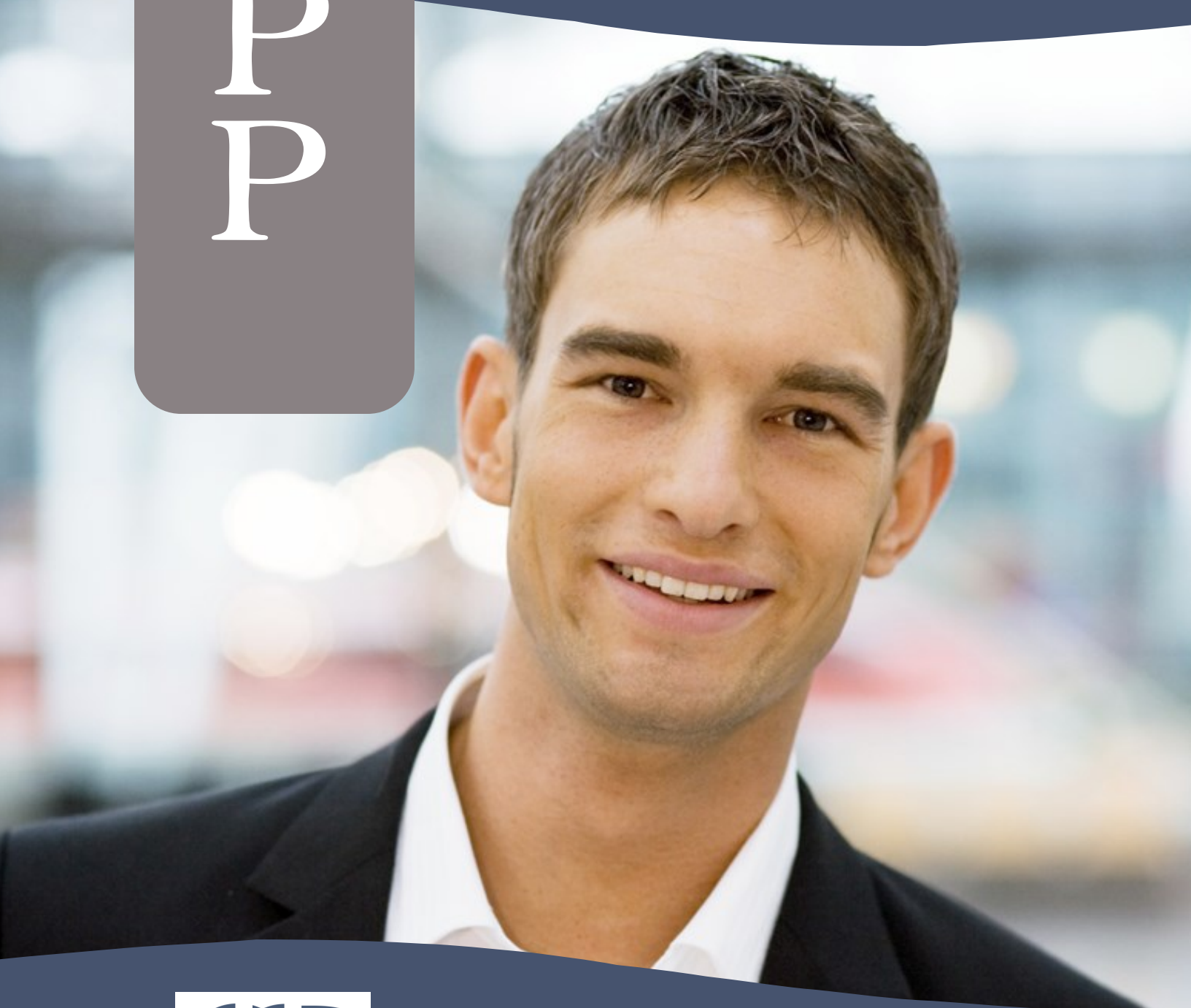


APP

Associate Prevention Professional Application



286 Maple Avenue, Suite 303, Cheshire, CT 06410
www.ctcertboard.org
info@ctcertboard.org
203.806.1300

Important Information About Your APP 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 sent via U.S. Mail or emailed to the CCB as a part of the application packet

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 sent directly from the accredited educational institution to the CCB via U.S. Mail or email (transcripts@ctccertboard.org). 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 APPS credential, you must submit a APP Training Documentation Form (part of this application packet) 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.

Credential Requirement for Certification Documentation by Professionals

- All signatures 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 APP– Associate Prevention Professional credential	
Supervised Work Experience	50 hours of Prevention work experience across the domains.
Education	50 hours of prevention-specific education & training with 6 hours must be specific to prevention ethics, 6 in mental health , and 6 in problem gambling
Annual Renewal Standards	The Associate Prevention Professional Credential is valid for 3 years and is non-renewable

APP – ASSOCIATE PREVENTION PROFESSIONAL

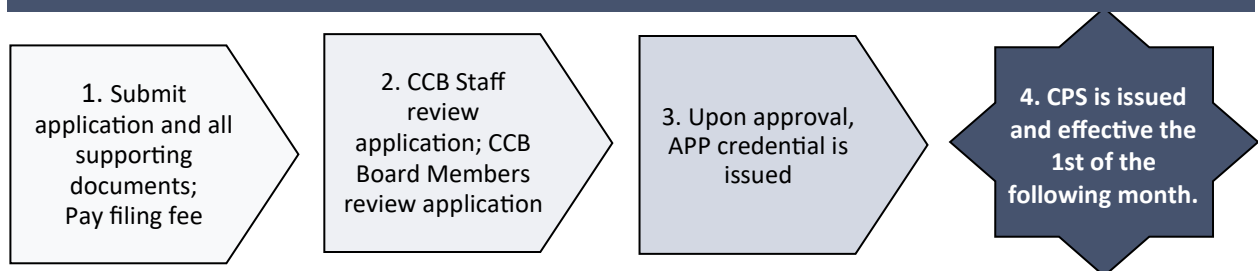
The Connecticut Certification Board subscribes to a broad-based definition of prevention as “a proactive process of helping individuals, families and communities to develop the resources and capacities needed to develop and maintain healthy lifestyles.” For this reason, prevention practitioners of any 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.

The purpose of the Associate Prevention Professional (APP) credential is to assist professionals with the certification process towards becoming a Certified Prevention Professional. In so doing, the APP is designed to encourage the continued professional development of the APP candidate toward eventual certification as a Certified Prevention Specialist (CPS) by requiring continued professional development and training to complete the training needed to apply for the APP. All fees related to the APP program are credited to the CPS application cost for the candidate when they apply for the CPS. No fees will be refunded if the candidate does not apply for the CPS.

In all activities, the professional must demonstrate consistent adherence to the [**Code of Ethical Conduct for Prevention Specialists \(March 2022\)**](#) & [**CCB Code of Ethical Conduct – Disciplinary Procedures \(2022\)**](#) and agree to continue their professional development with ongoing education and training specifically related to prevention.

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 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 for assistance.





Do not write above line

Associate Prevention Specialist Application Form

Please clearly write or type all application forms

Full Name: _____

Candidate's Email: _____

Candidate's Phone Number: _____

CCB Registry Number: _____

APP Fees (*All CCB Fees are Non-Refundable*)

Initial Certification Fees for APP– Associate Prevention Specialist

Application Filing Fee	\$100.00
IC&RC Prevention Specialist Exam (Optional for the APP)	\$300.00

Renewal Fees for APP – Associate Prevention Professional

APP Annual Renewal Fee	The APP is valid for a period of 3 years and is not renewable.
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CCB Fee Policy: By submitting this application, I acknowledge the current fees associated with the APP 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 APP renewal applications not received within 30 days of the due date.

APP 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 APP certification
- ☐ Enclose the application filing fee of \$100.00 (*check or money order payable to CCB*)
OR
- ☐ Pay online at www.ctcertboard.org Date of online payment: _____
- ☐ Complete the entire APP Application; fill-out, sign, and submit all pages of this packet
- ☐ Work Experience Form (s) completed
- ☐ Read the [Code of Ethical Conduct for Prevention Specialists](#) (2022) & sign Ethics Opt-In Statement and Authorization to Obtain Information (page 4 of this document)
- ☐ Submit an APP 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

- ☐ Attach a copy of certificates of attendance or transcripts for all training/educational events included on the APP 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 APP standards

Initials

Signed Assurances and CCB Code of Ethical Conduct Opt-In

- 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
- 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: _____

**APP - Associate Prevention Professional
Training Documentation**

Please submit copies of certificates to verify attendance

***50 hours total, INCLUDING 6 hours of prevention-based ethics, 1 hour of mental health and
1 hour of suicide training***

Date	Training Title	Sponsoring Organization	Total Hours
01/01/01	Ethics for Prevention Professionals	Connecticut Clearinghouse	6

APP 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? " NO Date you left Agency:		
	Still employed? " YES Today's Date:		
How long in this position (number of years and months)?			
Total number of ATOD prevention specific work 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: _____