

Board of Addiction and Prevention Professionals (BAPP)
3101 West 41st Street, Suite 205, Sioux Falls, SD 57105
Phone: 605.332.2645 | Fax: 605.332.6778 | Email: bapp@midconetwork.com
Web: www.dss.sd.gov/bapp

APPLICATION FOR PREVENTION SPECIALIST

Attached please find the Application for Prevention Specialist Certification. Please complete the application in its entirety. Do not leave information blank or attach separate sheets indicating “see attached”. Application deadlines are January 1 and July 1 of every year. **All requirements must be completed prior to making application for certification.** Applications can be submitted at any time prior to the deadline. Extensions will not be granted to complete courses or work experience requirements. Applications will be denied if there are any incomplete items in the application portfolio.

Your supervisor(s) must complete the ‘Supervisor Evaluation and Recommendation’ form and send it directly to the Board of Addiction and Prevention Professionals (BAPP). Also, please mail or give the ‘Professional Recommendation’ form to three professional colleagues and have them send it directly to the BAPP. If you have completed work experience at more than one agency, please make a copy of the ‘Work Experience Verification’ form and send it to each agency for verification of all work experience hours. The completed application must be submitted by the application deadline for inclusion in the next applicable testing cycle. If the portfolio is not complete, you will be notified of any missing items.

All applications will be reviewed for approval after each application deadline. If your portfolio is approved, you will be provided notification for the scheduling of the written examination. You can go to the IC&RC website for a ‘Candidate Guide’ which will provide information on the written examination process: www.internationalcredentialing.org. The written exam is administered in March and September. Please note that policy prohibits the BAPP from releasing test results over the telephone.

The BAPP will make special testing accommodations for individuals meeting the Americans with Disabilities Act (ADA) guidelines. Applicants must complete the form included in the application packet outlining the disability, the accommodations being requested, and provide a written statement from a licensed physician, psychiatrist, or psychologist regarding the disability. All decisions on special accommodations are made in consultation with the testing company.

Upon successful completion of the application process and passing the written examination, the applicant will be granted status as a Certified Prevention Specialist (CPS) and issued a certificate. All certified professionals are required to comply with the BAPP standards for yearly renewal in order to maintain their certification status.

Applicants failing the written examination will be required to submit the re-testing fee and a letter of intent to re-test in the next immediate testing cycle. In the event you are unable to meet the requirements for certification, or if you are unable to successfully pass the written examination, you will not be granted certification.

Applicants shall be denied status if convicted of, pled guilty or no contest to, and/or received a suspended imposition of sentence for a felony offense within 5 years of the date of application. All sentencing requirements must be completed or satisfied prior to the date of application.

The BAPP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted recognition, certification, licensure, renewal, status upgrade, or reciprocity until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual’s name is cleared via monthly written reports from that office.

If you have any questions concerning this application or the testing process, please contact the BAPP Administrative Office.

SEND COMPLETED APPLICATION, TRANSCRIPT(S), CURRENT JOB DESCRIPTION, AND FEE TO:

BAPP
3101 West 41st Street, Suite 205
Sioux Falls, SD 57105

Application for Prevention Specialist Certification

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

Submit to: BAPP, 3101 West 41st 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 or Pursuing (BA, BS, MA, etc.)	Date or Expected 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

Official transcripts must be submitted from EVERY post-secondary institution you attended and must be sent directly from the college/university.

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 41st 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 as a prevention specialist or addiction counselor 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: _____

DOMAIN 1: PLANNING AND EVALUATION	TOTAL HOURS:
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Description:

DOMAIN 2: PREVENTION EDUCATION AND SERVICE DELIVERY	TOTAL HOURS:
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Description:

DOMAIN 3: COMMUNICATION	TOTAL HOURS:
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Description:

DOMAIN 4: COMMUNITY ORGANIZATION	TOTAL HOURS:
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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 of supervised work experience. GRAND TOTAL:

I, (*printed name of supervisor*) _____, hereby ATTEST that the above information is true; and, all work experience hours were under my supervision.

Signature of Supervisor

Date

Professional Code of Ethics

The Code of Ethics and Standards of Practice can be viewed and/or printed at: www.dss.sd.gov/bapp

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, or trainee recognition. 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. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The Code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board.

The Code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practice, and behavior.

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 your care. When there is evidence that another professional is violating an ethical standard, whether obvious or perceived, you have a responsibility to report the unethical conduct to the BAPP.

I understand and subscribe to the 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 Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Signature of Applicant

Date

Authorization and Release of Information

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). 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. This includes any crimes or offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, 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, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' Form is included with this application.*)

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 certificate or 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 certificate/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.

By checking this box, I hereby attest that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to certify that the information contained herein is correct and true, 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 (BAPP). 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 the requested information below and attach copies of court files and records showing a thorough explanation of the facts and circumstances surrounding the charges and specific information regarding what charges were filed, including exact dates, terms and conditions of the sentence/conviction, and when all terms and conditions were met.

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 when all terms and conditions were met):

Date all sentencing requirements were completed: _____

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

If you answered 'no', you are still required to sign and date this page.

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 41st 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 as a prevention specialist or addiction professional 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.

UNDERSTANDING COMMUNITY AND ADDICTION			
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
PREVENTION KNOWLEDGE			
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
APPLICATION TO PRACTICE			
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.

UNDERSTANDING COMMUNITY AND ADDICTION			
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
PREVENTION KNOWLEDGE			
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
APPLICATION TO PRACTICE			
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.

UNDERSTANDING COMMUNITY AND ADDICTION			
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
PREVENTION KNOWLEDGE			
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
APPLICATION TO PRACTICE			
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.

PS Domains	Weight on Exam
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 41st 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 41st Street, Suite 205, Sioux Falls, SD 57105
at least 60 days prior to the exam date.**