

Certified Prevention Specialist (CPS)

Application



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**DIRECTIONS/CHECKLIST**

Please submit the application package and supporting documentation as outlined below and in the requirements section. If an application is incomplete, the contact information provided by the applicant on page 10 will be used to inform them of the missing information.

* Unofficial transcript identifying coursework and hours pertinent to Prevention Specialist (PS) domains.
* Certificates of attendance for trainings and continued education.
* Current job description signed and dated by applicant and supervisor (if applicable).
* Previous relevant employment dates and contact information.
* Signed and dated Code of Ethical Conduct.
* Signed and notarized Release Form.
* Signed Supervision Form.
* If the applicant has ever received any disciplinary action from another certification or licensing authority, include a letter of explanation with the application.
* If the applicant has ever been convicted of a felony, include a letter of explanation with the application.
* Fee of $125.00 which may be paid by check/money order (payable to Wyoming Department of Health). Fee must include the applicant’s name.

When the application is approved, the applicant will be notified about scheduling the exam.

*Keep a photocopy of your entire application.*

Applicants can mail completed application, copies of certificates of attendance, attachments, and fee to:

Wyoming Department of Health

Attn: Substance Abuse Prevention Program

Wyoming Certification Board

122 West 25th Street

3rd Floor West

Cheyenne, WY 82002

Any questions about the application process can be directed to WDH by email at wdh.prevention@wyo.gov with subject line “IC&RC Prevention Specialist Certification.”

**REQUIREMENTS FOR CERTIFICATION**

**DEFINITIONS**

**Education** – formal, structured instruction in the form of workshops, seminars, webinars, institutes, in-services, college/university credit courses, and WDH approved distance learning that are relevant to the PS domains, with at least 24 hours in alcohol, tobacco, and other drugs (ATOD) and at least 6 hours in prevention specific ethics and responsibilities. There is no time limit on the use of education for initial certification. Proof of education and/or unofficial transcripts must be sent with the application identifying course work and credit hours relevant to the PS domains (3 college credits = 45 hours).

**Degree** – award of completion from an accredited college or university that is recognized by the US Department of Education or the Council on Higher Education Accreditation.

**Employment Experience** – work relevant to the PS domains gained within the last 10 years.

**Employment/Volunteer Experience** – work or volunteer time providing prevention services gained within the last 10 years, with at least 51% of the experience relevant to the PS domains.

**Supervision** – on-the-job supervision specific to the PS domains with at least 10 hours in each domain.

**EDUCATION AND WORK EXPERIENCE REQUIREMENTS**

|  |  |
| --- | --- |
| **Requirement Type** | **Required Minimum Hours** |
| **Education** | 150 |
| * ATOD
 | 24 |
| * Ethics
 | 6 |
| **Employment Experience** | 8000 |
| *\*\*Bachelor’s degree fulfills this requirement.\*\** |
| **Employment/Volunteer Experience** | 4000 |
| **Supervision** | 120 |
| * Domain 1: Planning and Evaluation
 | 10 |
| * Domain 2: Prevention Education and Delivery
 | 10 |
| * Domain 3: Communication
 | 10 |
| * Domain 4: Community Organization
 | 10 |
| * Domain 5: Public Policy and Environmental Change
 | 10 |
| * Domain 6: Professional Growth and Responsibility
 | 10 |

**Examination**

* Pass the IC&RC Examination for Prevention Specialists.

**Other**

* Signed and dated Code of Ethical Conduct.
* Signed, dated, and notarized Release Form.
* Signed and dated job description (by both supervisor and applicant, if applicable).
* Applicant must either live or work in WY at time of application at least 51% of the time.

**Fee**

* Application: $125 *(fee must accompany application and materials)*

**PREVENTION SPECIALIST (PS) DOMAINS**

**Domain 1: Planning and Evaluation**

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

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

1. Coordinate prevention activities.
2. Implement prevention education and activities appropriate for the target audience.
3. Provide prevention education and programs that are relevant and timely for community conditions.
4. Maintain program fidelity when implementing evidence-based practices.
5. Serve as a resource to community members and organizations regarding prevention strategies and best practices.

**Domain 3: Communication**

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

**Domain 4: Community Organization**

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

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

1. Provide resources, training, and consultation that promote environmental change.
2. Participate in enforcement initiatives to affect environmental change.
3. Participate in public policy development to affect environmental change.
4. Use media strategies to support policy change efforts in the community.
5. Collaborate with various community groups to develop and strengthen effective policy.
6. Advocate to bring about policy and/or environmental change.

**Domain 6: Professional Growth and Responsibility**

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

**CERTIFICATION TIME PERIOD**

CPS certification encompasses two calendar years commencing on the date of successful completion of the examination. Two dates, date of issue and expiration, will appear on the certificate along with a certification number.

**APPEAL PROCESS**

The purpose of an appeal is to determine if WDH accurately, adequately, and fairly reviewed an applicant's file. A letter requesting an appeal must be made to WDH in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Appeal Committee that will thoroughly review the entire application and supporting materials to determine whether or not the applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Appeal Committee. For more information, see the Ethics Enforcement and Appeal Process form on the WDH website.

**EXAMINATION INFORMATION**

**Type**: This credential requires successful completion of the IC&RC exam which is offered as an on-demand computer based exam administered at an approved testing site. Three hours are permitted to complete the 150 question, multiple-choice exam. Candidates will be notified by WDH, once application for certification is approved, on how to register for the computer based exam.

**Dates**: The IC&RC exam is offered on-demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from WDH on registering for on-demand testing once application for certification is approved.

**Content**: The IC&RC Job Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

**Candidate Guide**: Examination content, sample exam questions, and a list of references are included in the free Candidate Guide. Candidate Guides can be found at <http://www.internationalcredentialing.org/examprep>.

**Study Material:** Study material and preparation can be found at [professionals.internationalcredentialing.org](http://professionals.internationalcredentialing.org/).

**Locations**: There are several computer based testing sites in Wyoming. Candidates can choose the testing site.

**Special Situations**: Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to WDH no fewer than 60 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact WDH on what constitutes official documentation. WDH will make arrangements for appropriate modifications to its procedures when documentation supports this need.

**Cancellation/Rescheduling Policy**: Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will not receive a refund. Candidates who cancel or reschedule their exam less than 5 days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule 5 days or more prior to his or her scheduled date will be subject to a fee. See the Candidate guide for more information.

**Retest**: Candidates failing the exam can retest after a 60-day waiting period from date of last taking the exam. Candidates will be sent retest instructions from WDH.

**RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, WDH requires recertification every two years.

To be recertified as a CPS, an individual must:

1. Hold a current and valid certificate issued by WDH;
2. Acquire 40 hours of WDH-approved education relevant to domains identified including three hours in professional ethics and responsibilities received within the two-year recertification cycle. Professionals recertifying their credential(s) may be subject to an audit. Review the recertification application for more details;
3. Verify that you have reviewed, read, and will uphold by practice the WDH Code of Ethical Conduct for professional behavior; and
4. Complete an application and pay the recertification fee of $35.

**LAPSED CERTIFICATION**

The completed recertification application should be received at WDH prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold a CPS certification, and no further use of the CPS certification is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee of $25 is due if the recertification is late between one day and 12 months. After 12 months, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

**INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC)**

The purpose of the IC&RC is to:

* Promote uniform professional standards and quality assurance for the alcohol and drug profession and to give the profession greater visibility throughout the United States and other countries;
* Negotiate reciprocity agreements for alcohol and drug professionals with certification bodies throughout the United States and other countries;
* Provide support services including consultation and training to all states in all areas of certification such as establishment of standards, evaluation of competence, establishment and training of boards and committees;
* Provide information on certification and certification activities throughout the United States and other countries;
* Provide an International Certificate for Prevention Specialists (ICPS) meeting specified qualifications certified by individual IC&RC member certification boards. Professionals who hold a reciprocal level credential through WDH are eligible for an International Certificate from IC&RC. WDH will add a seal to your certificate indicating the international status of your certification. If you would like to receive an international certificate, you can download the necessary form at [www.internationalcredentialing.org](http://www.internationalcredentialing.org);
* Promote uniform professional standards in CPS specialty disciplines.

Certified specialists in the state of Wyoming have reciprocity with many certifying bodies throughout the United States and other countries as well as all of the armed services. For reciprocity process and/or a listing of member boards, please call WDH or visit [www.internationalcredentialing.org/reciprocity](file:///%5C%5Cefs.wyo.gov%5C048_wdh_secure%24%5CHipaa%5CPublic%20Health%20Division%5CODPHP%5CPrevention%5CIC%26RC%5C_Old%20Files%5CApplications%5Cwww.internationalcredentialing.org%5Creciprocity).

**APPLICATION FOR CERTIFIED PREVENTION SPECIALIST (CPS)**

*Please type or print only.*

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Male □ Female |
|  *(Print your name as it should appear on your certificate)* |  |  |  |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:\_\_\_\_\_\_\_\_\_\_ | City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:\_\_\_\_\_\_\_\_\_\_\_ |
| County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip:\_\_\_\_\_\_\_\_\_\_\_\_ | County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(required)* |
| College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name on Transcript:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Degree(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employer Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ext:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dates Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Immediate Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing prevention activities/services *or* that the applicant is working in a position where a minimum of 51% of his/her time is spent providing supervision of prevention activities/services.

Supervisor's Signature: Date:

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| Why are you pursuing certification? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *(required)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**PREVIOUS RELEVANT EMPLOYMENT AND VOLUNTEER EXPERIENCE (IF APPLICABLE)**

Provide employment and/or volunteer experience based off the definitions provided on page 4. Only experience within the last ten years will be considered.

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| Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Your Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Hours per Week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Immediate Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Immediate Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates Employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supervisor Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUPERVISION FORM**

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person, ensure quality of clinical care, and extend over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

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

I hereby attest that a *minimum* of 120 hours of supervision in the domains have been attained by the above-named applicant. At least 10 hours in each of the PS domains were received as outlined below:

|  |  |
| --- | --- |
| **PS DOMAINS** | **HOURS RECEIVED IN EACH** |
| 1. Planning & Evaluation |  |
| 2. Prevention Education & Service Delivery |  |
| 3. Communication |  |
| 4. Community Organization |  |
| 5. Public Policy & Environmental Change |  |
| 6. Professional Growth & Responsibility |  |
| **TOTAL** |  |

Supervisor's Signature: Date:

**CODE OF ETHICAL CONDUCT**

**UNLAWFUL CONDUCT**

**Rule 1.1**

Once certified, a prevention specialist shall not be cited, arrested, or convicted for any summary offense, misdemeanor, or felony relating to the individual’s ability to provide substance abuse and other behavioral health services or that reflects conduct unbecoming a certified specialist as determined by WDH.

**Rule 1.2**

A certified prevention specialist shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

**ROMANTIC/SEXUAL MISCONDUCT**

**Rule 2.1**

A certified prevention specialist shall, under no circumstances, engage in romantic/sexual activities or romantic/sexual contact with persons served, whether such contact is consensual or forced.

**Rule 2.2**

A certified prevention specialist shall not engage in romantic/sexual activities or romantic/sexual contact with persons’ relatives or other individuals with whom persons served maintain a close personal relationship when there is a risk of exploitation or potential harm to the person.

**Rule 2.3**

A certified prevention specialist shall not engage in romantic/sexual activities or romantic/sexual contact with former persons served because of the potential harm to the person.

**Rule 2.4**

A certified prevention specialist shall not provide clinical services to individuals with whom they have had a prior romantic/sexual relationship.

**FRAUD-RELATED CONDUCT**

**Rule 3.1**

A certified prevention specialist shall not:

1. Present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
2. Prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
3. Present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program; and
4. Seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.

**Rule 3.2**

An individual shall not use misrepresentation in the procurement of certification or recertification or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes, but is not limited to, the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.

**Rule 3.3**

An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.

**Rule 3.4**

A certified prevention specialist shall not provide service under a false name or a name other than the name under which his or her certification or license is held.

**Rule 3.5**

A certified prevention specialist shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.

**Rule 3.6**

A certified prevention specialist shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.

**Rule 3.7**

A certified prevention specialist who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co- authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the CPS should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

**DUAL RELATIONSHIPS/EXPLOITATION OF CLIENTS**

**Rule 4.1**

A certified prevention specialist shall not develop, implement, or maintain dual/exploitative relationships with persons served and/or family members of persons served.

**Rule 4.2**

A certified prevention specialist shall not misappropriate property from persons served and/or family members of persons served.

**Rule 4.3**

A certified prevention specialist shall not enter into a relationship with a person which involves financial gain to the CPS or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.

**Rule 4.4**

A certified prevention specialist shall not promote a person for their personal gain any treatment, procedure, product, or service.

**Rule 4.5**

A certified prevention specialist shall not ask for nor accept gifts or favors from persons served and/or family members of persons.

**Rule 4.6**

A certified prevention specialist shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a person referral.

**Rule 4.7**

A certified prevention specialist shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the CPS is employed.

**Rule 4.8**

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services. Where there is suspicion of abuse of children or vulnerable adults, prevention specialists shall report the evidence to the appropriate agency.

**PROFESSIONAL STANDARDS**

**Rule 5.1**

A certified prevention specialist shall not in any way participate in discrimination on the basis of race, color, gender, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.

**Rule 5.2**

A certified prevention specialist who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a CPS must request inactive status of their WDH credential for medical reasons for as long as necessary.

**Rule 5.3**

A certified prevention specialist shall meet and comply with all terms, conditions, or limitations of a certification or license.

**Rule 5.4**

A certified prevention specialist shall not engage in conduct that does not meet the generally accepted standards of practice.

**Rule 5.5**

A certified prevention specialist shall not perform services outside of their area of training, expertise, competence, or scope of practice.

**Rule 5.6**

A certified prevention specialist shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.

**Rule 5.7**

A certified prevention specialist shall not permit publication of photographs, disclosure of person or community served names or records, or the nature of services being provided without securing all requisite releases from the person or parents/legal guardians of the persons.

**Rule 5.8**

A certified prevention specialist shall not discontinue professional services to a person nor shall they abandon the person without facilitating an appropriate closure of professional services for the person.

**Rule 5.9**

A certified prevention specialist shall not fail to obtain an appropriate consultation or make an appropriate referral when the person's problem is beyond their area of training, expertise, competence, or scope of service.

**Rule 6.0**

A certified prevention specialist shall maintain respect for institution policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the person. The CPS should adhere to any agency or institutional rules/regulations unless doing so violates a person’s confidentiality.

**SAFETY & WELFARE**

**Rule 6.1**

According to their consciences, prevention specialists should be informed on public policy and legislative issues. The public welfare and the individual’s rights to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

**Rule 6.2**

All certified prevention specialists are mandated child abuse reporters.

**RECORD KEEPING**

**Rule 7.1**

A certified prevention specialist shall not falsify, amend, knowingly make incorrect entries, or fail to make timely essential entries into the personal record.

**ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

**Rule 8.1**

A certified prevention specialist shall not refer a person served to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

**DISCIPLINE IN OTHER JURISDICTIONS**

**Rule 9.1**

A certified prevention specialist holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

**COOPERATION WITH THE BOARD**

**Rule 10.1**

A certified prevention specialist shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include, but are not limited to:

1. The willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. The use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. The use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; and
4. Refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending.

Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the CPS’s credential until the ethical complaint is resolved.

**Rule 10.2**

A certified prevention specialist shall:

1. Not make a false statement to the WDH or any other disciplinary authority;
2. Promptly alert colleagues to potentially unethical behavior so said colleague could take corrective action;
3. Report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3**

A certified prevention specialist shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4**

A certified prevention specialist with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the WDH investigation or disciplinary proceeding. Failure or an unwillingness to cooperate in the WDH investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5**

A certified prevention specialist shall not file a complaint or provide information to the WDH, which he/she knows or should have known, is false or misleading.

**Rule 10.6**

In submitting information to WDH, a CPS shall comply with any requirements pertaining to the disclosure of person information established by the federal or state government.

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

**RELEASE FORM**

*(Must be notarized below).*

I hereby request that Wyoming Department of Health (WDH) grant the Certified Prevention Specialist credential to me based on the following assurances and documentation:

I subscribe to and commit myself to professional conduct in keeping with the WDH Code of Ethical Conduct;

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of manuscripts and other personal information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;

I consent to the release of information contained in my application and any other pertinent data submitted to or collected by WDH to officers, members, and staff of the aforementioned Board;

I consent to authorize WDH to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential; and

Allegations of ethical misconduct reported to WDH before, during, or after application for certification is made will be investigated by WDH and could result in the nullification of the application or denial or revocation of certification.

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

On this the day of \_, 20 , by me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a notary public, the undersigned officer, personally appeared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal. Sworn and subscribed before me this day of , 20 .

 **\_\_\_\_\_\_\_\_\_\_\_\_ SEAL:**

**Notary Public**