains are:
 - I. Planning and Evaluation
 - II. Education and Skill Development
 - III. Community Organization
 - IV. Public Policy and Environmental Change
 - V. Professional Growth and Responsibility
- ❖ **Qualitative evaluation** of supervised experience in the Prevention Domains.

❖ **Education/Training:** Verification of a minimum of 150 contact hours of prevention specific education/training. Specifically, the 150 hours must be comprised of

- 14 hours minimum **ATOD Education** (e.g. pharmacology, drug 101, alcohol 101, etc.)
- 50 hours minimum **ATOD Prevention Education** (e.g. Project Alert, Life Skills, Tobacco-Free Kids, etc.)
- 10 hours minimum **Risk & Protective Factor Education**
- 6 hours minimum **Prevention-Specific Ethics Education**
- 70 hours minimum **General Prevention** (e.g. violence, HIV, teen pregnancy, etc.)

❖ **Code of Ethical Conduct for Prevention Professional:** 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 scheduled for examination and must achieve a passing score as established by the IC&RC on the Prevention Credentialing Examination.

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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 and submitted a photocopy of your current picture identification.
- ❑ **Complete the Quantitative 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 Qualitative Supervised Experiential Learning Evaluation Form.**
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.**
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 Profession.**
- ❑ **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 for the Prevention Specialists Written Certification Examination form.**
- ❑ **To Help Prepare for the Examination, Refer to Biography of Selected Resources.**
PSCBW board members are available to answer questions regarding the application process and may be able to mentor eligible exam applicants. See roster for list of PSCBW board members and contact information.
- ❑ **Utilize the Application Checklist provided with the application packet.**
- ❑ **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
P.O. Box 1217
Moses Lake WA 98837
- ❑ **Keep a copy of your completed candidate portfolio/application.**

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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 and may be downloaded from the PSCBW website at www.pscbw.com or www.ppcb.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 of **150 clock hours** in prevention specific education/training for each category. 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 accumulated.

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

- 14 hours minimum **ATOD Education** (e.g. pharmacology, drug 101, alcohol 101, etc.)
- 50 hours minimum **ATOD Prevention Education** (e.g. SAPST, WA Prevention Summit, Project Alert, Life Skills, Tobacco-Free Kids, etc.)
- 10 hours minimum **Risk and Protective Factor Education**
- 6 hours minimum **Prevention-Specific Ethics Education**
- 70 hours minimum **General Prevention Education** (e.g. violence, HIV, teen pregnancy, SAPST, WA Prevention Summit, etc.)

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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 a Certified 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 between \$25-\$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. Accessing 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 PSCBW.

Registration for the Prevention Specialists Written Certification Examination

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Applicant: Keep this section for your reference.

EXAM OVERVIEW

The Prevention Specialists Written Certification Examination© 1994, IC&RC, is a sealed professional psychometric examination which is the property of the International Certification and Reciprocity Consortium. The examination contains 150 multiple-choice questions covering the Prevention Domains © 1999, IC&RC. The Prevention Domains are a description of the core competencies of a prevention professional (see pages 15-21 of this application), based upon a national role delineation study.

EXAMINATION PREREQUISITES

To qualify for this examination you must submit a completed application to the PSCBW and receive written approval for testing.

LOCATION OF EXAM

The location(s) of the examinations are based upon the location of the applicants eligible to take the exam in any period. PSCBW will attempt to make reasonable accommodations for exam placement in three regions of the state: Eastern Washington, Western Washington, and Central Washington.

SPECIAL TESTING PROCEDURES

If you require specialized testing procedures, please indicate the type of accommodations you desire. PSCBW will 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.

Renewal and Extensions Policies

Applicant: Keep this section for your reference.

Renewal Policy (every 2 years)

- 40 Hours of Continuing Education in Prevention Topics
- Criminal History Background Check
- \$75 Renewal Fee

Certification is granted for a two-year period. It may be renewed by a process designed to assist the Certified Prevention Professional in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be removed from the Certified Prevention Professional 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 Certified Prevention Professional 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
2. The renewal applicant may also acquire continuing education hours through other ways, such as teaching a substance abuse prevention course and serving as a proctor for a Prevention Specialist Written Certification Examination administration. This information is available through request from the PSCBW and may be downloaded from the PSCBW website at www.pscbw.com or www.ppcb.org.
3. 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. If the renewal 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 and may be downloaded from the PSCBW website at www.pscbw.com or www.ppcb.org.

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4. The renewal fee must accompany the renewal application. The fee is subject to change. (Please see current fee schedule).
5. 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.

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

Applicant: Keep this section for your reference.

The following text does not reflect a comprehensive overview of the IC&RC Objective Exam; however, they may assist the applicant in clarifying terminology used in the exam.

Prevention Primer, Out of print, but available on loan from Washington State Alcohol/Drug Clearinghouse Lending Library, (206) 725-9696, toll-free in Washington State (800) 662-9111, <http://clearinghouse.adhl.org/>

Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP)'s Western Center for the Application of Prevention Technologies (Western CAPT) Website: <http://captus.samhsa.gov/western/western.cfm>

Substance Abuse Prevention Specialist Training (SAPST) Manual available available to SAPST participants. More information about SAPST is available at the Western CAPT website: <http://captus.samhsa.gov/western/news/sapst/index.cfm>

Science-Based Prevention Programs and Principles 2002: Effective Substance Abuse and Mental Health Programs for Every Community (Inventory # BKD479). Hard copy of report is currently out of stock. Materials available electronically in PDF format at the Department of Health and Human Services/SAMHSA National Clearinghouse on Alcohol and Drug Information website: <https://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=16512>

Substance Abuse Prevention – The Intersection of Science and Practice, Hogan, Gabrielsen, Luna, Grothaus, 2003, Allyn and Bacon, ISBN 0-205-34162-4. For more information, see: <http://casat.unr.edu/publications.html>

Preventing Drug Use Among Children and Adolescents: A Research Based Guide for Parents, Educators, and Community Leaders, Second Edition (1997, Revised 2003). Booklet NCADI # PHD1023A. Copies of this guide can be obtained free of charge from the [National Clearinghouse for Alcohol and Drug Information \(NCADI\)](http://ncadistore.samhsa.gov/catalogNIDA/) at <http://ncadistore.samhsa.gov/catalogNIDA/> or by calling at 1-800-729-6686.

Candidate Guide for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists. Free guide includes sample test and is available electronically on the IC&RC website at <http://icrcaoda.org/PDFs/PreventionCandidateGuide.pdf>. To purchase a study guide and other materials to help prepare for the IC&RC written exams, also see <http://www.readytotest.com>.

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Application Forms

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Applicant Registration Form

Full Legal Name:		
Previous/Maiden/Other Name:	Today's 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:		

Birth date:

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"/> \$100 Application Fee AND <input type="checkbox"/> Examination fee of \$50. Make checks payable to: Prevention Specialist Certification Board of Washington.

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:
--

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:
--

Applicant's Statement of Application for Credentialing

I hereby apply for certification in Washington as a Certified Prevention Professional (CPP). I understand that the application fee is non-refundable and that the IC&RC Examination Fee is non-refundable and non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Examination. 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 QUANTITATIVE Prevention Experience Form

Make as many photocopies of this form as needed (i.e. for each supervising agency/organization). 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.

The following documentation is **quantitative** only and should not be confused with the qualitative analysis of supervised experiential learning.

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:																	
Supervisor:																	
<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 six 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"/> 2 Full-time years</td> <td>4,000 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> _____</p> <p style="text-align: right;">_____ Date Signed by Supervisor</p>			Amount of Time	Estimated Total Number of Hours	Supervisor Initials	<input type="checkbox"/> Full-time for six months	1,000 hours	_____	<input type="checkbox"/> 1 Full-time year	2,000 hours	_____	<input type="checkbox"/> 2 Full-time years	4,000 hours	_____	<input type="checkbox"/> Other: Please describe: _____	_____ hours	_____
Amount of Time	Estimated Total Number of Hours	Supervisor Initials															
<input type="checkbox"/> Full-time for six months	1,000 hours	_____															
<input type="checkbox"/> 1 Full-time year	2,000 hours	_____															
<input type="checkbox"/> 2 Full-time years	4,000 hours	_____															
<input type="checkbox"/> Other: Please describe: _____	_____ hours	_____															

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Verification of QUANTITATIVE Prevention Experience Form (continued)

Prevention Domains

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Review the Prevention Competencies before estimating hours accrued in each of the five domains.

Prevention Core Competencies	Hours Accrued (Must Total 120 Hours or More)	Supervisor Initials
-------------------------------------	--	----------------------------

<p><i>Domain 1:</i> Planning & Evaluation Minimum of 10 hours</p>	<p>_____</p>	<p> _____</p>
--	--------------	--

<p><i>Domain 2:</i> Education and Skill Development Minimum of 10 hours</p>	<p>_____</p>	<p> _____</p>
--	--------------	--

<p><i>Domain 3:</i> Community Organization Minimum of 10 hours</p>	<p>_____</p>	<p> _____</p>
---	--------------	--

<p><i>Domain 4:</i> Public Policy and Environmental Change Minimum of 10 hours</p>	<p>_____</p>	<p> _____</p>
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<p><i>Domain 5:</i> Professional Growth & Responsibility Minimum of 10 hours</p>	<p>_____</p>	<p> _____</p>
---	--------------	--

<p>Total Number of Hours Accrued: Minimum of 120 total hours</p>	<p>=====</p>	<p> _____</p>
---	--------------	--

Applicant Name:



Signature of Applicant

Date

Print Name of Supervisor/Administrator/Instructor or other verifying individual:
Position/Title of Supervisor/Administrator/Instructor or other verifying individual:



Signature of Verifying Individual

Date

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Verification of QUALITATIVE Supervised Experiential Learning

Evaluation Form

Prevention Domains ©1994, 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 (minimum of 10 hours in each prevention domain) of supervised experiential learning in the Prevention Competencies.

Directions for Supervisor:

Please complete the following form scoring each competency on pages 10-14 by checking the appropriate box using the following rating system:

- NA - Not Applicable/ has not performed competency
- E - Exceeds basic competency
- C - Proficient in this competency/Competent
- NI - Needs Improvement in this competency

Please explain all NIs and, if needed, use a separate sheet. Supervisor must initial and date each page when completed.

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 other verifying individual:	
Dates of Supervision:	
Beginning Date: ____/____/____	Ending Date: ____/____/____
	
Signature of Verifying Individual	Date

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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 Domains Copyright ©1999, IC&RC					
I. Planning & Evaluation					
Competency Number and Brief Description	NA	E	C	NI	Explanation for Any Competencies Rated as NI (Please attach a separate sheet if needed)
1: Assess community needs by collecting the most current local data through systematic assessment methods in order to provide relevant data for planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2: Develop a prevention plan by facilitating a planning process that considers the findings of the needs assessment in order to prioritize needs and guide program selection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3: Select strategies by reviewing professional literature for effective programs and practices in order to meet the needs of the target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4: Apply sound prevention theory and practice by adapting or developing programs in order to meet the identified needs of the target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5: Review evaluation options through consultation and research in order to determine an appropriate evaluation method.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6: Conduct evaluation activities of the prevention program using the selected instrument tools to determine program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7: Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8: Refine the prevention program by reviewing and incorporating findings of the evaluation in order to enhance program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Board Review Use					



Evaluating Supervisor Initials

Date

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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.

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II. Education and Skill Development

Competency Number and Brief Description	N A	E	C	NI	Explanation for Any Competencies Rated as NI (Please attach a separate sheet if needed)
1: Tailor education & skill development activities by gathering information about the knowledge and skill levels of the intended audience in order to maximize program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2: Connect or identify prevention theory and practices by using current research and program models to prepare effective education and skill development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3: Maintain fidelity when replicating research-based prevention programs by implementing them faithfully or making only adaptations that do not compromise program integrity in order to ensure program effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4: Deliver culturally competent education and training by working with representatives from the intended audience to identify appropriate content, methods, resources, materials and evaluation tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5: Conduct education & skills development activities by using appropriate training techniques to address educational needs of audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6: Educate consumers with accurate, relevant, and appropriate information about ATOD abuse and related problems to encourage healthy lifestyles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7: Disseminate appropriate information by identifying, adapting, or creating prevention materials in response to requests for prevention information and prepare for education and training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8: Provide prevention information to professionals in related fields through appropriate means to increase their understanding of prevention and ATOD-related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Board Review Use					



Evaluating Supervisor Initials

Date

Prevention Specialist Certification Board of Washington (PSCBW) is a member board of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC)

Application, February 29, 2008 Revision

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.

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III. Community Organization					
Competency Number and Brief Description	NA	E	C	NI	Explanation for Any Competencies Rated as NI (Please attach a separate sheet if needed)
1: Define the community by identifying its demographic characteristics and core values for the purpose of providing appropriate prevention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2: Identify key community members using informal and formal processes in order to determine community readiness and ensure diverse participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3: Engage community leaders by including them in the planning process in order to foster participation and ownership in achieving prevention goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4: Identify prevention needs & resources within the community by collecting relevant information to provide a foundation for a sound and culturally-appropriate plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5: Develop a prevention plan in accordance with appropriate prevention theory by collaborating with community members to achieve the identified goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6: Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7: Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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IV. Public Policy and Environmental Change					
Competency Number and Brief Description	NA	E	C	NI	Explanation for Any Competencies Rated as NI (Please attach a separate sheet if needed)
1: Identify policy makers using formal and informal processes in order to influence prevention policies and cultural and social norms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2: Plan policy initiatives working in collaboration with appropriate community groups and other organizations in order to implement policy change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3: Gain the support of decision makers by informing them about effective prevention practice in order to influence policy development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4: Establish working relationships with media by serving as a credible resource in order to develop public support for effective prevention policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5: Promote advocacy for prevention by conducting prevention awareness campaigns to strengthen public policy and environmental change and norms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Board Review Use					



_____ **Evaluating Supervisor Initials**

_____ **Date**

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V. Professional Growth and Responsibility					
Competency Number and Brief Description	NA	E	C	NI	Explanation for Any Competencies Rated as NI (Please attach a separate sheet if needed)
1: Attain or gain knowledge of current research-based prevention theory and practice by participating in appropriate educational opportunities and reviewing current literature in order to provide effective prevention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2: Model collaboration by networking with colleagues, other professionals, individuals, and community organizations to ensure effective prevention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3: Practice ethical behavior by adhering to legal and professional standards to protect the consumer and promote integrity of the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4: Recognize existing community norms through awareness of culture, lifestyle, and other factors in order to ensure sensitivity to the unique needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5: Develop cultural competence through education, training, guided practice, and life experience to ensure inclusion of diverse populations and achieve the highest level of professional skill relative to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Board Review Use					



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Application, February 29, 2008 Revision

Prevention Educational Prerequisites

TITLE	DATE(S)	LOCATION	ATOD Education (14 hours min.)	ATOD Prevention Education (50 hours min.)	Risk & Protective Factor Education (10 hours min.)	Prevention -Specific Ethics Education (6 hours min.)	General Prevention Education (70 hours min.)	TOTAL HOURS (150 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 for the Prevention Specialist Written Certification Examination

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Applicant's Full Legal Name:

Please check the one box below to indicate which examination session you would like to take the exam:

Examination Date Requested

Complete Candidate Portfolio must have been postmarked by date below

<input type="checkbox"/> June 14, 2008 (Saturday)	March 12, 2008
<input type="checkbox"/> September 12, 2008 (Friday)	June 11, 2008
<input type="checkbox"/> December 13, 2008 (Saturday)	Sept. 10, 2008
<input type="checkbox"/> March 13, 2009 (Friday)	December 10, 2008

Statistical Data:

GENDER Male Female No Comment

EDUCATION LEVEL (check all boxes that apply)

- No High School Diploma
- High School Diploma or GED
- Vocational Certification
- Associates Degree
- Bachelors degree
- Masters Degree
- Doctorate
- No Comment

RACE/ETHNICITY

- Caucasian
- African-American
- Native American or Alaskan Native
- Asian
- Hispanic
- Native Hawaiian
- Pacific Islander (Non-native Hawaiian)
- Other
- No Comment

Do you require any special testing procedures to accommodate a documented disability?

NO YES (If YES, please request additional forms from PSCBW)

Check the box below to indicate the region of the State where you prefer to take this examination.

Eastern Washington Western Washington Central Washington

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Applicant Checklist for Candidate Portfolio

Applicant Name: _____

Applicant Registration Form:

- Registration form completed in full with applicant signature
- \$200 application and testing fee enclosed
- Photocopy of applicant's current photo identification enclosed

Verification of QUANTITATIVE Prevention Experience:

- 2,000 hours minimum of documented prevention experience (verifying signature)
- 10 hours minimum planning & evaluation (domain 1)
- 10 hours minimum education and skill development (domain 2)
- 10 hours minimum community organization (domain 3)
- 10 hours minimum public policy and environmental change (domain 4)
- 10 hours minimum professional growth & responsibility (domain 5)

Verification of QUALITATIVE Experiential Learning:

- 120 hours minimum of supervised experiential learning (verifying signature)
- Evaluation Form completed in full including dates of supervision
- Ratings for domains I through V with evaluating supervisor initials on each page

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

- 14 hours minimum ATOD training/education (e.g. drug 101, alcohol 101, marijuana, etc.)
- 50 hours minimum ATOD prevention training/education (e.g. Project Alert, PFDY, etc.)
- 10 hours minimum risk/protective factor training/education
- 6 hours minimum prevention-specific ethics training/education
- 70 hours minimum general prevention training/education (violence, HIV, etc.)

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 for the Prevention Specialist Written Certification Examination:

- Registration for examination form completed

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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
P.O. Box 1217
Moses Lake WA 98837

File Copy:

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