

**New Hampshire Prevention Certification Board**  
**Application for Certified Prevention Specialist (CPS)**  
***For Candidates with a Bachelor's Degree or Higher***

*Information must be typed or printed.*  
*Incomplete applications will not be considered.*

**Section 1: Personal Information**

Name (as it should appear on your certificate): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Program/Business Name: \_\_\_\_\_

Program/Business Address: \_\_\_\_\_

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

Once certified, the Prevention Certification Board of New Hampshire will post your name on our website and will share your name and email address with partner organizations upon request. If you do not want your name shared in this manner, please check here:

**Section 2: Signature Requirement**

***I hereby certify that all of the information being submitted in this application is true and accurate, and that I have read, signed, and ascribed to the attached Code of Ethical Standards.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Certification fee is \$250 for two years and is non-refundable. Please see Page 2 of the Prevention Certification Manual for further information on fee structure. Please attach check or money order made payable to New Hampshire Prevention Certification Board. Alternatively, you can pay using PayPal by selecting the Application fee link at [www.nhpreventcert.org/testing/](http://www.nhpreventcert.org/testing/). Completed application packets with payment can be mailed to:

*The New Hampshire Prevention Certification Board, c/o Community Health Institute, Administrator, 501 S. Street, 2<sup>nd</sup> Floor, Bow, NH 03304*

# New Hampshire Prevention Certification Board

## Portfolio Review Checklist

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

	Applicant	Certification Staff Use Only
<b>APPLICATION- one original and two copies</b>		
Completed and Signed		
Documentation of Name Change (if required)		
<b>DOCUMENTATION OF EXPERIENCE (p. 3)</b>		
Completed Documentation of Experience Form(s)		
Current Resume		
Job Description(s) on Program Letterhead		
<b>DOCUMENTATION OF SUPERVISION (p. 4)</b>		
Completed Documentation of Supervision Form(s)		
<b>EDUCATION DOCUMENTATION (p. 6-7, example on p. 5)</b>		
Completed Education Documentation Form (s)		
Completed Education Form for Undocumented Events (if applicable)		
College Transcript (official or unofficial) Attached		
<b>ETHICAL STANDARDS (p. 8-10)</b>		
Code of Ethical Standards Signed and Notarized		
<b>Narrative: Experience in the Performance Domains (p. 11)</b>		
Completed Narrative		
<b>RECOMMENDATIONS (p. 12-13)</b>		
Name and email of your three references:  _____  _____		
Three (3) Recommendation Forms on File (forms should be sent directly to the Cert Board from the reference)	<b>Not to be sent in by Applicant</b>	
<b>TESTING AND REVIEW (exam can be taken within 6 months prior to or after submitting application)</b>		
Passed IC&RC Prevention Specialist Exam		

**This checklist should be the second document in your application packet.** This checklist provides a location for you to record compliance with certification criteria, and a location for NH Prevention Certification Board staff to record the outcome for their review of the documents you have submitted.

# New Hampshire Prevention Certification Board

## Documentation of Experience Form

*In cases where an applicant has had experience at more than one site/employer, a separate form should be filled out for each location of experience.*

### Section 1: Applicant Information

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

### Section 2: Program Information

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

Program Address: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

### Section 3: Documentation of Experience

*Please attach a copy of the applicant's job description.*

Applicant's Position: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total number of ATOD prevention hours worked: \_\_\_\_\_

Certified Prevention Specialists are required to have 2,000 hours of ATOD-related Prevention experience.

NOTE: Volunteer experience can only count for 50% of total experience (1000 hours).

### Section 4: Signature Requirement

***By signing below, I attest that the applicant named in Section I worked as a prevention professional at this program providing prevention services, and I endorse this candidate for certification.***

\_\_\_\_\_  
Signature of Supervisor or Program Director/Email

\_\_\_\_\_  
Date

The Program Director or Supervisor of the program in which the experience was gained should sign this form. If the experience was in several programs, each of them should complete copies of this form.

# New Hampshire Prevention Certification Board

## Documentation of Supervision Form

*In cases where an applicant has had supervision by multiple supervisors (due to multiple employers/programs), each supervisor should fill out a separate form.*

*All information must be typed or printed.*

### Section 1: Applicant Information

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

### Section 2: Program Information

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

Program Address: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

### Section 3: Documentation of Experience

Indicate the total number of hours Supervision for each of the Prevention Performance Domains\* listed:

- |  |             |
|--|-------------|
| 1. Planning and Evaluation                   | _____ hours |
| 2. Prevention Education and Service Delivery | _____ hours |
| 3. Communication                             | _____ hours |
| 4. Community Organization                    | _____ hours |
| 5. Public Policy and Environmental Change    | _____ hours |
| 6. Professional Growth and Responsibility    | _____ hours |
| TOTAL  | _____ hours |

\*Please consult with the prevention certification applicant if additional information regarding the content of the Performance Domain is needed.

### Section 4: Signature Requirement

***By signing below, I attest that the applicant received supervision in the Performance Domains as listed above, and I endorse this candidate for certification.***

\_\_\_\_\_  
Signature of Supervisor or Program Director/Email

\_\_\_\_\_  
Date

Certified Prevention Specialists must have 120 hours of Supervision in the Prevention Performance Domains, with at least 10 hours in each of the listed Performance Domains.

The person or persons supervising the applicant should complete this form or forms.

**SUPERVISOR: Please return the completed form to the applicant for submission with his/her application.**

# New Hampshire Prevention Certification Board

## Documentation of Education Form

**Please review pages 5 and 6 of the Prevention Certification Manual before completing this form.** Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and Prevention Certification Board approved distance education. Further detail about the various types of allowable education is included on pages 5-6 of the Prevention Certification Manual. Performance Domains are listed on page 8 of this application packet and are defined on pages 11-13 of the Prevention Certification Manual, specific hour requirements are detailed in the chart below. **This page is just an example; the next page can be copied to allow for training entries.**

IC&RC Performance Domains**	Planning and Evaluation	Prevention Education and Service Delivery	Communication	Community Organization	Public Policy - Environmental Change	Professional Growth and Responsibility	Prevention Ethics	Total Training Time*	Number of ATOD Specific hours ** (check here)
<b>Minimum hours required in each domain</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>120</b>	<b>50</b>
Example: Understanding Coalition Building Theory and Practice				15				15	✓(6)
Example: Prevention Ethics							15	15	
Example: New Futures Advocacy Training			6		6			12	✓(6)
Example: Substance Abuse Communication			10					10	✓(8)
Example: Program Planning and Evaluation	15							15	✓(3)
Example: Substance Abuse Education		12			3			15	✓(6)
Example: Supporting Families		6						6	
Example: How to Use your CPS Credential						12		12	✓(6)
Example: Substance Misuse in the School Setting		15						15	✓(10)
Example: Best Practices in Prevention						5		5	✓(5)
<b>Total for this page</b>	<b>15</b>	<b>33</b>	<b>16</b>	<b>15</b>	<b>9</b>	<b>17</b>	<b>15</b>	<b>120</b>	<b>50</b>
<b>Total for all pages</b>	<b>15</b>	<b>33</b>	<b>16</b>	<b>15</b>	<b>9</b>	<b>17</b>	<b>15</b>	<b>120</b>	<b>50</b>

\* Total training in this column must equal 120 hours for those with a Bachelor's degree.

\*\* A minimum of 50 hours must be specific to ATOD prevention.

# New Hampshire Prevention Certification Board

## Education Documentation (Continued)

Please use the chart below to document your education hours. This page can be copied to allow for more entries.

IC&RC Performance Domains**	Planning and Evaluation	Prevention Education and Service Delivery	Communication	Community Organization	Public Policy - Environmental Change	Professional Growth and Responsibility	Prevention Ethics	Total Training Time*	ATOD Specific ** (check here)
Minimum hours required in each domain	6	6	6	6	6	6	6	120	50
<b>Total for this page</b>									
<b>Total for all pages</b>									

\* Total training in this column must equal 120 hours for those with a Bachelor's degree.

\*\* A minimum of 50 hours must be specific to ATOD prevention.



# Code of Ethical Standards

*This copy of the Code of Ethical Standards must be signed, notarized and returned as part of your application. Applications without a signed Code of Ethical Standards form will not be considered. A copy of the Code of Ethical Standards is also included in your Certification Manual and should be kept for your records.*

## **A. Principle 1: Non-Discrimination**

1. The Certified Prevention Specialist must not discriminate against service recipients, colleagues, or the general public based on race, religion, age, sex, national ancestry, sexual orientation, economic or handicapping conditions.
2. The Certified Prevention Specialist should broaden his or her understanding and acceptance of cultural and individual differences, in order to render services and provide information sensitive to those differences.

## **B. Principle 2: Personal Responsibility**

1. The Certified Prevention Specialist shall exercise competent professional judgment when dealing with service recipients, colleagues, or the general public and shall maintain their best interest at all times.
2. The Certified Prevention Specialist shall serve as a responsible role model in applying prevention concepts to public and professional relationships.

## **C. Principle 3: Professional Competence**

1. The Certified Prevention Specialist shall provide competent, professional service to all in keeping with the State of New Hampshire Standards. Competent professional service required:
  - a) Thorough knowledge of ATOD abuse prevention
  - b) Skill in presentation and education techniques
  - c) Thoroughness and preparation reasonably necessary to assure the highest level of quality
  - d) Service, and
  - e) Willingness to maintain current and relevant knowledge through ongoing professional education.
2. The Certified Prevention Specialist shall assess personal competence, recognize personal boundaries and limitations, and not offer services beyond his/her skill or training level.

## **D. Principle 4: Professional Standards**

The Certified Prevention Specialist (CPS) shall maintain the highest professional standards and:

- a) Shall not claim either directly or by implication, professional knowledge, qualifications or affiliations that the CPS does not possess.
- b) Shall not lend his/her name to, or participate in, any professional and/or business relationship that may knowingly misrepresent or mislead the public in any way.
- c) Shall not misrepresent his/her certification to the public or make false statements regarding their qualifications to the New Hampshire Prevention Certification Board.
- d) Must ensure that any materials or products, with which he/she is associated in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way.
- e) Shall recognize the effect of substance use on professional performance and must be willing to seek appropriate treatment for oneself or to support colleague in need of treatment services.
- f) Must fairly and accurately report appropriate prevention information to service recipients, colleagues, and the general public, acknowledging and documenting sources, materials and techniques used.
- g) Must not misrepresent the work of others
- h) Must not misrepresent one's own prevention work for personal or professional recognition, funding, or other gain.

## **E. Principle 5: Public Statements**

1. The Certified Prevention Specialist must respect the limits of current knowledge in public statements concerning the effectiveness of prevention initiatives, prevention programs, prevention research, and ATOD information.
2. The Certified Prevention Specialist who conduct training in prevention must indicate to audience the requisite training/qualifications required to properly implement the material, program, or techniques presented/taught in training.

**F. Principle 6: Material Credit**

1. The Certified Prevention Specialist who participates in the writing, editing, development or production of professional papers, videos/films, pamphlets, books, or any other prevention materials, must acknowledge and document any published or unpublished materials, techniques, or sources used in creating these materials.
2. The use of copyrighted materials without first receiving author approval is against the law and in violation of professional ethics.

**G. Principle 7: Recipient Welfare**

The Certified Prevention Specialist shall maintain objectivity, integrity, and the highest professional standards in:

- a) Delivering prevention services
- b) Providing supportive environment
- c) Protecting the welfare and upholding the best interest of both individual recipients the public
- d) Maintaining an objective, non-possessive relationship with those they serve and not exploiting them sexually, financially, or emotionally.
- e) Maintaining an ability and willingness to make appropriate referrals.

**H. Principle 8: Confidentiality**

The Certified Prevention Specialist has the responsibility to be aware of and in compliance with all applicable state and federal guideline, regulations, statutes and agency policies, i.e.

- a) Notification of recipient rights
- b) Reporting child abuse and neglect
- c) Reporting misconduct by individuals or agencies
- d) Maintaining client confidentiality and safeguarding from disclosure confidential information acquired during service delivery.

**I. Principle 9: Professional Integrity**

The Certified Prevention Specialist should:

- a) Never knowingly make false statement to the appropriate licensing/certifying disciplinary authority.
- b) Promptly alert colleague to potentially unethical behavior so said colleague can take corrective action.
- c) Report violations of professional conduct by other prevention professionals to the appropriate licensing/certification disciplinary authority when there is knowledge that the said professional has violated professional standards.

**J. Principle 10: Remuneration**

1. The Certified Prevention Specialist must establish financial arrangements in professional practice in accordance with the professional standards that safeguard the best interests of service recipients, colleagues, and the public.
2. The Certified Prevention Specialist must not send or receive and commission or rebate or any other form of remuneration for referral of service recipients for professional services.
3. The Certified Prevention Specialist must not exploit one's relationship with service recipients to promote personal gain or the profit of any agency or commercial enterprise of any kind.

**K. Principle 11: Societal Obligations**

The Certified Prevention Specialist should:

- a) Advocate for consistent health promotion and awareness message to the general public
- b) Provide factual state-of-the-art ATOD prevention information to the consumers of prevention services
- c) Advocate public policy that would help strengthen the overall health and well being of the community.

**L. Principle 12: Professional Obligations**

In addition to adhering to the obligations stated above, the CPS should strive to maintain and promote the integrity of certification within the State of New Hampshire, nationally and internationally, and the advancement of the ATOD prevention profession.

**Signature of Applicant**

*By signing below, I attest that I have read and ascribed to this Code of Ethical Standards, as a core element of my certification as a Certified Prevention Specialist in the state of New Hampshire.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Signature of Notary Public**

*The above candidate, in the presence of a Notary Public/Justice of the Peace, must sign this form. The Notary should sign below and affix seal.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Commission Expires

# New Hampshire Prevention Certification Board

## **Narrative: Experience in the Performance Domains**

*All information must be typed or printed. Incomplete applications will not be considered.*

In order to better learn about your experience in prevention, please complete the following narrative. In your narrative, provide detailed examples of your prevention work in each of the following Performance Domains (e.g. organizations worked for, specific projects, number of years of experience). Limit your narrative to two to three pages. Please refer to pages 11-13 of the Prevention Certification Manual for a description of the elements of each Domain. *Please note that verbatim repetition of the definitions does not demonstrate competency.*

### **Planning and Evaluation:**

### **Prevention Education and Service Delivery:**

### **Communication:**

### **Community Organization:**

### **Public Policy and Environmental Change:**

### **Professional Growth and Responsibility:**

# New Hampshire Prevention Certification Board

## Recommendation Form – Page 1

Name of Applicant: \_\_\_\_\_

This is a recommendation from (please circle one):    **Peer**                      **Supervisor**

***I hereby waive any right to examine this letter of recommendation. I realize that the NH Prevention Certification Board will utilize this recommendation only in conjunction with consideration of Prevention Certification.***

I agree to the above waiver:

I do not agree to the above waiver:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Dear Prevention Colleague:

Your cooperation in providing a candid evaluation of the above named applicant's ability to perform as a Prevention Specialist will be appreciated. If the applicant has agreed to the above waiver, the Prevention Certification board will hold the letter confidential. When you have completed this form, please sign and return the original to the New Hampshire Prevention Certification Board.

*Please attach additional pages as needed to complete any narrative questions.*

1. How long have you known the applicant and in what capacity?
2. In comparison with others with whom you have worked, please rate the applicant in the following areas.

	Unable to Judge	Below Average	Average	Above Average	Outstanding
Planning and Evaluation	_____	_____	_____	_____	_____
Prevention Education and Service Delivery	_____	_____	_____	_____	_____
Community Organization	_____	_____	_____	_____	_____
Public Policy and Organizational Change	_____	_____	_____	_____	_____
Professional Growth and Responsibility	_____	_____	_____	_____	_____
Communication	_____	_____	_____	_____	_____

# New Hampshire Prevention Certification Board

## Recommendation Form – Page 2

3. Please share any further observations you may have regarding the candidate’s work as a Prevention Specialist, or expand upon your ratings from question #2.

4. Please check the category below that most accurately summarizes your recommendation:

- Highly recommended  
 Recommended  
 Recommended with reservation  
 Not recommended

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

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

Organization/Institution: \_\_\_\_\_

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

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

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

### DO NOT RETURN TO CANDIDATE

*Please return both pages of recommendation to:  
The New Hampshire Prevention Certification Board, c/o Community Health Institute, Administrator, 501 S. Street, 2<sup>nd</sup> Floor,  
Bow, NH 03304*