

The Texas Certification Board of Addiction Professionals

presents

The Texas System for Certification of

CERTIFIED PREVENTION SPECIALISTS

APPLICATION PACKAGE

Revised July 2007

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

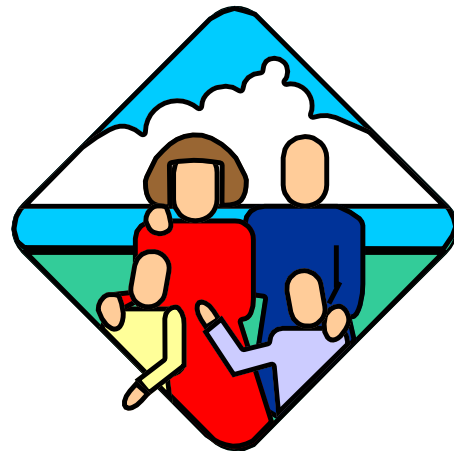
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**Certification Criteria
and other information for
“Certified Prevention Specialist”**

AS AUTHORIZED BY THE
TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

Revised Edition
July 2007

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REVISION AND CHANGE: All or any part of this handbook is subject to change as deemed necessary by TCBAP.

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TEXAS SYSTEM FOR CERTIFICATION OF CERTIFIED PREVENTION SPECIALISTS

Statement of Purpose

The Certified Prevention Specialist (CPS) credential upgrades and standardizes qualifications of those working in the area of prevention throughout Texas. The CPS shall be viewed as a fully qualified specialist in the area of prevention and able to provide these services independently or with minimal supervision, to the degree allowed by applicable laws, statutes and regulations. The CPS is designed to be appropriate for those professionals currently practicing in the prevention field. A CPS is a health care professional who has been certified by the Texas Certification Board of Addiction Professionals (TCBAP) as having been adequately trained to provide prevention education training. Prevention services shall be within the limitations of all applicable state and local statutes. A CPS is also an individual who adheres to the ethical principals set forth by the Texas Association of Addiction Professionals (TAAP).

Statutory Limitations

Certification as a CPS is not to be construed as authorization to charge or collect fees for services rendered if to do so conflicts with any statutory limitations. Where statute requires that a CPS be supervised by a licensed provider/clinical supervisor, the CPS shall so be supervised.

Principles

Certain important principles have emerged in regard to this credential.

Principle 1: This prevention certification is based on a combination of competency and knowledge about prevention education to include academic achievement.

Principle 2: Authority for this certification comes from professionals nationwide working in the field of prevention who share a common concern for educational standards with a focus on International Certification and Reciprocity Consortium (IC&RC) role delineation study processes, education and competency within the practice of prevention.

Principle 3: Persons having prevention skills and utilizing them in positions other than those of counseling may be certified with this credential by TCBAP. The basic requirement for certification is the performance of prevention skills and academic achievement.

Principle 4: Application for this credential is entirely voluntary.

Principle 5: Prevention certification is offered to both members and non-members of TAAP's membership and TCBAP's certification processes.

Principle 6: Applicants for the CPS credential must make their application with the credentialing board in the state in which they reside.

Authority

The authority of the Texas Certification Board is derived from those persons who are dedicated to service as counselors and other health professionals who are most affected by certification and standardization of related counseling issues such as prevention. The authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of certification is voluntary. The credibility of this certification results from the standards that are maintained and the performance levels established by the Texas Certification Board. However, the professional competency, knowledge, and integrity of the Certified Prevention Specialist is based on ICRC international standards. Elected by the membership of the Texas Association of Addiction Professionals (TAAP), the Texas Certification Board is governed by its own procedures. Members serve without remuneration.

Requirements for CPS Certification

The minimum requirements for certification of a CPS shall include academic achievements, work experience, formal training, plus satisfactory completion of a written examination.

- A. **Formal Training**: Applicants must provide documentation of one hundred (100) prevention education hours. Fifty (50) hours must be titled as specific Alcohol, Tobacco and Other Drug (ATOD) training. Six (6) of these hours must be Ethics education specific to Prevention.
- B. **Ethics**: All applicants for certification as a CPS must sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for the CPS credential. All professional ethical complaints must be resolved prior to certification.
- C. **Written Test**: All applicants for certification as a CPS must complete and satisfactorily score a passing grade on the IC&RC International Written Prevention Specialist Examination.
- D. **Practicum**: All applicants must show documentation of a one hundred twenty (120) hour supervised Practicum with a minimum of ten (10) hours in each of the five Prevention domains: Planning and Evaluation, Education and Skill Development, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility.
- E. **Experience**: All applicants must document 2,000 hours (approximately one year) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience. A form is included in the application package on which the work experience should be documented.
- F. **Application**: All applicants must submit a completed application along with the application fee to the Texas Certification Board.
- G. **Residency**: All persons who apply for the CPS certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant's work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.

Fees for Certification

The following fee structure shall apply for all individuals who apply for certification as a CPS.

Application Fee	\$125.00
Application Packet Fee	\$15.00
Written Test Fee	\$155.00

Requirements for Recertification

The CPS certification shall be issued for a period of two (2) years. The requirements for recertification shall be as follows:

- A. Submission of an application including a signed copy of the ethical standards for the CPS.
- B. Absent of any ethical or malpractice violations in this or any other certifications or licensures.
- C. Completion of forty (40) hours of continuing education. Documentation and/or certificates must be titled in areas of Alcohol, Tobacco and Other Drug (ATOD) prevention education or the five (5) domain areas as described in section D of the requirements for certification.
- D. Recertification fee will be \$100.00 every two (2) years.

PROCEDURE FOR CODE OF ETHICS COMPLAINTS

TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP CPS or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be ir-resolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the CPS professional or through the CPS professional's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 1005 Congress, Ste. 460, Austin, and TX 78701.

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

Name _____

Address _____

City/State/Zip _____

Work Phone _____ **Home Phone** _____

Fax Number _____ **Social Security No.** _____

Email _____ **Gender** _____ **D.O.B.** _____

Ethnic Origin

<input type="checkbox"/>	African American	<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Other _____

Health Care Licenses/State Certifications (Please list type and expiration date) _____

Have you ever undergone a disciplinary action for violation of any Code of Ethics?
YES _____ NO _____ (If YES, please attach letter of explanation)

Education

Associate's Degree (Type & Date Awarded) _____

Undergraduate Degree (Type & Date Awarded) _____

Graduate Degree (Type & Date Awarded) _____

Doctorate Degree (Type & Date Awarded) _____

Enclosures

- _____ Certification Application
- _____ Professional Work Experience Forms documenting at least 2,000 hours
- _____ Signed Code of Ethics
- _____ Documentation of fifty (50) Prevention specific education hours
- _____ Documentation of fifty (50) Alcohol and Drug specific education hours
- _____ Documentation of six (6) hours prevention ethics hours (may be include in 100 hours)
- _____ Documentation of one hundred twenty (120) hour Prevention Practicum
- _____ Copy of successful ICRC International Prevention Specialists Examination scores
- _____ International Certificate Application

CPS Fees

- _____ Certification Fee.....\$125.00
- _____ Application Packet Fee.....\$15.00

Payment Information

_____ I have enclosed a check or money order payable to TCBAP
 _____ I authorize TCBAP to charge my credit card in the amount of \$ _____
 _____ Visa _____ Mastercard _____ American Express _____ Discover
 Card No. _____ Exp Date _____
 Cardholder Name _____
 Cardholder Signature _____

I understand that my credit card billing statement will show charges from "TAAP".

STATEMENT OF UNDERSTANDING

I hereby affirm that this application is made on my behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the result of inquiries made of employers, co-workers, references, educational institutions or any others which were sought and secured in the process of making a determination as to my certification with TCBAP. I hereby authorize hospitals, any type of business organization, schools, and other organizations or persons named herein to release to TCBAP any information they may have regarding me. I hereby release said parties from any and all liability arising out of the furnishing of the information that may be requested by TCBAP in connection with this application.

I understand that certification depends on my meeting the requirements and criteria established by the TCBAP Board. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of TCBAP. **All fees are non-refundable.**

I authorize TCBAP to obtain information pertaining to this credential and my performance and ability from my employer, past employer, and references listed herein.

Signature _____

Date _____

Return Completed Application to:
TCBAP, 1005 Congress Avenue, Ste. 460, Austin, TX 78701

CERTIFIED PREVENTION SPECIALIST (CPS)

CODE OF ETHICS

I hereby affirm that ...

My primary goal is effective, honest prevention community activities toward schools, clients, families and community educators, and that I have a total commitment to provide the highest care for those who seek professional services through my agency.

I shall evidence a genuine interest in all schools, families, community groups and staff, and do hereby dedicate myself to the best interest of all community citizens.

I shall maintain at all times an objective, non-possessive, professional relationship with all agencies and their staff.

I shall recognize the need for consultation with agency, staff, and community in problematic issues.

I shall adhere to all the professional rules of confidentiality, of all maintenance and distributions of records, material and knowledge concerning all agencies, and respect the integrity and protect the welfare of all persons or groups with whom I am working.

I shall not in any way discriminate between any agency, families or fellow professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic conditions.

I shall respect the rights and views of the Boards of Directors, of staff and professionals.

That I shall advocate changes in public policy and legislation to afford opportunity and choices for all individuals endangering themselves, families and others.

I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the initiative toward improving such policies when I will better serve the interest of the clients, the agency and the community.

I have a commitment to assess my own personal strengths, limitations, biases and effectiveness on a continuing basis and I shall have a personal responsibility for professional growth through further education and training.

I have an individual responsibility to espouse objectives and integrity, responsibility to uphold legal and moral turpitude and ethical professional codes, responsibility for my own conduct in all areas, including, but not limited to, personal behavior, the use of mood altering drugs, and community activities. I am further willing to provide, respond to, and support requests by the credentialing body for professional disclosure of legal and ethical behavior and records relating, impinging, affecting the prevention professionals and my professional status.

I shall cooperate with duly constituted professional Ethics Boards and promptly supply necessary information unless constrained by demands of specialized confidentiality rules.

That I have a responsibility to myself, the community, peer associates, and the agency public maintain my physical and mental well being and shall adopt a personal and professional stance which promotes the well being of all human beings.

Adopted by the Texas Certification Board of Addiction Professionals

I have read and subscribe to the TCBAP Code of Ethics for Preventionists and agree to the authority of the Texas Certification Board of Addiction Professionals. In regards to my certification as a Prevention Specialist, I will surrender my certification, if necessary, for violation of any portion of the Code of Ethics.

I hereby certify that this Prevention Certification application and related material, to the best of my knowledge, are true and correct. I hereby release from liability TCBAP the organization, all representative Board members and agents of the Board from liability for their acts performed in good faith and without malice in connection with reviewing, evaluating, processing, and monitoring my application, my testing, my certification, and recertification.

Signature _____ **Date** _____

Printed Name _____

If you have any questions about any portion of this application, call the office for assistance at:
(512) 708-0629

Be sure to make a copy of this application and all materials sent with it for your permanent record and as back-up in case it should get lost or damaged in the mail.

Please note: we cannot accept piece mail. Please be certain your portfolio is complete prior to submitting it to TCBAP. Incomplete portfolios will be returned.

Return completed application packet to:

**TCBAP
1005 Congress Ave., Suite 460
Austin, TX 78701**

CERTIFIED PREVENTION SPECIALIST (CPS)
PROFESSIONAL WORK DOCUMENTATION/REFERENCE FORM

Complete one form for each Prevention Employment Reference

Employer

Address

City/State/Zip.....

Telephone Number

Title or Position

Supervisor (Title).....

Period Worked (From/To)

Total Years/Months Worked

Total number of hours per week as Preventionist or Consultant

Hours of School Prevention Activities	_____
Hours of ATOD Prevention Activities	_____
Hours of Personal Consultation	_____
Hours of Community Prevention Relation	_____
Other	_____
TOTAL	_____

What percentage of your agency/organization's work or clinical population's work is in:

_____% School & Community Activities: Primary____ Secondary____ High School____ Higher Ed____
_____% ATOD Prevention Activities
_____% Primary Prevention
_____% Secondary Prevention
_____% Other family focus functions: Description_____

CERTIFIED PREVENTION SPECIALIST (CPS)
Supervised Practicum Form—Documentation of Hours

APPLICANT'S NAME: _____

CERTIFYING STATEMENT:

"I hereby certify that the above named individual has successfully completed the 120 hour Practicum experience, including at least ten (10) hours of experience in each of the five (5) Prevention Domains, as outlined at the bottom of this form."

NAME OF PRACTICUM COORDINATOR: _____

TITLE: _____

AGENCY NAME: _____

PRACTICUM COORDINATOR SIGNATURE: _____

PRACTICUM STUDENT'S SIGNATURE: _____

DATE COMPLETED: _____

Prevention Domain	Number of Hours of Experience in Domain	Skills Rating	Supervisor Initials
I. Planning and Evaluation			
II. Education and Skill Development			
III. Community Organization			
IV. Public Policy and Environmental Change			
V. Professional Growth and Responsibility			

