

Board of Addiction and Prevention Professionals (BAPP)  
3101 West 41<sup>st</sup> 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 TRAINEE RECOGNITION

**INITIAL RECOGNITION:** Applicants must have a minimum of a bachelor’s degree and be employed by or volunteer for an agency to participate in activities related specific to the prevention specialist domains. College transcripts showing evidence of a bachelor’s degree must be submitted with your initial trainee recognition application (unofficial transcripts are acceptable at this time). The initial recognition fee is prorated at a rate of \$12.50 per month from the month of the application to the last day of the month of your birth. Please calculate the fee beginning with the month of application to the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

**RENEWAL:** After the initial recognition period, trainees will renew their recognition annually in their birth month. You will be sent a renewal notice and invoice the month prior to your renewal date. The annual renewal fee is \$150.00 and must be received in the BAPP Administrative Office (or postmarked) by the last day of your birth month. In order to insure all information is received, the BAPP recommends you submit your renewal application and fee prior to this deadline.

**FAILURE TO RENEW BY THE DEADLINE:** Any trainee who fails to submit the renewal application and fee by the deadline loses recognition status and may not be identified as a prevention specialist trainee. Any trainee who has allowed their status to lapse may have it restored within 15 days of the expiration date, providing they request reinstatement, submit the renewal application and all applicable documentation, and pay the \$150 reinstatement fee and the \$150 renewal fee. Any trainee wanting to regain status after the 15-day reinstatement period must successfully complete three of the required courses for Certified Prevention Specialist (CPS) before being allowed to reapply for recognition status.

**APPLICATION:** Complete the application in its entirety; do not leave information blank or attach separate sheets indicating “see attached”. Return the application with the required fee (see above) to BAPP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105. Prevention Specialist Trainees must be supervised by a qualified prevention specialist or addiction professional throughout the entire recognition period and must adhere to all applicable ethical standards adopted by the BAPP. (Note: The supervisor cannot be a relative of the trainee.) Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

**Trainee Recognition status will be granted for up to five (5) years. Trainees must meet all academic and work experience requirements for Certified Prevention Specialist (CPS) and successfully pass the examination before their 5-year recognition period ends.**

Applicants shall be denied status if they fail to provide accurate and complete information on this application; or, 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 Trainee Recognition, Certification, Licensure, or Renewal 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 or need additional information, please feel free to contact the BAPP Administrative Office.

# Application for Prevention Specialist Trainee Status

**Transcripts and a check (or money order) must accompany this application.**

**CHECK ONE:**

	<b>Initial Trainee Recognition</b> - for applicants who have never applied for trainee recognition or held status with the BAPP before.
	<b>Reapplication for Trainee Recognition</b> – for applicants whose trainee status previously lapsed, but who are still within their 5-year trainee recognition period. You must show proof of completion of three of the required courses for certification before being allowed to reapply for trainee status.

Note: Trainee Recognition status is granted for a maximum of five years.

**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:**

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

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

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

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

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

**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

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

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

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

--OR--

**GED:** Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Name of Institution	City, State	Degree(s) Earned or Pursuing (AA, BA, 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 2016	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.

# Professional Code of Ethics

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

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Signature of Applicant

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

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

\_\_\_\_\_  
Date



# Clinical Supervisor Code of Ethics

## The Clinical Supervisor must complete and sign this page

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

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical supervision embraces a potential ethical vulnerability; therefore, clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

**Clinical Supervisors shall uphold the Code of Ethics and Standards of Practice; and, have a responsibility to adhere to “Principle VII: Supervision and Consultation”, to ensure that Trainees receive the supervision necessary for professional development.**

I affirm, understand and will adhere to the Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of trainees recognized by the BAPP and/or disciplinary actions and sanctions against my credential as an Addiction Counselor or Prevention Specialist.

**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.

Supervisor’s Printed Name \_\_\_\_\_

Supervisor’s Job Title \_\_\_\_\_

Credential: CPS \_\_\_\_ CAC \_\_\_\_ LAC \_\_\_\_ Agency Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date