

# Texas Certification Board of Addiction Professionals

1005 Congress Ave. Suite 460

Austin, TX 78701

Tel: (512) 708-0629 \* Fax: (512) 476-7297 \* Email: TCBAP@tcbap.org

## CPS Renewal Application

### APPLICANT INFORMATION

First Name Middle Name Last Name Suffix Social Security No. Date of Birth

Mailing Address - Line 1 Mailing Address - Line 2 City State Zip Code

Office Telephone Ext Home Telephone Fax Email Current Employer

Current Credentials Counseling Lic No. Expires Highest Degree Earned Ethnicity Gender

### CERTIFICATION INFORMATION

Certification No. Issued Expires Currently Inactive?  Inactive Status Expires

Are you currently under investigation for any type of disciplinary action? YES NO

Have you been subject to any disciplinary action since your last certification renewal? YES NO

If you answered YES to either question, please attach a letter of explanation.

**Certification Renewal Fee (Not including applicable late fees): \$100.00**

*If you would like a certificate from the ICRC showing that you hold a credential that is internationally reciprocal, please complete the International Certificate Application form at the end of this renewal packet. This certificate is available for the ADC, AAC, CPS, CCJP and CCS and will be mailed to you directly from ICRC after you receive your Texas certificate. There is no additional fee for the ICRC certificate.*

*I understand that certification is contingent upon my meeting the requirements and criteria established by the Board. I understand that intentionally misleading statements on this application may result in denial of my certification application or revocation of my certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of the Texas Certification Board of Addiction Professionals. All fees are non-refundable.*

APPLICANT SIGNATURE DATE

Payment may be made by check, money order, purchase order or credit card. Mail your payment to TCBAP, 1005 Congress Ave., Suite 460, Austin, Texas 78701. In order to ensure prompt renewal of your credential, please remit payment at least fifteen (15) days prior to expiration date.

Amount Enclosed: \_\_\_\_\_ Payment Type: \_\_\_ Check \_\_\_ Money Order \_\_\_ Purchase Order \_\_\_ Credit Card

Credit Card Information: \_\_\_ AMEX \_\_\_ DISC \_\_\_ VISA \_\_\_ MC Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*I authorize TCBAP to charge my credit card. I understand that my credit card statement will show charges from TAAP.*

**Please be advised that renewal of your credential is contingent upon payment of the required renewal fee. If your payment fails to fund, your credential is subject to revocation of its renewed status.**

# **CERTIFIED PREVENTION SPECIALIST (CPS) RECERTIFICATION INFORMATION**

## **REQUIREMENTS FOR RECERTIFICATION**

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

1. Submission of an application including a signed copy of the ethical standards for the CPS.
2. Absent of any ethical or malpractice violations in this or any other certifications or licensures.
3. 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 one of the five (5) domain areas: Community Organization, Education and Skill Development, Planning and Evaluation, Professional Growth and Responsibility, and Public Policy and Environmental Change.
4. The fee for recertification shall be \$100.00. There is a 6 month grace period for renewal of certifications. If you are renewing more than 6 months after your expiration date, there is a \$50 penalty fee in addition to the recertification fee. If you are renewing more than 12 months after your expiration date, there is a \$100 reinstatement fee in addition to the \$50 penalty fee and the recertification fee.

## **SUBMISSION CHECKLIST**

Please submit the following items to recertify your credential:

- \_\_\_\_\_ Completed recertification application form
- \_\_\_\_\_ Signed Code of Ethics
- \_\_\_\_\_ 40 continuing education hours pertaining to alcohol and/or drug abuse or prevention education
- \_\_\_\_\_ Recertification Fee(s)
- \_\_\_\_\_ International Certificate Application

**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**

## **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** \_\_\_\_\_



# UPGRADE TO ADVANCED CERTIFIED PREVENTION SPECIALIST FORM

**USE THESE FORMS ONLY TO UPGRADE TO AN  
ADVANCED LEVEL CPS  
IF YOU ARE CURRENTLY CERTIFIED AS A CPS  
AND WISH TO UPGRADE**

## **Statement of Purpose**

The Advanced Certified Prevention Specialist (ACPS) is a TCBAP credential to recognize prevention specialists who have completed additional degree work and/or work experience in the field of prevention. The Advanced Certified Prevention Specialist (ACPS) is an International Certification and Reciprocity Consortium (IC&RC) certification at the CPS level only. Individuals who are currently certified as a CPS have the opportunity to upgrade their certification to the Advanced CPS by completing this application documenting minimum requirements.

## **Requirements to upgrade to an ACPS Certification from a CPS**

The minimum requirements to upgrade to the ACPS certification for those who currently hold a CPS certification shall include academic achievements, work experience, and formal training as outlined below.

- A. **Formal Training**: Applicants must provide documentation of an additional one hundred (100) prevention education hours. Documentation should be within the last ten years.
- B. **Education and Experience**: Applicants must provide documentation of either:  
Associates Degree plus 10,000 hours (approximately five years) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. *Please send official transcripts to verify degree.*

OR

Bachelor's Degree plus 4,000 hours (approximately two years) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. *Please send official transcripts to verify degree.*

## **Requirements for Recertification**

Please note that submission of this upgrade form will only upgrade your current CPS it will not change your current renewal date. The requirements for the ACPS recertification shall be the same as those for the CPS.

## Advanced Certified Prevention Specialist Upgrade Application

USE THIS FORM ONLY TO UPGRADE TO AN ADVANCED CPS  
IF YOU ARE CURRENTLY CERTIFIED AS A CPS

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

Street Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Current Certified Prevention Specialist (CPS) Certification #: \_\_\_\_\_

### Submission Checklist

- \_\_\_\_\_ Upgrade Certification Application
- \_\_\_\_\_ Professional Work Experience Forms
- \_\_\_\_\_ Completed Formal Education Form (including submission of transcripts)
- \_\_\_\_\_ Documentation of one hundred (100) Prevention specific education hours

**ADVANCED CERTIFIED PREVENTION SPECIALIST (ACPS)**  
**PROFESSIONAL WORK EXPERIENCE DOCUMENTATION FORM**

COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR AN UPGRADED CPS LEVEL.

*The information on this form must be supplied and attested to by the applicant.* This form should be photocopied and completed for each separate counseling experience claimed to meet the work experience requirement.

Name (Last, First, Middle Initial) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Title or Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Period Worked (From/To) \_\_\_\_\_

Average clock hours of work experience per week \_\_\_\_\_

Total clock hours claimed for this counseling experience \_\_\_\_\_

I, \_\_\_\_\_, affirm that the information provided on this form is true and accurate. I can document this information should I be audited by TCBAP.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

# ACPS Formal Education Form

COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR AN UPGRADED CPS LEVEL.

List below all formal education (high school, college, university) you have received. BE SURE TO INCLUDE AN OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT. Note: All post-secondary education must come from an accredited college or university.

Formal Education	Name of School & Location of School	Graduation YEAR	Degree
college or university (undergraduate)			
college or university (graduate)			
college or university (POST-graduate)			