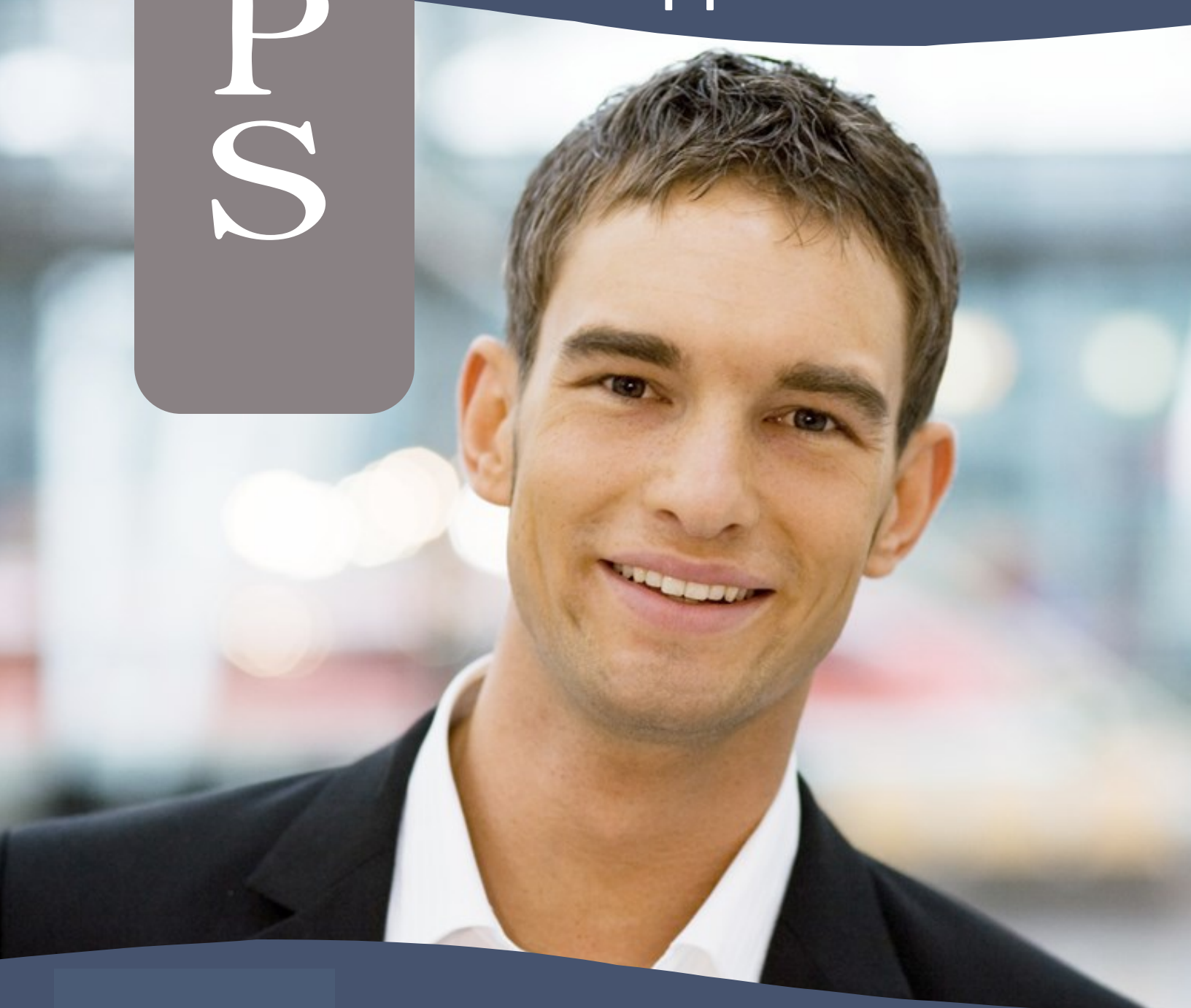


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# Certified Prevention Specialist Application



CONNECTICUT  
CERTIFICATION BOARD

55 West Main Street, Box 4 Meriden, CT 06451  
[www.ctcertboard.org](http://www.ctcertboard.org)  
[info@ctcertboard.org](mailto:info@ctcertboard.org)

## Important Information about Your CPS Application

### Submission Requirements

- All forms submitted must be original and signed without any alterations or modifications. Any forms with white-out, scribble marks or changes will be denied. If a change is required, please complete a new form.
- No photocopies or faxed forms will be accepted. Please do not fax any materials to the CCB related to a certification application.
- Original and signed reference forms should be mailed directly from the evaluator to the CCB.

### Verification of a college degree or college course work

- If you are interested in utilizing a college degree as part of the certification process, you must submit your official transcript. The transcript must be mailed directly from the accredited educational institution to the CCB. Only relevant degrees qualify, and only transcripts from institutions accredited by the US Department of Education apply.
- In order to document college course work, you must submit your official transcript that shows the course has been completed (with a grade of C minus or better). Only transcripts from institutions accredited by the US Department of Education apply.

### Training Documentation

- When documenting training and education for the CPS credential, you must submit a CPS Training Documentation Form (you can download a copy from the CCB website) with all required information completed. Please attach a copy of all certificates of attendance or transcripts for all training/educational events listed on the form. Attached to the form, you must include a copy of all certificates of attendance or transcripts for all training/educational events included on the CPS Training Documentation Form with each certificate or transcript numbered according to the CPS Training Documentation Form.

### Credential Requirement for Certification Documentation by Professionals

- All credentials are verified to ensure the credential(s) of professional documenting requirements for certification are active at the time of submission.

### Application Review Process

- You must pay the filing fee and submit all required application materials before your application is reviewed. Incomplete applications will not be reviewed.

Requirements for the CPS – Certified Prevention Specialist Credential	
<b>Supervised Work Experience</b>	2,000 hours of Prevention experience across the domains.
<b>Education</b>	100 hours of prevention specific education. 50 hours of this education must be ATOD specific. 6 hours must be specific to prevention ethics, and 6 hours must be specific to problem gambling.
<b>Supervised Practicum</b>	120 hours specific to the six IC&RC prevention domains with a minimum of 10 hours in each domain.
<b>Professional References</b> <i>Sent directly to the CCB</i>	3 positive professional references with 1 from current or most recent supervisor and 2 from professional colleagues (preferably CCB credentialed)
<b>PS Exam (IC&amp;RC Exam)</b>	Passing score on the IC&RC PS exam
<b>Annual Renewal Standards</b> <i>Must be completed per year to maintain credential</i>	20 hours of prevention specific continuing education

## CCB Definition of a

### **CPS – CERTIFIED PREVENTION SPECIALIST**

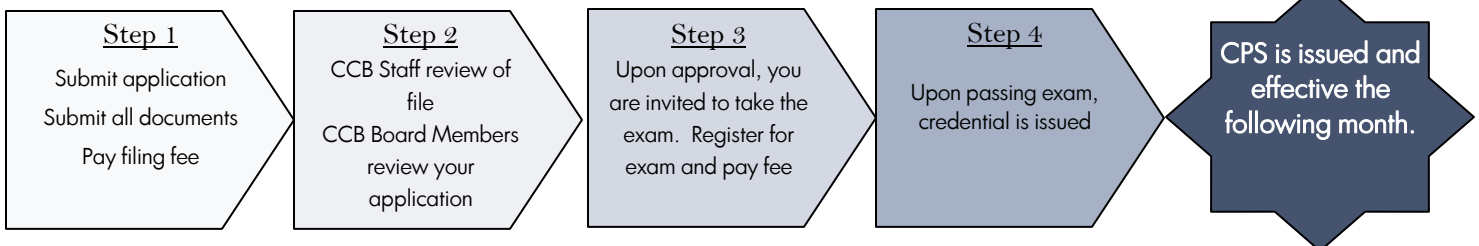
The Connecticut Certification Board subscribes to a broad-based definition of prevention as “a proactive process of helping individuals, families and communities to develop the resources and capacities needed to develop and maintain healthy lifestyles.” For this reason, prevention practitioners of any category may become certified as Prevention Professionals. These categories include, but are not limited to, substance abuse, child abuse, teen pregnancy, HIV/AIDS, school drop-out, suicide, and violence. In the field of addictions, prevention encompasses health promotion strategies.

In order to become certified as a CPS, a candidate must demonstrate they have completed appropriate education, training, and supervised experience relevant to the performance domains. **As of January 2007, the IC&RC Prevention Specialist Examination Role Delineation Study identified five domains.** Candidates are required to take and pass the IC&RC Prevention Specialist Written Exam in order to become certified as a Certified Prevention Specialist. The exam tests candidate’s knowledge in each of the six domains with the following percentage of items per domain.

Planning & Evaluation	30%
Prevention Education and Service Delivery	15%
Communication	13%
Community Organization	15%
Public Policy and Environmental Change	12%
Professional Growth and Responsibility	15%

**Once you have submitted your application materials...** you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing (via email) within approximately four weeks of the deadline about the status of your application. If changes or additional information are required, you will be notified in writing at that time. We will also notify you, by email, when your application has been accepted and you will be invited to sit for the standardized exam. If you have questions about your certification packet after submitting it to us for review, or if you have not received an electronic notification after 4 weeks, please email [jquamme@ctcertboard.org](mailto:jquamme@ctcertboard.org) for assistance. We will attempt to respond to your inquiry as soon as possible.

**PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION.** If you have questions about the certification process, please email Jeffrey Quamme at [jquamme@ctcertboard.org](mailto:jquamme@ctcertboard.org) for assistance.





Do not write above line

## Certified Prevention Specialist Application Form

Please clearly write or type all application forms

Submission deadline: ongoing

**Type of Application:**     CPS Certified Prevention Specialist (IC&RC Reciprocal)

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

Candidate's Email: \_\_\_\_\_

Candidate's Phone Number: \_\_\_\_\_

CCB Registry Number: \_\_\_\_\_

Effective Sept 1, 2010, all candidates must complete a CCB Registry Application prior to applying for any CCB credential.

### CPS Fees (All CCB Fees are Non-Refundable)

#### Initial Certification Fees for CPS – Certified Prevention Specialist

Application Filing Fee	\$175.00
IC&RC Prevention Specialist (PS) Exam	\$300.00

#### Renewal Fees for CPS – Certified Prevention Specialist

CPS Annual Renewal Fee	\$50.00	
CPS Two Year Renewal Fee	\$95.00	(\$47.50 per year)
CPS Three Year Renewal Fee	\$125.00	(\$41.67 per year)

**CCB Fee Policy:** By signing below, I acknowledge the current fees associated with the CPS credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of CCB fees, please visit the CCB website). *I understand that I am responsible for all fees associated with the certification process at the time of my initial application.* All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee will be due (\$35.00) for all returned checks and a hold will be placed on my application until the original and return check fees are received by the CCB. A late fee of \$100 will be charged for all CPS renewal applications not received within 30 days of the due date.

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

## CPS Application Submission Requirements

Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until you submit the filing fees and all of the following items have been met:

- Live or work in Connecticut full-time in order to apply for CPS certification
- Enclose the application filing fee of \$175.00 (*check or money order payable to CCB*)  
*OR*
- Pay online at [www.ctcertboard.org](http://www.ctcertboard.org) Date of online payment: \_\_\_\_\_
- Complete the entire CPS Application; fill-out, sign, and submit all 14 pages of this packet
- Work Experience Form (s) completed
- Request one reference form be completed by your current or most recent supervisor (*qualified professional*) and mailed directly to the CCB using the forms provided
- Request two reference forms be completed by professional colleagues and mailed directly to the CCB using the form provided (*make copies as needed*)
- Read, sign, and initial pages of the CCB Code of Ethical Conduct & Auth. to Obtain Information
- Submit a CPS Training Documentation Form which lists all education and training events you wish to apply towards the CPS that includes at minimum all the following information:
  - Training Date, Title of Training Event and Location of Event
  - Trainer/instructor and Host Organization
  - Length of event (*i.e., 6 hours, etc.*)
  - Type of event: ATOD specific or elective

To download the training documentation form, visit the CCB website [www.ctcertboard.org](http://www.ctcertboard.org)

- Attach a copy of certificates of attendance or transcripts for all training/educational events included on the CPS Training Documentation Form
- Request copies of your academic transcripts be sent directly to the CCB (*if needed*)
- Make a copy of the entire packet for your records prior to submitting to the CCB**

*I have completed all of the above items and submitted them according to the CCB submission requirement and current CPS standards.*

## Signed Assurances and CCB Code of Ethical Conduct

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.
- B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accordance with the *CCB Code of Ethical Conduct* (2010) and the *CCB Code of Ethical Conduct – Disciplinary Procedures* (2010) available on the CCB’s website at [www.ctcertboard.org](http://www.ctcertboard.org)
- D. I will hold CCB, Inc., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the CCB, the IC&RC, CT Department of Public Health or any other entity.
- E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, renewal fees, etc and that all CCB fees are non-refundable without exception.

Applicant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate’s Signature: \_\_\_\_\_

## Authorization to Obtain Information

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for a CCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to renew. I further understand that the status of any CCB credential is public record and may be shared by CCB and is available on the CCB website, including effective date, expiration date and certification type. I further understand that if my CCB credential is sanctioned in any way including revocation or suspension that this information is public.

Applicant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate’s Signature: \_\_\_\_\_

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

CPS Work Experience (Paid or Internship)

MAKE MULTIPLE COPIES OF THIS PAGE AS NEEDED. USE ONE PAGE FOR EACH EMPLOYER/AGENCY.

Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Was this unpaid/internship experience?  YES  NO

Candidate's Supervisor: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_



To be COMPLETED by candidate and VERIFIED by professional named below		Supervisor's Initials
Status: Full time, Part Time, Per Diem, Intern, Volunteer		
Date of Hire:	Still employed? <input type="checkbox"/> NO Date you left Agency:	
	Still employed? <input type="checkbox"/> YES Today's Date:	
How long in this position (number of years and months)?		
Total number of ATOD prevention specific hours		

To be completed and signed by candidate's IDENTIFIED SUPERVISOR ONLY.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you supervised the Candidate: \_\_\_\_\_ years \_\_\_\_\_ months

I attest that this candidate's work experience includes all required domains of the Certified Prevention Specialist credential: YES  
NO

Supervisor's Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

### CPS SUPERVISED PRACTICUM

Please document the total number of hours for which you have received supervised practicum (on the job supervised training) in each of the 5 IC&RC Prevention Professional performance domains. The minimum requirement is 300 hours with no less than 10 hours in each performance domain. ALL CANDIDATES MUST SUBMIT THIS FORM SIGNED BY THE INDIVIDUAL THAT PROVIDED THE TRAINING and identify the specific location the training was received and the dates the training was delivered.

IC&RC ADC Performance Domain	Agency/Location of Training	# of hours	Date(s) of Practicum
Planning & Evaluation			From: To:
Education & Skill Development			From: To:
Community Organization			From: To:
Public Policy & Environmental Change			From: To:
Professional Growth & Responsibility			From: To:
Prevention Ethics			From: To:
	<b>Total Hours</b>		

To the best of my knowledge, this is a true and accurate record of the supervised practicum I provided to the candidate.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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





To the CPS Candidate's Supervisor:

Candidates for CPS – Certified Prevention Specialist are required to submit three satisfactory references, one of them from the candidate's current or most recent Supervisor. You are asked as the Supervisor of the candidate whose name appears on the attached form to complete the attached reference and **mail the original form with this letter directly to the CCB. Please do not fax or send photocopies as these will not be accepted.** The references are an integral part of the certification process. It is, therefore, imperative that each reference be filled out as completely as possible and returned on a timely basis.

**CPS – Certified Prevention Specialist** utilizes “a proactive process of helping individuals, families and communities to develop the resources and capacities needed to develop and maintain healthy lifestyles.” For this reason, prevention practitioners of any category may become certified as Prevention Professionals. In order to become certified as a CPS, a candidate must demonstrate they have completed appropriate education, training, and supervised experience relevant to the treatment of addiction.

TO BE COMPLETED BY THE CPS CANDIDATE	
CPS Candidate's Name:	_____
Employer:	_____
Dates of Employment:	_____ to: _____
Job Title:	_____

*I hereby attest that the CPS candidate is (or has worked) in a position that provides prevention services and supervision in a position that meets the above criteria and has worked directly under my supervision.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Credentials: \_\_\_\_\_

CPS Candidate's Name: \_\_\_\_\_

CCB Registry #: \_\_\_\_\_

### Certified Prevention Specialist Reference Form

Name of Evaluator (Supervisor): \_\_\_\_\_

Title of Evaluator: \_\_\_\_\_ Credentials: \_\_\_\_\_

Agency of Evaluator: \_\_\_\_\_

Relation to Candidate:  Supervisor  Administrator  Co-worker  Other (Specify) \_\_\_\_\_

**INSTRUCTIONS:** Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

No basis for judgment	Inadequate	Needs improvement	Competent	Above Average	Exceptional
0	1	2	3	4	5

Certified Prevention Specialist Domains					Score
Planning and Evaluation:					
Prevention Education and Service Delivery:					
Communication:					
Community Organization:					
Public Policy and Environmental Change:					
Professional Growth and Responsibility:					

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials: \_\_\_\_\_



Dear Professional Colleague:

You have been selected as one of three professional references by a candidate seeking certification as a Certified Prevention Specialist with the Connecticut Certification Board (CCB). The name of that candidate appears at the top of the attached reference form. **Please complete the enclosed reference form and mail the completed form directly to the CCB. Please do not fax or send photocopies as these will not be accepted.** Your professional reference is an integral part of the application; therefore, it is imperative that each reference be filled out as completely as possible and returned to us in a timely manner.

The CCB is an independent, non-governmental, non-profit, incorporated body, established to credential behavioral health professionals in the State of Connecticut. Certification is based upon professional experience, training requirements, references, and the successful completion of a written test. Certified counselors are dedicated to the highest standards of training, competence, knowledge, and skills in the treatment of persons who have problems related to the use of alcohol and/or drugs.

Because references are so important to the application, the Board requests, in all fairness to each candidate, if you are unable to accurately complete at least five of the six domains, then please return the reference form to the candidate so s/he can forward it to an alternative reference source.

Thank you for your time and consideration for this important task. If you have any questions about the certification or evaluation process, please contact the CCB offices.

Sincerely,

*Connecticut Certification Board, Inc.*

CPS Candidate's Name: \_\_\_\_\_

CCB Registry #: \_\_\_\_\_

### Certified Prevention Specialist Colleague Reference Form

Name of Evaluator: \_\_\_\_\_

Title of Evaluator: \_\_\_\_\_ Credentials: \_\_\_\_\_

Agency of Evaluator: \_\_\_\_\_

Relation to Candidate:  Supervisor  Administrator  Co-worker  Other (Specify) \_\_\_\_\_

**INSTRUCTIONS:** Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

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<b>Certified Prevention Specialist Domains</b>					<b>Score</b>
Planning and Evaluation:					
Prevention Education and Service Delivery:					
Communication:					
Community Organization:					
Public Policy and Environmental Change:					
Professional Growth and Responsibility:					

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials: \_\_\_\_\_



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Title of Evaluator: \_\_\_\_\_ Credentials: \_\_\_\_\_

Agency of Evaluator: \_\_\_\_\_

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Planning and Evaluation:					
Prevention Education and Service Delivery:					
Communication:					
Community Organization:					
Public Policy and Environmental Change:					
Professional Growth and Responsibility:					

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credentials: \_\_\_\_\_

