



# Application for Prevention Specialist Certification

**A \$250.00 check or money order must accompany this application.**

**Submit to: BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

## PERSONAL DATA:

Name: \_\_\_\_\_  
                            First                            Middle                            Last                            Maiden

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

## CURRENT EMPLOYMENT:

**YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CURRENT JOB DESCRIPTION**

Agency Name: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

## STATISTICAL INFORMATION: (This information is used for statistical purposes only.)

Gender:  
\_\_\_\_ Female  
\_\_\_\_ Male

Ethnicity:  
\_\_\_\_ African American  
\_\_\_\_ American Indian  
\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_ Caucasian  
\_\_\_\_ Hispanic/Latino  
\_\_\_\_ Other: \_\_\_\_\_

# Educational and Academic Data

**Official transcripts must be submitted from ALL post secondary institutions attended.  
(Transcript must show evidence of a bachelor's degree or higher.)**

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

GED: \_\_\_\_\_ Date: \_\_\_\_\_

Where Issued: \_\_\_\_\_

**COLLEGE/UNIVERSITY (List ALL post secondary institutions you have attended):**

| Name of Institution | City, State | Degree(s) Earned<br>(BA, BS, MA, etc.) | Date Conferred | Major Course of Study |
|---------------------|-------------|--|----------------|-----------------------|
|                     |             |  |                |                       |
|                     |             |  |                |                       |
|                     |             |  |                |                       |
|                     |             |  |                |                       |

**SPECIALIZED EDUCATION DOCUMENTATION:**

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

| Requirement                                    | Name of College or University | Prefix - Course Number | Name of Course   | Credit Hours | Term Taken | Grade |
|--|-------------------------------|------------------------|------------------|--------------|------------|-------|
| Example  | FSU                           | HS 212                 | Study of Alcohol | 3            | Fall 2013  | B     |
| Intro to Alcohol Use and Abuse                 |                               |                        |                  |              |            |       |
| Intro to Drug Use and Abuse                    |                               |                        |                  |              |            |       |
| Foundations of Alcohol & Other Drug Prevention |                               |                        |                  |              |            |       |
| Theory & Practice of Alcohol & Drug Prevention |                               |                        |                  |              |            |       |
| Ethics for the Alcohol & Drug Professional*    |                               |                        |                  |              |            |       |

\*Must include six (6) contact hours of ethics specific to prevention

# Work Experience Documentation

All experience must be specific to Prevention. List all relevant experience, beginning with your current place of employment. Verification must be received for all experience.

Applicant's Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

(Duplicate page, if necessary)

# Work Experience Verification

**Applicant: All experience must be verified. Make a copy of this form for each agency where you completed work experience. Complete the top section and submit the form to each agency that is verifying your work experience hours.**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Was the experience Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Clinical Supervisor's Name \_\_\_\_\_ CPS CAC LAC

---

APPLICANT STOP HERE

---

## THE FOLLOWING MUST BE COMPLETED BY THE AGENCY

The applicant listed above is applying for Certified Prevention Specialist (CPS). Please verify the work experience for this individual and return this form directly to the Board of Addiction and Prevention Professionals (BAPP), 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105.

I hereby attest that the above information is true and correct. (If the above information is not correct, please make changes and place your initials beside the changes.) This person was involved in activities related specific to the Prevention Specialist Domains.

I verify that the applicant was supervised by a qualified Certified Prevention Specialist (CPS), Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) whose name is listed above; and, the required hours of ongoing supervision have been met (i.e. a minimum of eight contact hours each month). (If the supervisor is not credentialed through the BAPP, you must provide proof that he/she is credentialed at a reciprocal level.)

Applicant's total **hours** of qualifying work experience: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name / Title / Credential: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# Supervised Practical Training Hours

**A minimum of 2,000 hours of supervised work experience is required for certification. Of the required hours, you must provide detailed documentation for a minimum of 750 hours of supervised practical training experience specific to the Prevention Specialist Domains. You must have at least 50 hours in each domain and give specific examples of how you apply the principles in your professional practice.**

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Agency where completed: \_\_\_\_\_

|  |                     |
|--|---------------------|
| <b>DOMAIN 1: PLANNING AND EVALUATION</b> | <b>TOTAL HOURS:</b> |
|--|---------------------|

Description:

|  |                     |
|--|---------------------|
| <b>DOMAIN 2: PREVENTION EDUCATION AND SERVICE DELIVERY</b> | <b>TOTAL HOURS:</b> |
|--|---------------------|

Description:

|                                |                     |
|--------------------------------|---------------------|
| <b>DOMAIN 3: COMMUNICATION</b> | <b>TOTAL HOURS:</b> |
|--------------------------------|---------------------|

Description:

|   |                     |
|---|---------------------|
| <b>DOMAIN 4: COMMUNITY ORGANIZATION</b> | <b>TOTAL HOURS:</b> |
|---|---------------------|

Description:

**DOMAIN 5: PUBLIC POLICY AND ENVIRONMENTAL CHANGE****TOTAL HOURS:**

Description:

**DOMAIN 6: PROFESSIONAL GROWTH AND RESPONSIBILITY****TOTAL HOURS:**

Description:

**NOTE: You must document a minimum of 750 hours****GRAND TOTAL:**

I \_\_\_\_\_ hereby certify that all of the above information  
*(printed name of supervisor)*

is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature of Supervisor\_\_\_\_\_  
Date

# Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification/licensure. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified/Licensed professionals and Trainees have a responsibility to adhere to the following guiding principles:

1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
3. That at all time, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or other professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

**By checking this box, I hereby attest that I have read and will comply with the Codes of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.**

The Codes of Ethics can be viewed and/or printed at: [www.dss.sd.gov/behavioralhealthservices/licensingboards](http://www.dss.sd.gov/behavioralhealthservices/licensingboards). Applicants who have not read the Codes of Ethics and have not checked the box above will not be granted certification by the BAPP.

---

Signature of Applicant

---

Date



# Authorization and Release of Information

I hereby attest that I have not been convicted of, plead guilty to, or plead no contest to, any felony, or to any crime involving moral turpitude or like offense, including any crimes of offenses where imposition of sentence was suspended.

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal must be disclosed to the Board of Addiction and Prevention Professionals (Board), and that this information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I hereby understand that my obligation to disclose whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal includes any crimes or offenses where imposition of sentence was suspended. (See 'Statement of Felony Charges' form.)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny, suspend, or revoke trainee recognition, certification, or licensure status and may result in administrative, civil, or criminal legal action.

**I hereby certify that the information contained herein is correct and true, and that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to check this box, you will need to provide the Board with a written explanation.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please print your name below as you would like it to appear on your certificate.**

Printed name: \_\_\_\_\_

# Statement of Felony Charges

All felony charges must be disclosed to the Board of Addiction and Prevention Professionals. Felony charges include being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal and includes any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal.

I have had felony charges filed against me.    Yes \_\_\_\_\_    No \_\_\_\_\_

If you answered 'yes', please provide detailed information below,  
If you answered 'no', you are still required to sign and date this page.

Date charges were filed: \_\_\_\_\_

The Disposition *(provide a thorough explanation of the facts and circumstances surrounding the charges):*

The Sentence / Conviction and Fine *(also include terms and conditions of the sentence, probation, etc. and whether all terms and conditions have been met):*

State why you feel this felony charge does not affect your ability to effectively work in the addiction counseling or prevention services field:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS**

The practice of alcohol, tobacco, and other drug prevention is based on shared knowledge, skills, and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client:

### **RESPONSIBILITIES**

Prevention Specialists have a responsibility to maintain objectivity, integrity, and the highest standards in delivering prevention services. Prevention Specialists shall:

- Operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.
- Recognize their primary obligation to promote the health and well being of individuals, families, and communities in order to prevent chemical abuse and dependency.
- Recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.
- Be committed to upgrading their knowledge and skills through ongoing education and training.
- Understand and appreciate different cultures and demonstrate sensitivity to cultural differences in professional practices.

### **NON-DISCRIMINATION**

The Prevention Specialist shall not discriminate against individuals, the public, or others in the delivery of services on the basis of race, color, gender, religion, national origin, ancestry, age or against persons with disabilities.

Prevention Specialists shall not engage in any behavior involving professional conduct that encourages, condones, or promotes discrimination; and, will strive to protect the rights of individuals.

### **ADHERENCE TO STATE AND FEDERAL LAWS AND RULES**

Prevention Specialists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules. Prevention Specialists:

- Will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals.
- Shall not participate in, condone, or be an accessory to dishonesty, fraud, deceit, or misrepresentation.
- Will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations.
- Shall assume responsibility to report the incompetent and unethical practices of other professionals.

### **PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY:**

Prevention Specialists shall have a responsibility to model and promote a healthy life style and well being by low risk or no use of alcohol, tobacco, and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound, mental health to prevent the impairment of professional judgment and performance. Prevention Specialists:

- Will not exhibit gross incompetence, unprofessional, or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers.
- Shall not fail to recognize the personal boundaries and limitations of their professional competence and practice by offering services beyond the scope of their personal competencies

or expertise.

- Will utilize resources for support, growth, and professional development.
- Will strive to maintain and promote the integrity of certification within the State of South Dakota, nationally and internationally, and the advancement of the Prevention Specialist Profession.

### **PUBLIC WELFARE**

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally. Prevention Specialists:

- Will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional, or spiritual need.
- Shall accurately represent their qualifications and affiliations.
- Shall discontinue services when they are no longer appropriate and will refer the public to programs or individuals with the client's welfare as the primary consideration.
- Shall not impede an individual's access to competent, professional care.
- Will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy, and fairness.
- Will not promote personal gain or the profit of an agency or commercial enterprise of any kind.
- Will adhere to professional remuneration and financial arrangement practices and standards that safeguard the best interests of the public and profession.

### **PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS**

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets, or books.

Prevention Specialists will:

- Act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques, or people used in creating their opinions, papers, books, etc.
- Adhere to copyright laws and seek approval for the use of such materials.

### **PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUGS CONTINUUM OF CARE**

Prevention Specialists will take the initiative to support, promote, and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment, and aftercare). Prevention Specialists:

- Shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use, and other drug abuse and addictions, promoting the well being of all human beings.
- Will actively participate in the public awareness of the effects of tobacco, alcoholism, and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services.

I hereby agree to the above Professional Codes of Ethical Conduct and will uphold and promote the integrity of the profession by adhering to and reporting violations of the preceding Codes of Ethical Conduct. I understand that violations of the principles will be grounds for disciplinary action and sanctions.

---

Signature of Applicant

---

Date

# SUPERVISOR EVALUATION AND RECOMMENDATION

**INSTRUCTIONS FOR THE APPLICANT:** Give or mail this form directly to your supervisor(s) after you have filled in the bottom of this page. If your present supervisor has been supervising you for less than 6 months, make a copy of this form and provide it to your immediate and past supervisors.

## CONFIDENTIAL

---

Dear Supervisor:

The individual listed below is applying to the Board of Addiction and Prevention Professionals (BAPP) for certification as a Prevention Specialist. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

The BAPP believes that your observation will provide a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation and recommendation, plus recommendations from other professionals, and the data furnished by the applicant, will be used in determining eligibility for certification. The process can only be as good as you and the others make it, by careful and truthful reporting.

Please return the completed evaluation DIRECTLY TO:

**BAPP**  
3101 West 41<sup>st</sup> Street, Suite 205  
Sioux Falls, SD 57105

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE & CREDENTIALS\*: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_

\*If you are not credentialed through the BAPP, you must provide proof that you are credentialed at a reciprocal level.

## SUPERVISOR EVALUATION AND RECOMMENDATION (Continued)

**APPLICANT'S NAME:** \_\_\_\_\_

The following items represent the skills needed by a Prevention Specialist. Evaluate the applicant for their abilities in each area. Mark the rating most descriptive of the individual's demonstrated skills. Use N/O (not observed) ONLY if you have never observed nor have any knowledge of the applicant's skill in that area. Please use the following rating scale:

**1 – POOR                      2 – NEEDS IMPROVEMENT                      3 – ACCEPATBLE**  
**4 – GOOD                      5 – EXCELLENT**

| SKILL AREAS   | RATING    | N/O |
|---|-----------|-----|
| UNDERSTANDING OF COMMUNITY AND ADDICTION: Has an understanding of the social, political, economical and cultural context within which addiction and substance abuse exist.                      | 1 2 3 4 5 |     |
| UNDERSTANDING OF CHOSEN PRACTICE SITE AND ADDICTION: Has an understanding of the risk and resiliency factors of individuals, families, groups and communities.                                  | 1 2 3 4 5 |     |
| PREVENTION KNOWLEDGE: Is able to describe the philosophies, practices and policies that are generally accepted within scientifically supported models of prevention and intervention.           | 1 2 3 4 5 |     |
| PREVENTION KNOWLEDGE: Understands the importance of needs assessments and outcome data and their general application to the delivery of prevention services.                                    | 1 2 3 4 5 |     |
| PREVENTION KNOWLEDGE: Understands the value of a systemic approach to prevention.   | 1 2 3 4 5 |     |
| PREVENTION KNOWLEDGE: Understands the need to identify key stakeholders of a community or system in order to effectively catalyze change.   | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Is able to use a variety of prevention strategies for reducing the negative effects of substance use within their practice location and within identified populations. | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Is able to tailor intervention strategies to meet the needs of a variety of target populations.  | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Can provide prevention services that are culturally appropriate to the target population.  | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Can adapt their skills and practice to a wide range of community settings and modalities.  | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Demonstrates competence in presenting information in groups and community settings.  | 1 2 3 4 5 |     |
| APPLICATION TO PRACTICE: Relates well with other professionals both within the agency and in the greater community to assure comprehensive and quality services.                                | 1 2 3 4 5 |     |
| PROFESSIONAL & ETHICAL RESPONSIBILITIES: Follows ethical practice requirements for prevention within the community setting and the need for continual professional development.                 | 1 2 3 4 5 |     |

## SUPERVISOR EVALUATION AND RECOMMENDATION (Continued)

Are you involved in the administration/management of the program at which you are employed?

No.

Yes, limited to supervision of prevention activities.

Yes, limited to clinical aspects (i.e. supervision of chemical dependency professionals and prevention activities).

Yes, limited to administrative responsibilities.

Yes, both \_\_\_\_\_% clinical and \_\_\_\_\_ % administrative.

How long have you supervised this applicant? \_\_\_\_\_

For what period of time, while under your supervision, was the provision of prevention services the major part of this applicant's responsibilities?

From: \_\_\_\_\_ To: \_\_\_\_\_

What is the **total number of hours** of work experience accumulated during this time? \_\_\_\_\_

Comments and/or additional information you feel may be pertinent: \_\_\_\_\_

I hereby certify that I have been in a position to observe and have first-hand knowledge of the

applicant's work at: \_\_\_\_\_

(Name of work setting)

I recommend this applicant for certification.

I do not recommend this applicant for certification.

I hereby certify that all of the above information is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'SUPERVISOR EVALUATION AND RECOMMENDATION' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_



## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| <b>UNDERSTANDING COMMUNITY AND ADDICTION</b>  |     |    |            |
|---|-----|----|------------|
| Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments. | Yes | No | Don’t Know |
| Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.  | Yes | No | Don’t Know |
| <b>PREVENTION KNOWLEDGE</b>   |     |    |            |
| Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.          | Yes | No | Don’t Know |
| Understands the importance of needs assessments and outcome data and their application to prevention activity.  | Yes | No | Don’t Know |
| Understands the value of a systemic approach to prevention.   | Yes | No | Don’t Know |
| Understands the need to identify key stakeholders of a community in order to effectively catalyze change.   | Yes | No | Don’t Know |
| <b>APPLICATION TO PRACTICE</b>  |     |    |            |
| Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.  | Yes | No | Don’t Know |
| Is able to tailor strategies of intervention to meet the needs of targeted populations.   | Yes | No | Don’t Know |
| Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.   | Yes | No | Don’t Know |
| Can adapt their skills and practice to the wide range of community settings and modalities.   | Yes | No | Don’t Know |
| Is familiar with ethical practice requirements for prevention within a community setting.   | Yes | No | Don’t Know |
| Demonstrates competence in presenting information in groups and community settings.   | Yes | No | Don’t Know |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'SUPERVISOR EVALUATION AND RECOMMENDATION' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| <b>UNDERSTANDING COMMUNITY AND ADDICTION</b>  |     |    |            |
|---|-----|----|------------|
| Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments. | Yes | No | Don’t Know |
| Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.  | Yes | No | Don’t Know |
| <b>PREVENTION KNOWLEDGE</b>   |     |    |            |
| Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.          | Yes | No | Don’t Know |
| Understands the importance of needs assessments and outcome data and their application to prevention activity.  | Yes | No | Don’t Know |
| Understands the value of a systemic approach to prevention.   | Yes | No | Don’t Know |
| Understands the need to identify key stakeholders of a community in order to effectively catalyze change.   | Yes | No | Don’t Know |
| <b>APPLICATION TO PRACTICE</b>  |     |    |            |
| Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.  | Yes | No | Don’t Know |
| Is able to tailor strategies of intervention to meet the needs of targeted populations.   | Yes | No | Don’t Know |
| Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.   | Yes | No | Don’t Know |
| Can adapt their skills and practice to the wide range of community settings and modalities.   | Yes | No | Don’t Know |
| Is familiar with ethical practice requirements for prevention within a community setting.   | Yes | No | Don’t Know |
| Demonstrates competence in presenting information in groups and community settings.   | Yes | No | Don’t Know |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

# PROFESSIONAL RECOMMENDATION FORM FOR CPS

**Provide this form to a professional and/or academic colleague who is acquainted with your prevention specialist counseling experience. Provide a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP Administrative Office.**

**NOTE:** ANY INDIVIDUAL WHO HAS COMPLETED THE 'SUPERVISOR EVALUATION AND RECOMMENDATION' FORM FOR THIS APPLICANT MAY NOT SUBMIT A 'PROFESSIONAL RECOMMENDATION' FORM.

## **PART I - TO BE COMPLETED BY THE APPLICANT**

Complete the information below. Give this form to a professional who is acquainted with your work performance and abilities. Be sure to provide the individual with a pre-addressed, stamped envelope so the form can be mailed directly to the BAPP.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that this recommendation will be used in determining my eligibility for certification and is a character reference. Therefore, I agree and understand that I will not be entitled to this information under any circumstance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

---

## **PART II - TO BE COMPLETED BY A PROFESSIONAL OR ACADEMIC ACQUAINTANCE**

The person listed above has applied for certification as a Certified Prevention Specialist. The signature above authorizes you to complete this form. Your assessment will assist the Board of Directors in determining the applicant's appropriateness for certification. A fair and candid report is essential. Therefore, we ask for careful ratings and comments about character and ability. All information submitted will be viewed as confidential and will not be available to the applicant.

YOUR NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

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

DAYTIME TELEPHONE #: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY: \_\_\_\_\_

## PROFESSIONAL RECOMMENDATION FORM FOR CPS (Continued)

Please rate the candidate by circling the most accurate response. Use “Don’t Know” ONLY if you have never observed or have absolutely no knowledge of the respective variable.

| <b>UNDERSTANDING COMMUNITY AND ADDICTION</b>  |     |    |            |
|---|-----|----|------------|
| Recognizes the social, political, economic and cultural context within which addiction and substance abuse exists including risk and resiliency factors that characterize individuals and groups and their living environments. | Yes | No | Don’t Know |
| Is able to describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user, significant others and community.  | Yes | No | Don’t Know |
| <b>PREVENTION KNOWLEDGE</b>   |     |    |            |
| Is able to describe and use the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of prevention and intervention within community and within culture.          | Yes | No | Don’t Know |
| Understands the importance of needs assessments and outcome data and their application to prevention activity.  | Yes | No | Don’t Know |
| Understands the value of a systemic approach to prevention.   | Yes | No | Don’t Know |
| Understands the need to identify key stakeholders of a community in order to effectively catalyze change.   | Yes | No | Don’t Know |
| <b>APPLICATION TO PRACTICE</b>  |     |    |            |
| Is able to use a variety of prevention strategies for reducing the negative effects of substance use within a community and identified population group.  | Yes | No | Don’t Know |
| Is able to tailor strategies of intervention to meet the needs of targeted populations.   | Yes | No | Don’t Know |
| Can provide prevention services appropriate to the personal and cultural identity and language of targeted populations.   | Yes | No | Don’t Know |
| Can adapt their skills and practice to the wide range of community settings and modalities.   | Yes | No | Don’t Know |
| Is familiar with ethical practice requirements for prevention within a community setting.   | Yes | No | Don’t Know |
| Demonstrates competence in presenting information in groups and community settings.   | Yes | No | Don’t Know |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL – DO NOT RETURN THIS FORM TO THE APPLICANT**

## PREVENTION SPECIALIST DOMAINS

Within each domain are several identified tasks that provide the basis for questions in the IC&RC Prevention Specialist Examination.

| <b>PS Domains</b>                                   | <b>Weight on Exam</b> |
|---|-----------------------|
| Domain 1: Planning and Evaluation                   | 30%                   |
| Domain 2: Prevention Education and Service Delivery | 15%                   |
| Domain 3: Communication                             | 13%                   |
| Domain 4: Community Organization                    | 15%                   |
| Domain 5: Public Policy and Environmental Change    | 12%                   |
| Domain 6: Professional Growth and Responsibility    | 15%                   |

### **Domain 1: Planning and Evaluation**

Tasks:

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

### **Domain 2: Prevention Education and Service Delivery**

Tasks:

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

### **Domain 3: Communication**

#### Tasks:

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

### **Domain 4: Community Organization**

#### Tasks:

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

### **Domain 5: Public Policy and Environmental Change**

#### Tasks:

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

### **Domain 6: Professional Growth and Responsibility**

#### Tasks:

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

# REQUEST FOR SPECIAL ACCOMMODATIONS

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return the forms to the BAPP for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Preferred Exam Date: \_\_\_\_\_ Preferred Exam Location: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Special Accommodations

I request special accommodations for the following IC&RC examination (please check one):

ADC \_\_\_\_\_ PS \_\_\_\_\_

Please provide (check all that apply):

\_\_\_\_\_ Special seating or other physical accommodations

\_\_\_\_\_ Reader

\_\_\_\_\_ Large print exam

\_\_\_\_\_ Extended testing time (time and a half)

\_\_\_\_\_ Distraction-free room

\_\_\_\_\_ Other special accommodations (please specify)

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete page 1 and 2 of this form and return to:  
BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105  
at least 60 days prior to the exam date.**



# DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that your board is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_ in my  
Exam Candidate Date

capacity as a \_\_\_\_\_.  
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed below:

Description of Disability:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

**Complete page 1 and 2 of this form and return to:  
BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105  
at least 60 days prior to the exam date.**