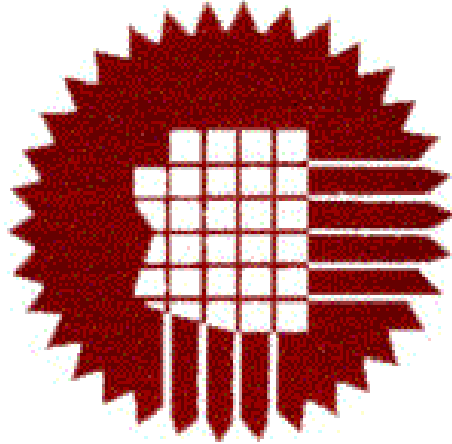


Certified Prevention Specialist

APPLICATION MANUAL



**Arizona Board for Certification of Addiction Counselors
(ABCAC)**

Address: PO Box 3266, Chandler, AZ 85244

Email: abcac@abcac.org

Phone: 602-251-8548

Arizona Board for Certification of Addiction Counselors

The Arizona Board for Certification of Addiction Counselors (ABCAC) exists to enhance the quality of substance abuse services in Arizona by certifying substance abuse professionals.

Through the establishment of a certification process for prevention specialists, ABCAC seeks to define the essential role and functions of the prevention specialist in the chemical dependency continuum of care. This professional credential offers guidance to employers and consumers in the selection of prevention specialists and conversely provides the prevention specialist with the tool for marketing unique skills and competence.

It is the belief of ABCAC that demonstration of certain requisite knowledge and skills is related to the quality of services to the consumer. Thus, the Arizona prevention specialist certification process is based upon specific measurable competencies. In addition to demonstrating the knowledge and skill competencies described herein, applicants must also meet established education and experience requirements.

PURPOSE

The establishment of standards and a system of voluntary professional certification assure the opportunity for continued growth and development for prevention specialists in the chemical dependency field. The purpose of the certification process includes but is not limited to:

1. To promote credibility of prevention professionals;
2. To assure the public of a minimal level of competency in prevention services;
3. To promote the delivery of competent, professional prevention services;
4. To establish a recognized credential of professional competency which will allow for national reciprocity;
5. To establish guidelines for new prevention specialists; and,
6. To promote continued professional development for the Certified Prevention Specialist.

The Arizona Board for Certification of Addiction Counselors shall not discriminate against applicants for certification on the basis of sex, age, race, national origin, creed or sexual orientation.

PREVENTION SPECIALIST

A Definition

A prevention specialist is a professional who uses specialized knowledge, experience, training and skills to encourage healthy attitudes and behaviors, which prevent the abuse of alcohol, tobacco, and other drugs. The role of the prevention specialist, as defined in the Prevention Performance Domains, is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet the goals of the community in promoting the welfare of the individual.

CERTIFIED PREVENTION SPECIALIST (CPS)

STATEMENT OF PURPOSE

The Arizona Board for Certification of Addiction Counselors (ABCAC) supports the concept that the prevention of Alcohol, Tobacco, and Other Drug (ATOD) is a specialty field that requires performance by a competent and professional individual. The certified ATOD prevention professional is an individual who has demonstrated competence, knowledge and skill related to ATOD issues and who provides services that build capacities of individuals and systems to promote healthy environments, lifestyles, and behaviors. Prevention is aimed at the reduction of compulsive and addictive behaviors through confrontation of individual and societal attitudes, values and beliefs that serve to initiate or reinforce the inappropriate use of alcohol, tobacco and other drugs of dependence.

PREVENTION PERFORMANCE DOMAINS

I. Program Coordination

- Task 1. Monitor activities through periodic built-in evaluations in order to determine if the project is progressing toward desired outcomes.
- Task 2. Identify financial sources and strategies through networking, workshops and research in order to increase funding for local prevention projects.
- Task 3. Identify existing and appropriate resources through federal, state, and local clearinghouses in order to respond to community requests for ATOD information.
- Task 4. Create needed materials through available technology and talent in order to respond to identified resource gaps.
- Task 5. Facilitate and increase in community awareness and knowledge through electronic and print media in order to create advocacy for ATOD prevention efforts.
- Task 6. Facilitate capacity building with the target population by transferring knowledge and skills in order to foster ongoing ownership of ATOD prevention efforts.
- Task 7. Document project activities and outcomes by maintaining an accurate, clear reporting system in order to demonstrate program accountability.

II. Education and Training

- Task 1. Conduct training needs assessments by following accepted methodologies in order to ensure the most appropriate training for specific groups.
- Task 2. Address the educational needs of the audience by using appropriate training techniques and methods in order to maximize learning.
- Task 3. Provide relevant information and/or learning responsibilities through formal and informal approaches to promote healthy lifestyles.

- Task 4. Select ATOD prevention materials and resources and modify them as needed by evaluating their appropriateness for the target population in order to present an effective training program.
- Task 5. Conduct training evaluations by following accepted methodology in order to determine to what extent training objectives are being met.
- Task 6. Provide prevention information to professionals in related fields through training, lectures, discussions, and other means to improve the delivery of services.
- Task 7. Design and deliver culturally appropriate training by working with representatives from the target community throughout the process in order to maximize program effectiveness for the intended audiences.

III. Community Organization

- Task 1. Identify community stakeholders through various means for the purpose of involving stakeholders in the development of community task forces or coalitions.
- Task 2. Assist consumers in identifying specific issues through surveys, focus groups, and key informant interviews for the purpose of clarifying the community vision.
- Task 3. Consult with members of the community in conducting a self assessment of its resources and capacities by using current methodology in order to identify strengths and resources.
- Task 4. Establish a community network by facilitating regular communication, sharing resources, and linking key leaders for the propose of initiating and sustaining collaborative efforts.
- Task 5. Construct and implement a comprehensive prevention plan with community members by mobilizing the community using group processes for the purpose of attaining their identified mission and vision.
- Task 6. Increase community involvement and ownership by conducting outreach efforts in order to recruit community residents who have not previously been involved in planning prevention efforts.
- Task 7. Facilitate the development of local leadership by identifying potential emerging leaders through observation, and local referral, and by providing training and mentorship in order to strengthen commitment and capacities of indigenous leaders.

IV. Public Policy

- Task 1. Influence formal and informal policy by identifying and informing policy makers in order to infuse prevention strategies into institutional and community norms and encourage congruence between those policies and practices.
- Task 2. Establish an effective working relationship with the local media by acting as a credible resource in orders to advocate for prevention initiatives.
- Task 3. Plan public policy initiatives collaboratively with appropriate groups by translating the results of a community needs assessment in order to implement the initiative.

Task 4. Influence how funds are allocated by locating and informing public and private sources in order to increase resources for prevention.

Task 5. Inform policy and other decision-makers of prevention program effectiveness by providing them with factual evaluation results in order to enable policy and other decision-makers to make informed decisions about prevention.

V. Professional Growth and Responsibility

Task 1. Attain knowledge of current research based prevention trends, models, strategies and ethical, legal and professional standards by taking advantage of appropriate educational opportunities and reviewing current literature in order to provide state-of-the-art prevention services.

Task 2. Model collaborative behavior with colleagues and other professionals, individuals, and communities by networking in order to establish mutual empowerment.

Task 3. Practice ethical behavior by understanding and adhering to legal and professional standards in order to promote the integrity of the profession and to protect the consumer.

Task 4. Recognize existing community norms by gaining awareness of culture, lifestyle and other factors in order to be sensitive to the unique needs of the community.

Task 5. Practice personal wellness by continually assessing life choices and circumstances with the willingness to change behavior and seek assistance, if applicable, in order to model a healthy lifestyle.

VI. Planning and Evaluation

Task 1. Review professional literature, curricula, and models by identifying content areas, target audiences, and methods and synthesizing the information in order to assure that relevant data and conclusions are incorporated into program design.

Task 2. Assess community needs through various systematic data collection methods in order to develop and incorporate its health-related behaviors, attitudes, needs and priorities into the development of effective services.

Task 3. Plan and evaluation of the prevention project or activity by selecting assessment methods in order to measure the intended outcome(s).

Task 4. Conduct an evaluation of the prevention program by employing assessment methods in order to measure process, impact, and outcome.

Task 5. Coordinate the development of an appropriate prevention plan with consumer participation by incorporating needs assessment information, research information, and knowledge of current prevention program models in order to assist consumers in attaining desired outcome.

SPECIFIC REQUIREMENTS

The International Certification and Reciprocity Consortium (IC&RC) defines the Prevention Specialist profession as a specific area of professional performance dealing with prevention of Alcohol, Tobacco, and Other Drug (ATOD) use and abuse. A primary purpose of certification for prevention professionals is to ensure adequate knowledge, background and skill for public protection. The IC&RC recommends a minimum standard for the Prevention Specialist Credential for the purpose of granting reciprocity within all member board areas, and is met by the following:

1. 2,000 hours of work experience specific to Prevention.
2. Verification of 120 hours specific to the six performance domains listed below. 24 hours of these 120 hours must be specific to Alcohol, Tobacco, and Other Drug (ATOD) use and abuse. Must have six (6) hours of prevention ethics education, and four (4) hours of HIV/AIDS education.

Six Performance Domains:

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

NOTE: Sources of education are college courses, seminars, conferences, in-services, institutes, lectures, workshops, etc. One college credit is equivalent to 15 clock hours. Three college credits are equivalent to 45 clock hours. *All sources of education must be presented with documentation.*

3. Verification of 120 hours of supervised experience in the six performance domains listed above. There must be a minimum of 10 hours in each of the six performance domains.
4. Successful completion of the IC&RC Prevention Specialist examination.
5. Read, agree, and sign ABCAC's Code of Ethics for Prevention Specialists. There will be a written enforcement and appeals process if a professional violates ABCAC's Code of Ethics.
6. Recertification requires 40 hours of prevention specialist continuing education every 2 years, or 20 hours every year of certification.
7. Applicants must live and/or work at least 51% of the time in the jurisdiction of the Arizona Board for Certification of Addiction Counselors (ABCAC) at the time of application.

Applicants who reside in an IC&RC member area may apply for reciprocity of work experience and education obtained through an IC&RC member agency. Applicants from a non-member IC&RC area must complete all the specific requirements outlined above within the jurisdiction of ABCAC.

NOTE: Sources of education are college courses, seminars, conferences, in-services, institutes, lectures, workshops, etc. One college credit is equivalent to 15 clock hours. Three college credits are equivalent to 45 clock hours. *All sources of education must be presented with documentation.*

FEES

| | |
|------------------------------------|----------------------------|
| Application Manual and Process fee | \$ 150.00 (Non-refundable) |
| Exam Fee | 225.00 |
| Retest Fee | 225.00 |
| Recertification Fee | 150.00 |

RECERTIFICATION REQUIREMENTS

Recertification is an administrative process that includes the review of continuing education hours for the purpose of maintaining certification. Recertification must be earned every two years. The following standards must be met to maintain the Prevention Specialist credential:

1. Current and valid certification as a Certified Prevention Specialist issued by ABCAC.
2. Maintain knowledge of the discipline through documentation of forty (40) approved hours of continuing education related to prevention which must be obtained during the two year certification period.
 - (a) A minimum of twenty (20) of the 40 hours must be related to the knowledge and skills necessary to perform the tasks within the performance domains.
 - (b) A maximum of twenty (20) hours of related in-service training is acceptable.
 - (c) Three hours of prevention ethics education and 3 hours of Cultural Diversity education must be included in this 40 hours.
3. Applicant for recertification must be free of any ethical violations or malpractice judgements during the two-year period.
4. The recertification fee of \$150.00 must accompany submission of completed recertification application and documentation.

CERTIFIED PREVENTION SPECIALIST

APPLICATION CHECKLIST

THE FOLLOWING MUST BE INCLUDED IN THE APPLICATION PACKAGE AND SUBMITTED TO ABCAC:

- _____ 1. Application for Certified Prevention Specialist
- _____ 2. *Qualifying Work Experience* form
- _____ 3. *Supervised Prevention Experience* form
- _____ 4. *Educational Record* form and appropriate documentation
- _____ 5. Certificate of completion of six hours of *Ethics* and four hours of *HIV/AIDS Education*
- _____ 6. Signed *Statement of Understanding* form
- _____ 7. Check or money order for \$375. This covers the cost of the application manual, processing fees, the IC&RC Prevention exam, and 2 years of certification.

THIS APPLICATION PACKAGE AND DOCUMENTATION IS TO BE MAILED TO:

**ABCAC
P. O. Box 3266
Chandler, AZ 85244**

THE FOLLOWING MUST BE MAILED DIRECTLY FROM THE SELECTED INDIVIDUALS TO THE ABCAC OFFICE:

- _____ 8. Supervisor Evaluation/Recommendation
- _____ 9. TWO PEER EVALUATION/RECOMMENDATION

**ABCAC
ATTN: CPS COMMITTEE
PO Box 3266
Chandler, AZ 85244**

(Provide evaluator with a stamped addressed envelope.)

CERTIFIED PREVENTION SPECIALIST

APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE INITIAL

HOME ADDRESS _____
NUMBER & STREET APT/SUITE/UNIT
CITY STATE ZIP CODE

HOME PHONE (____) _____ WORK PHONE (____) _____

FAX # (____) _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____
MM / DD / YYYY

JOB TITLE _____

AGENCY/EMPLOYER _____

AGENCY ADDRESS _____
NUMBER & STREET
CITY STATE ZIP CODE

DATES EMPLOYED: FROM _____ TO _____ HOURS/WEEK _____
MM / DD / YYYY MM / DD / YYYY

SUPERVISOR _____ PHONE (____) _____

LIST ALL LICENSES OR CERTIFICATIONS YOU HOLD AND THE STATES IN WHICH THEY ARE VALID:

| | | | |
|--------------------------------|-----------------|---------------|----------------|
| _____ LICENSE/CERTIFICATION | _____ NUMBER | _____ DATE | _____ STATE |
| _____ LICENSE/CERTIFICATION | _____ NUMBER | _____ DATE | _____ STATE |
| _____ LICENSE/CERTIFICATION | _____ NUMBER | _____ DATE | _____ STATE |

NOTE: ABCAC RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM EMPLOYERS AND OTHER PERSONS OR AGENCIES LISTED ON THIS APPLICATION. THE ABCAC COMMITTEE ON PREVENTION CERTIFICATION RESERVES THE OPTION TO PERSONALLY INTERVIEW THE APPLICANT.

PLEASE PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

CERTIFIED PREVENTION SPECIALIST

QUALIFYING WORK EXPERIENCE

Total # of hours _____

LIST CURRENT POSITION FIRST.

AGENCY/EMPLOYER _____

AGENCY ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

AGENCY PHONE (____) _____ FAX # (____) _____

IMMEDIATE SUPERVISOR _____

TITLE

LAST

FIRST

MI

DATES EMPLOYED _____ TO _____ HRS PER WK _____

MM / DD / YYYY

MM / DD / YYYY

JOB TITLE _____

DUTIES _____

AGENCY/EMPLOYER _____

AGENCY ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

AGENCY PHONE (____) _____ FAX # (____) _____

IMMEDIATE SUPERVISOR _____

TITLE

LAST

FIRST

MI

DATES EMPLOYED _____ TO _____ HRS PER WK _____

MM / DD / YYYY

MM / DD / YYYY

JOB TITLE _____

DUTIES _____

AGENCY/EMPLOYER _____

AGENCY ADDRESS _____
NUMBER & STREET

_____ CITY STATE ZIP CODE

AGENCY PHONE (____) _____ FAX # (____) _____

IMMEDIATE SUPERVISOR _____
TITLE LAST FIRST MI

DATES EMPLOYED _____ TO _____ HRS PER WK _____
MM / DD / YYYY MM / DD / YYYY

JOB TITLE _____

DUTIES _____



AGENCY/EMPLOYER _____

AGENCY ADDRESS _____
NUMBER & STREET

_____ CITY STATE ZIP CODE

AGENCY PHONE (____) _____ FAX # (____) _____

IMMEDIATE SUPERVISOR _____
TITLE LAST FIRST MI

DATES EMPLOYED _____ TO _____ HRS PER WK _____
MM / DD / YYYY MM / DD / YYYY

JOB TITLE _____

DUTIES _____

CERTIFIED PREVENTION SPECIALIST

SUPERVISED PREVENTION EXPERIENCE

THIS FORM IS TO BE COMPLETED BY THE APPLICANT'S IMMEDIATE SUPERVISOR.

TO THE SUPERVISOR: Please complete this form indicating applicant's on-the-job supervision in the performance of the following Prevention Performance Domains. A more complete outline of the specific tasks for each domain is contained in the Certified Prevention Specialist Manual issued to the applicant.

Applicant's Name _____

| DOMAINS | NUMBER OF HOURS |
|--|-----------------|
| I. Program Coordination <i>Monitoring evaluations; Identify financial resources; Identify ATOD resources; Create materials; Facilitate community awareness; Facilitate building target population; Document activities.</i> | _____ |
| II. Education and Training <i>Conduct training assessments; Address education needs; provide relevant information; Select prevention materials; Conduct training evaluations; Provide prevention information; Deliver culturally appropriate training.</i> | _____ |
| III. Community Organization <i>Identify community stakeholders; Identify specific issues; Consult w/community; Establish network; Construct prevention plan; Increase community involvement; Facilitate local leadership.</i> | _____ |
| IV. Public Policy <i>Informing policy makers; Establish working relationship; Plan policy initiatives; Influence fund allocations; Inform policy makers of program effectiveness.</i> | _____ |
| V. Professional Growth and Responsibility <i>Research prevention trends; Model collaborative behavior; Practice ethical behavior; Recognize community norms; Practice personal wellness.</i> | _____ |
| VI. Planning and Evaluation <i>Review current literature; Assess community needs; Plan and evaluate projects; Coordinate prevention plan with consumers to attain desired outcome.</i> | _____ |

Additional Comments: _____

I hereby attest that supervised practical experience in performing prevention functions has been attained by the named applicant as outlined, with a minimum of 10 hours in each domain and 120 minimum total required hours.

Supervisor's Signature

Printed Name and Title

CERTIFIED PREVENTION SPECIALIST

EDUCATIONAL RECORD

LIST ALL FORMAL EDUCATION AND ALL EDUCATION/TRAINING RECEIVED SPECIFIC TO PREVENTION OF ALCOHOL, TOBACCO, AND OTHER DRUG ABUSE.

FORMAL EDUCATION

DATES ATTENDED

DATE GRADUATED

DEGREE

HIGH SCHOOL _____

NAME/LOCATION _____

UNIVERSITY _____

NAME/LOCATION _____

POST GRADUATE _____

NAME/LOCATION _____

TRAINING

COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

PLANNING AND EVALUATION COMMUNICATION PUBLIC POLICY/ ENVIR CHANGE

PREVENTION ED./SERVICE DEL COMMUNITY ORGANIZATION PROFESSIONAL GROWTH/RESP

COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

PLANNING AND EVALUATION COMMUNICATION PUBLIC POLICY/ ENVIR CHANGE

PREVENTION ED./SERVICE DEL COMMUNITY ORGANIZATION PROFESSIONAL GROWTH/RESP

COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

- | | | | | | |
|----------------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| PLANNING AND EVALUATION | <input type="checkbox"/> | COMMUNICATION | <input type="checkbox"/> | PUBLIC POLICY/ ENVIR CHANGE | <input type="checkbox"/> |
| PREVENTION ED./SERVICE DEL | <input type="checkbox"/> | COMMUNITY ORGANIZATION | <input type="checkbox"/> | PROFESSIONAL GROWTH/RESP | <input type="checkbox"/> |



COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

- | | | | | | |
|----------------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| PLANNING AND EVALUATION | <input type="checkbox"/> | COMMUNICATION | <input type="checkbox"/> | PUBLIC POLICY/ ENVIR CHANGE | <input type="checkbox"/> |
| PREVENTION ED./SERVICE DEL | <input type="checkbox"/> | COMMUNITY ORGANIZATION | <input type="checkbox"/> | PROFESSIONAL GROWTH/RESP | <input type="checkbox"/> |



COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

- | | | | | | |
|----------------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| PLANNING AND EVALUATION | <input type="checkbox"/> | COMMUNICATION | <input type="checkbox"/> | PUBLIC POLICY/ ENVIR CHANGE | <input type="checkbox"/> |
| PREVENTION ED./SERVICE DEL | <input type="checkbox"/> | COMMUNITY ORGANIZATION | <input type="checkbox"/> | PROFESSIONAL GROWTH/RESP | <input type="checkbox"/> |



COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

- | | | | | | |
|----------------------------|--------------------------|------------------------|--------------------------|-----------------------------|--------------------------|
| PLANNING AND EVALUATION | <input type="checkbox"/> | COMMUNICATION | <input type="checkbox"/> | PUBLIC POLICY/ ENVIR CHANGE | <input type="checkbox"/> |
| PREVENTION ED./SERVICE DEL | <input type="checkbox"/> | COMMUNITY ORGANIZATION | <input type="checkbox"/> | PROFESSIONAL GROWTH/RESP | <input type="checkbox"/> |

COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

PLANNING AND EVALUATION COMMUNICATION PUBLIC POLICY/ ENVIR CHANGE

PREVENTION ED./SERVICE DEL COMMUNITY ORGANIZATION PROFESSIONAL GROWTH/RESP



COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

PLANNING AND EVALUATION COMMUNICATION PUBLIC POLICY/ ENVIR CHANGE

PREVENTION ED./SERVICE DEL COMMUNITY ORGANIZATION PROFESSIONAL GROWTH/RESP



COURSE/PROGRAM TITLE _____

DATES ATTENDED _____ CLOCK/CREDIT HRS. _____

SPONSORING ORGANIZATION _____

CONTENT (CHECK ONE OR MORE)

PLANNING AND EVALUATION COMMUNICATION PUBLIC POLICY/ ENVIR CHANGE

PREVENTION ED./SERVICE DEL COMMUNITY ORGANIZATION PROFESSIONAL GROWTH/RESP



ATTACH ADDITIONAL SHEETS FOR OTHER TRAINING HOURS.

ATTACH DOCUMENTATION WHICH SUPPORTS ALL TRAINING, i.e., CERTIFICATES, TRANSCRIPTS, ETC. LACK OF APPROPRIATE DOCUMENTATION SHALL RESULT IN NULLIFICATION OF ALL UNSUBSTANTIATED HOURS.

CERTIFIED PREVENTION SPECIALIST

CODE OF ETHICS

NON-DISCRIMINATION: The alcohol, tobacco and other drug abuse (ATOD) prevention specialist must not discriminate against clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation or economic condition, or against persons with disabilities.

RESPONSIBILITIES: The ATOD prevention specialist shall exercise competent professional judgement when dealing with clients, the public and other professionals and shall maintain their best interests at all times.

COMPETENCE: The ATOD prevention specialist shall provide competent professional service to all in keeping with the Arizona Board for Certification of Addiction Counselors' (ABCAC) standards. Competent professional service requires thorough knowledge of alcohol, tobacco and other drugs, skill in presentation and education techniques, thoroughness and preparation reasonably necessary to assure the highest level of quality service and a willingness to maintain current and relevant knowledge through on-going professional education. The ATOD prevention specialist shall assess personal competence and not operate beyond their skill or training level.

PROFESSIONAL STANDARDS: The ATOD prevention specialist should maintain the highest professional standards and should not:

1. claim either directly or by implication, professional knowledge, qualifications or affiliations that the prevention specialist does not possess;
2. lend their name to, or participate in, any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way;
3. misrepresent their certification to the public or make false statements regarding their qualifications to the Arizona Board for Certification of Addiction Counselors;
4. jeopardize or compromise their professional status through the association, development and/or promotion of books or other products offered for commercial sale (for example, personal endorsement of products and/or techniques);
5. fail to recognize the effect of professional impairment, i.e., intoxication, drug use relapse, on professional performance and the need to seek appropriate treatment for oneself.

PROFESSIONAL OBLIGATIONS TO THE PUBLIC: Although certified alcohol, tobacco, and other drug abuse prevention specialists may feel a need to market themselves as competent or professional, they are to be mindful that they are discouraged from championing their own cause by denigrating others. In addition, the ATOD prevention specialist shall not engage in false or misleading communications about their own or other professionals' abilities, training and/or expertise.

PUBLICATIONS: The ATOD 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 alcohol, tobacco, and other drug abuse prevention specialist 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 professional standards.

PUBLIC WELFARE: The ATOD prevention specialist shall maintain objectivity, integrity and the highest professional standards in delivering prevention services, holding the best interest of the public first, and always striving to provide an appropriate setting to ensure professionalism and provide a supportive environment.

CONFIDENTIALITY: The ATOD prevention specialist shall adhere to all applicable state and federal laws and rules, including reporting child abuse/neglect or misconduct by individuals or agencies, data privacy and professional relationships. As such, the ATOD prevention specialist has the responsibility to be aware of and in compliance with all applicable state and federal guidelines, regulations and statutes and agency policies regarding confidentiality.

PROFESSIONAL RELATIONSHIPS: The ATOD prevention specialist shall maintain an objective, non-possessive relationship with those they serve and shall not exploit them sexually, financially or emotionally. Further, the ATOD prevention specialist shall maintain the ability and willingness to make appropriate referrals.

PROFESSIONAL INTEGRITY: An alcohol, tobacco and other drug abuse prevention specialist must always present with integrity and should:

1. never knowingly make a false statement to ABCAC or any other disciplinary authority;
2. promptly alert colleagues of potentially unethical behavior in order that said colleague may take corrective measures;
3. report violations of professional conduct of other ATOD professionals to the appropriate licensing/disciplinary authority when there is knowledge that said professional has violated ethical standards and has failed to take corrective action.

FINANCIAL ARRANGEMENTS: The ATOD prevention specialist should not personally accept gifts or gratuities for professional work above and beyond the fees and gratuities being paid to the agency by which the prevention specialist is employed.

PROFESSIONAL PROMOTION: The ATOD prevention specialist should strive to maintain and promote the integrity of certification within the State of Arizona, nationally and internationally, and the advancement of the alcohol, tobacco and other drug abuse prevention specialist profession.

I have read and understand the Code of Ethics for Prevention Specialists as certified by the Arizona Board for Certification of Addiction Counselors. I will, to the best of my ability, adhere to and honor this Code in professional and personal dealings.

Applicant's Printed Name

Applicant's Signature

Date

CERTIFIED PREVENTION SPECIALIST
STATEMENT OF UNDERSTANDING

The Certified Prevention Specialist is a certification level granted by the Arizona Board for Certification of Addiction Counselors, recognizing those persons working in the Alcohol, Tobacco, and Other Drugs (ATOD) field who specialize in the education and prevention of such abuse. This level of certification does not certify nor authorize professional counseling. This level of certification does not imply any educational or experiential background for providing any form of ATOD counseling or therapy. The CPS certification recognizes and grants a certificate in recognition for meeting standards established by the Arizona Board for Certification of Addiction Counselors and the International Certification for Reciprocity Consortium/Alcohol and Other Drug Abuse, Incorporated to provide prevention education and training.

I hereby request that the Arizona Board for Certification of Addictions Counselors (ABCAC) grant the Certified Prevention Specialist certificate to me based on the following assurances:

I have read and understand the Code of Ethics for prevention specialists as prescribed by the Arizona Board for Certification of Addiction Counselors. I subscribe to and commit myself to honor this Code in all my professional and personal transactions within the community at large in the practice of prevention of abuse of alcohol, tobacco, and other drugs. Any violation of this Code of Ethics may result in revocation of this certification and trust to practice.

I hereby affirm that this application is made on my behalf and is entirely voluntary on my part. I hereby authorize ABCAC to request and receive all records and/or information relating to my application for certification as a prevention specialist. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), academic and training institutions, and/or other persons or organizations having pertinent information. This constitutes my waiver of privilege that may otherwise exist in respect to the disclosure of such information.

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I understand that intentionally false or misleading statements on this application will result in my being declared ineligible for certification. Data from this application may be used for statistical purposes.

Applicant's Printed Name

Applicant's Signature

Date

CERTIFIED PREVENTION SPECIALIST

SUPERVISOR EVALUATION

TO THE APPLICANT: Present this form to your immediate supervisor familiar with the professional quality of your work. The completed evaluations must be returned to ABCAC directly by the supervisor completing this form. Please provide a stamped envelope addressed as indicated on page 7 of this manual.

APPLICANT _____

AGENCY ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

AGENCY PHONE (____) _____ FAX # (____) _____

IMMEDIATE SUPERVISOR _____

TITLE

LAST

FIRST

MI

TO THE EVALUATOR: The applicant above is applying to be certified as a prevention specialist in the state of Arizona. As such, the applicant will be placed in a position of trust to represent to the general public the creditability of drug and alcohol specialists and prevention methods to alcohol, tobacco, and other drug abuse. Your evaluation and those received from other sources will assist in determining the applicant's eligibility and qualification for certification.

While all information obtained is confidential, the applicant may have access to this form. The certification process can only be effective with careful and truthful information. If you cannot truthfully complete this evaluation, please return it to the applicant. Please submit the completed form within 10 days directly to ABCAC in the envelope provided.

NAME OF PERSON EVALUATING _____

ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

PHONE (____) _____ TITLE/POSITION _____

How long have you known the applicant? _____

Is this evaluation based on direct observation of the applicant's work? NO (EXPLAIN) YES

DAILY

WEEKLY

OTHER

(EXPLAIN)

COMMENTS:

ATTRIBUTE OR SKILL EVALUATION

INSTRUCTIONS: Please read the description of the attributes and skills outlined below. Using the six point (0-5) scale, determine the number that most nearly describes the applicant's ability in each category and enter this number in the corresponding area under "score." If you have no basis for evaluating the applicant in a particular area, please enter "0" in the space.

RATING SCALE:

| | |
|----------------------------|-----------------|
| 0 = NO BASIS FOR JUDGEMENT | 3 = ACCEPTABLE |
| 1 = INADEQUATE | 4 = GOOD |
| 2 = NEEDS DEVELOPMENT | 5 = OUTSTANDING |

On the basis of your knowledge of this person, rate the applicant skill in each area. If you wish to make comments, please attach additional sheets to this form.

| | <u>SCORE</u> |
|--|--------------|
| 1. Knowledge of basic helping skills | _____ |
| 2. Skill in active listening, summarizing, appropriate self-disclosure | _____ |
| 3. Enthusiasm, warmth, respect, genuineness, empathy | _____ |
| 4. Personal and professional honesty | _____ |
| 5. Knowledge of prevention modalities and strategies... <i>...developing prevention programs; problem solving techniques; writing various formats; delivering prevention programs; evaluating prevention programs; facilitating programs.</i> | _____ |
| 6. Ability to work with others, within a team setting, and with other agencies | _____ |
| 7. Professional ethical conduct and compliance with confidentiality regulations | _____ |
| 8. Knowledge of alcohol, tobacco, and other drug dependency field | _____ |
| 9. Common sense and sense of responsibility | _____ |
| 10. Ability assess needs and document recipients and to make appropriate referrals | _____ |
| 11. Personal integrity | _____ |
| 12. Appropriateness of relationships with recipients | _____ |
| 13. Ability to maintain professional objectivity | _____ |
| 14. Communication skills, both orally and in writing | _____ |
| 15. Knowledge of and compliance with confidentiality regulations and ethics | _____ |

I hereby certify that this rating is, to the best of my knowledge, truthful and it reflects as accurately as possible my knowledge of the applicant's skills in these areas.

SIGNATURE

DATE

CERTIFIED PREVENTION SPECIALIST

PROFESSIONAL REFERENCE (1)

TO THE APPLICANT: Present this form to two associates who are familiar with the professional quality of your work. The completed evaluation reference must be returned to ABCAC directly by the persons completing the form. Please provide a stamped envelope addressed in the manner indicated on page 7 of this manual.

APPLICANT _____

AGENCY ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

AGENCY PHONE (_____) _____ FAX # (_____) _____

IMMEDIATE SUPERVISOR _____

TITLE

LAST

FIRST

MI

TO THE EVALUATOR: The applicant above is applying to be certified as a prevention specialist in the State of Arizona. As such, the applicant will be placed in a position of trust to represent to the general public the creditability of drug and alcohol specialists and prevention methods to alcohol, tobacco, and other drug abuse. Your evaluation and those received from other sources will assist in determining the applicant's eligibility and qualification for certification.

While all information obtained is confidential, the applicant may have access to this form. The certification process can only be effective with careful and truthful information. If you cannot truthfully complete this evaluation, please return it to the applicant. Please submit the completed reference within 10 days directly to ABCAC in the envelope provided.

NAME OF PERSON EVALUATING _____

ADDRESS _____

NUMBER & STREET

CITY

STATE

ZIP CODE

PHONE (_____) _____ How long have you known the applicant? _____

What is your relationship to the applicant:

SUPERVISOR COLLEAGUE OTHER EXPLAIN _____

Is evaluation based on direct observation of applicant's work? YES NO (EXPLAIN)

COMMENTS:

ATTRIBUTE OR SKILL EVALUATION

INSTRUCTIONS: Please read the description of the attributes and skills outlined below. Using the six point (0-5) scale, determine the number that most nearly describes the applicant's ability in each category and enter this number in the corresponding area under "score." If you have no basis for evaluating the applicant in a particular area, please enter "0" in the space.

RATING SCALE:

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On the basis of your knowledge of this person, rate the applicant skill in each area. If you wish to make additional comments, please attach additional sheets to this form

| | <u>SCORE</u> |
|--|--------------|
| 1. Knowledge of basic helping skills | _____ |
| 2. Skill in active listening, summarizing, appropriate self-disclosure | _____ |
| 3. Enthusiasm, warmth, respect, genuineness, empathy | _____ |
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| 5. Knowledge of prevention modalities and strategies... <i>...developing prevention programs; problem solving techniques; writing various formats; delivering prevention programs; evaluating prevention programs; facilitating programs.</i> | _____ |
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| 10. Ability assess needs and document recipients and to make appropriate referrals | _____ |
| 11. Personal integrity | _____ |
| 12. Appropriateness of relationships with recipients | _____ |
| 13. Ability to maintain professional objectivity | _____ |
| 14. Communication skills, both orally and in writing | _____ |
| 15. Knowledge of and compliance with confidentiality regulations and ethics | _____ |

I hereby certify that this rating is, to the best of my knowledge, truthful and it reflects as accurately as possible my knowledge of the applicant's skills in these areas.

SIGNATURE

DATE

CERTIFIED PREVENTION SPECIALIST

PROFESSIONAL REFERENCE (2)

TO THE APPLICANT: Present this form to two associates who are familiar with the professional quality of your work. The completed evaluation reference must be returned to ABCAC directly by the persons completing the form. Please provide a stamped envelope addressed in the manner indicated on page 7 of this manual.

APPLICANT _____

AGENCY ADDRESS _____
NUMBER & STREET

CITY

STATE

ZIP CODE

AGENCY PHONE (_____) _____ FAX # (_____) _____

IMMEDIATE SUPERVISOR _____
TITLE LAST FIRST MI

TO THE EVALUATOR: The applicant above is applying to be certified as a prevention specialist in the State of Arizona. As such, the applicant will be placed in a position of trust to represent to the general public the creditability of drug and alcohol specialists and prevention methods to alcohol, tobacco, and other drug abuse. Your evaluation and those received from other sources will assist in determining the applicant's eligibility and qualification for certification.

While all information obtained is confidential, the applicant may have access to this form. The certification process can only be effective with careful and truthful information. If you cannot truthfully complete this evaluation, please return it to the applicant. Please submit the completed reference within 10 days directly to ABCAC in the envelope provided.

NAME OF PERSON EVALUATING _____

ADDRESS _____
NUMBER & STREET

CITY

STATE

ZIP CODE

PHONE (_____) _____ How long have you known the applicant? _____

What is your relationship to the applicant:

SUPERVISOR COLLEAGUE OTHER EXPLAIN _____

Is evaluation based on direct observation of applicant's work? YES NO (EXPLAIN)

COMMENTS:

ATTRIBUTE OR SKILL EVALUATION

INSTRUCTIONS: Please read the description of the attributes and skills outlined below. Using the six point (0-5) scale, determine the number that most nearly describes the applicant's ability in each category and enter this number in the corresponding area under "score." If you have no basis for evaluating the applicant in a particular area, please enter "0" in the space.

RATING SCALE:

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On the basis of your knowledge of this person, rate the applicant skill in each area. If you wish to make additional comments, please attach additional sheets to this form

| | <u>SCORE</u> |
|--|--------------|
| 1. Knowledge of basic helping skills | _____ |
| 2. Skill in active listening, summarizing, appropriate self-disclosure | _____ |
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| 11. Personal integrity | _____ |
| 12. Appropriateness of relationships with recipients | _____ |
| 13. Ability to maintain professional objectivity | _____ |
| 14. Communication skills, both orally and in writing | _____ |
| 15. Knowledge of and compliance with confidentiality regulations and ethics | _____ |

I hereby certify that this rating is, to the best of my knowledge, truthful and it reflects as accurately as possible my knowledge of the applicant's skills in these areas.

SIGNATURE

DATE

CERTIFIED PREVENTION SPECIALIST

COMPLAINT PROCESS

The complaint process is designed for those individuals who believe they have been unfairly treated by any action of the Arizona Board for Certification of Addiction Counselors (ABCAC), including denying certification or revocation of certification. The purpose of the complaint process is only to determine whether ABCAC has acted accurately, adequately, and fairly in matters dealing with certification and recertification.

A complaint is made in writing to the ABCAC Ethics Committee within thirty (30) days of notification of ABCAC's Certified Prevention Specialists Committee's action of denying certification, revocation of certification, or denial of recertification. This document should state the reason the complaint is being made, why this reason is perceived as inaccurate, and include any necessary supporting data to refute the committee's action. Complaints will not be processed if they are not received within the thirty (30) of said notification. In such a case of untimely submission of complaint, the ABCAC's initial action shall stand and all rights to appeal are forfeited.

When a complaint is received, the ABCAC Ethics Committee will evaluate the action and/or decision made by the ABCAC CPS Committee and review supporting documents for such decisions, and review the rationale for the challenge and all supporting documentation by the aggrieved party. The petitioner will receive written notification of the decision of the Ethics Committee within thirty (30) days. **All monetary costs, if any, incurred by the petitioner filing the complaint, shall remain the sole responsibility of petitioner with no liability placed on the Arizona Board for Certification of Addiction Counselors.**