



**New Mexico Credentialing Board for  
Behavioral Health Professionals  
P.O. Box 66405  
Albuquerque, NM 87193**

**CERTIFIED PREVENTION SPECIALIST**

**CPS Application**

**Mail completed packet to**

**NMCBBHP  
P.O. Box 66405  
Albuquerque, NM 87193**

*For more information contact the board at:  
Email: [info@nmcbbhp.org](mailto:info@nmcbbhp.org)  
[www.nmcbbhp.org](http://www.nmcbbhp.org)*

## **Certified Prevention Specialist (PS)**

IC&RC defines the Prevention Profession as a specific aspect of development and performance dealing with prevention of Alcohol, Tobacco, and Other Drug (ATOD) abuse. A primary purpose of certification for prevention professionals is to ensure adequate knowledge and skill for quality client care.

1. **Experience:** One (1) year or (2,000 hours) or more of supervised work experience providing substance abuse prevention services within the past three (3) years engaged working directly in the field of prevention; substance abuse, teen pregnancy, domestic violence, suicide, are examples of acceptable areas. Employer must complete the Employment Verification Form, for applicant. All experience must be documented.
2. **Education:** The educational requirement is a total of 100 hours of prevention specific training. Twenty-four (24) hours of this training must be ATODA training. Education must be specifically related to the knowledge and skills necessary to perform the tasks, within each IC&RC prevention performance domains. Six hours of education must be in prevention ethics and responsibilities. *Only training hours documented/received in the past five (5) years, prior to the date of the date of submitting your application packet will be accepted; unless the classes were from a university or college; each college credit hours equals 15 CEU's.* Submit copies of the training certificates or unofficial college transcripts. In-service training must be documented and will be reviewed for approval by the Board. Submit copy of High School Diploma or equivalent or College Degree. All education must be documented.
3. **Supervised Practical Training Summary:** One Hundred Twenty (120) supervised hours specific to the six (6) Prevention performance domains. The practicum must include a minimum of 10 hours in each core function. The training may occur as part of eligible work experience and may be completed under more than one supervisor or agency. All training hours must be documented. The six domains are: Planning and Evaluation; Prevention Education and Service Delivery; Communication; Community Organization; Public Policy & Environmental Change and Professional Growth and Responsibility.
4. **Supervision:** The applicant's current supervisor is to complete the Evaluation checklist form as provided in this packet. The evaluation must be mailed directly to the Board.
5. **Examination:** The applicant must successfully pass the IC&RC International Prevention examination.
6. **Reference:** Submit three (3) letters of support evaluating character and competency of the applicant; one must be from a current supervisor; one must be from peer within in agency; and one must be from an outside agency, which endorses and attests to the professionalism of the applicant.
7. **Code of Ethics:** The applicant must document 6 hours of prevention ethics training and provide a signed "Code of Ethics" and the "Statement of Understanding".
8. **Fees:** The fees for application review and examination must accompany the application. Check on [www.nmcbbhp.org](http://www.nmcbbhp.org) for current fees. Additional fees will apply for non-approved CE providers. See approved providers on website.

**Recertification:** Forty (40) contact hours (CEU's) must be completed within the 2-year certification period; 6 (six) CE hours must be in Prevention Ethics, the remaining hours must be in general prevention and/or ATOD Prevention trainings. Continuing education hours accepted as 50% online courses and 25% trainer courses. Other requirements are listed on [www.nmcbbhp.org](http://www.nmcbbhp.org).

## APPLICATION CHECKLIST

**Review checklist when completing application. Make sure you have included all of the following components with your application.**

CHECK ✓ <input type="checkbox"/>	ITEMS
	Fill out Application completely. (Do not submit Resumes or Job descriptions)
	Provide related formal education and documentation when substituted for years of experience.
	Employment Verification Form – have form filled out from present and/or previous supervisors with description of duties and exact date of employment.
	Signed <b>Prevention Code of Ethics</b>
	Signed <b>Statement of Understanding/Authorization and Release</b>
	TRAINING SUMMARY FORM – provide information including course title, dates and hours of credits received (Submit copies of certificates of attendance).
	SUPERVISOR EVALUATION FORM needs to be completed by present and/or previous supervisors. Make copies of SUPERVISOR EVALUATION FORM if you had more than one supervisor.
	Supervised Practical Training Summary, which documents the 120 performance hours supervised in the six domains
	Submit three (3) reference letters of support evaluating character and competency of the applicant. One must be from a current supervisor; one must be from a peer within an agency; and one must be from an outside agency, which endorses and attests to the professionalism of the applicant.
	Include Certification Fees for Application Review and Exam. <b>ALL FEES ARE NON-REFUNDABLE</b>
	Application must be signed and dated.

Make a copy of entire application and accompanying documents for your records. NMCBBHP will not provide you a copy of your application.

### Fee Schedule

<b>Application Review Fee</b>	<b>\$55</b>
<b>Exam Fee</b>	<b>\$160</b>

**\*Application Re-Review Fee \* \$55**

(\*Applies if original application is substantially incomplete and has to be reviewed again)  
Please check [www.nmcbbhp.org](http://www.nmcbbhp.org) for current fee information



**New Mexico Credentialing Board for Behavioral Health Professionals**  
**P.O. Box 66405**  
**Albuquerque, NM 87193**

**Application for Prevention Specialist Certification (PS)**

The entire application must be printed legibly or typed.

Name \_\_\_\_\_  
                     First                                      Initial                                      Last Name                                      (as it will appear on the Certificate)

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_      Gender \_\_\_\_\_ M \_\_\_\_\_ F

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

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Primary Employer \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Work Email \_\_\_\_\_

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

Supervisor Name \_\_\_\_\_

**Send mail to (please CHECK preference):**   \_\_\_\_\_ **Home**   \_\_\_\_\_ **Work**

**Send email to (please CHECK preference):**   \_\_\_\_\_ **Home**   \_\_\_\_\_ **Work**

**Optional & confidential/for statistical purposes only: Completing this information is optional. Your responses help us answer questions about NM CPSs and the diversity we represent. Thank you for your time.**

**Ethnicity:**   \_\_\_\_\_ Native American                                      \_\_\_\_\_ Asian American  
                     \_\_\_\_\_ Black American                                      \_\_\_\_\_ Anglo  
                     \_\_\_\_\_ Hispanic                                      \_\_\_\_\_ Other

**Education:** \_\_\_\_\_ High school Grad/GED      \_\_\_\_\_ Some College      \_\_\_\_\_ College Graduate  
                     \_\_\_\_\_ Post Graduate Education      \_\_\_\_\_ Certification and Diplomas

Specify: \_\_\_\_\_

**Professional Affiliations and Current Licenses**

\_\_\_\_\_  
 \_\_\_\_\_

**Prevention Work Experience** (Begin with Current Employment and Attach Additional Sheet if Necessary)

Agency Name/Address \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone \_\_\_\_\_  
(From M0/YR) (To M0/YR)

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prevention Work Experience**

Agency Name/Address \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone \_\_\_\_\_  
(From M0/YR) (To M0/YR)

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prevention Work Experience**

Agency Name/Address \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone \_\_\_\_\_  
(From M0/YR) (To M0/YR)

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Experience in Behavioral Health Field (Attach Additional Sheet if Necessary)**

Agency Name/Address \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone \_\_\_\_\_  
(From M0/YR) (To M0/YR)

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Experience in Behavioral Health Field**

Facility/ Address \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Phone \_\_\_\_\_  
(From M0/YR) (To M0/YR)

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Peer References (Professional Colleagues). Persons submitting letters must SEND directly to the Certification Board.**

Name \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Professional Reference (Outside Agency)**

Name \_\_\_\_\_ Facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby attest that all information provided in this application is true and valid to the best of my knowledge.

**Printed Name** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**Employment Verification Form**

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

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

Agency: \_\_\_\_\_

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

\_\_\_\_\_

Agency Phone #: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_

Major Duties:

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\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name & Title

\_\_\_\_\_  
Supervisor Signature

# **Code of Ethics for Certified Prevention Specialists**

## **Preamble**

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code with additional amendments recommended by IC&RC and adopted by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

The Code of Ethics set forth for Certified Prevention Specialists encompass the following Principles:

### **Principal 1: Non-Discrimination:**

The Certified Prevention Specialist must not discriminate against clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation, gender identity, economic condition or against persons with disabilities. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

### **Principle 2: Competence:**

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
- D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.



- F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
- G. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- H. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

***Principle 3: Integrity.***

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.
- D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.
- E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.
  - 1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
  - 2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.
  - 3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to make a determination on the application.
  - 4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.
  - 5. As employees or members of organizations, prevention specialists shall not engage or participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- F. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification, excluding minor traffic offenses, whether or not the case is pending an appeal.

#### ***Principle 4: Nature of Services.***

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- A. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.
- B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
  1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
  2. It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
  3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
  4. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

#### ***Principle 5: Confidentiality.***

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publically shall be distributed only in ways that protects the confidentiality of individual participants.

***Principle 6: Ethical Obligations for Community and Society.***

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

Prevention Specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

I have read and understand the Prevention Code of Ethical Conduct. I will, to the best of my ability, adhere to and honor this Code in my professional and personal dealings.

**Printed Name** \_\_\_\_\_

---

**SIGNATURE**

**DATE**

## **STATEMENT OF UNDERSTANDING**

### **AUTHORIZATION AND RELEASE**

- I hereby apply for certification to the New Mexico Credentialing Board for Behavioral Health Professionals. I understand that approval of my application depends upon my successfully completing the assessment of competencies as established by the Board, including submission of all required references and sitting for an examination if required.
- I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.
- I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals, to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for Certified Prevention Specialist.
- I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.
- I further acknowledge, understand, and agree that any falsification or misrepresentation of information by me or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification later.

**Printed Name** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



New Mexico Credentialing Board for Behavioral Health Professionals
P.O. Box 66405
Albuquerque, NM 87193

SUPERVISOR EVALUATION FORM

Supervisor/Administrator:

The individual supplying you this form is applying to the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) for credentialing. The information requested here is an essential part of the board's evaluation process to determine knowledge and competency of the applicant and must be included to meet Board requirements.

We need careful and truthful reporting based on your direct observation and supervision of the applicant's work. This form and letters submitted to the Board regarding applicant knowledge, skills, and competency will not be made to applicant now or at any time in the future.

Please return this page and the evaluation promptly before application deadlines to:

NMCBBHP
P.O. Box 66405
Albuquerque, NM 87193

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

Supervisor's/Administrator's Name and Title (PRINTED) (or other approved verifying individual who has provided experiential training and is completing this evaluation form.)

Dates of Supervision \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

How long have you been employed by this program? \_\_\_\_\_

Where did you receive your training in Prevention? \_\_\_\_\_

Professional certificates or licenses you hold? \_\_\_\_\_

Are you involved in the administration/management of the program where the applicant is currently employed? (Check one ✓)

- a) No
b) Yes, limited to supervision of prevention professionals
c) Yes, limited to administrative responsibilities, such, as budgeting.
d) Yes, both supervising and administrating.

Supervisor's/Administrator's Signature

Date

**Directions:** Please supply this evaluation form to an appropriate individual/supervisor who has provided you with a minimum of 120 hours (minimum of 12 hours in each performance domain) of supervised experiential learning in the Prevention Competencies.

**Evaluator Directions:** Please complete the following form scoring each area by circling the following:

**N/A** – not applicable, has not performed  
**M** – meets basic competency

**N/I** – needs improvement in this competency  
**E** – exceeds basic competency

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

<b>2. PREVENTION EDUCATION AND SERVICE DELIVERY</b>				
Task 1: Coordinate prevention activities.	N/A	N/I	M	E
Task 2: Implement prevention education and skill development activities appropriate for the target audience.	N/A	N/I	M	E
Task 3: Provide prevention education and skill development program that contain accurate, relevant, and timely content.	N/A	N/I	M	E
Task 4: Maintain program fidelity when implementing evidence-based practices.	N/A	N/I	M	E
Task 5: Serve as a resource to community members and organization regarding prevention strategies and best practices.	N/A	N/I	M	E

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

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

<b>5. PUBLIC POLICY AND ENVIRONMENTAL CHANGE</b>				
Task 1: Provide resources, training, and consultation to promote environmental changes.	N/A	N/I	M	E
Task 2: Participate in enforcement initiatives to affect environmental change.	N/A	N/I	M	E
Task 3: Participate in public policy development to affect environmental changes.	N/A	N/I	M	E
Task 4: Use media strategies to support policy efforts in the community.	N/A	N/I	M	E
Task 5: Collaborate with various community groups to develop and strengthen effective policies supporting prevention.	N/A	N/I	M	E
Task 6: Advocate to bring about policy and/or environmental change.	N/A	N/I	M	E

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

Check One:    I do \_\_\_\_\_    I do not \_\_\_\_\_

Recommend this applicant for credentialing at the level for which he/she is applying.

\_\_\_\_\_  
Supervisor's/Administrator's Signature

\_\_\_\_\_  
Date



**SUPERVISED PRACTICUM TRAINING SUMMARY:**

**Prevention Performance Domains**

Supervised Practicum Training includes activities designed to provide training of specific performance domains. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the Prevention Specialist in this learning process. All training hours must be supervised. A recommended ratio is one hour of supervision (face-to-face individually or in a group) to 12 hours of practical experience. Copies of this form may be submitted by more than one supervisor.

Types of Training (Please check): On-the-Job Training \_\_\_\_\_ Training Program \_\_\_\_\_ Internship \_\_\_\_\_

FUNCTIONS	DATE COMPLETED	NUMBER OF HOURS	AGENCY OR SUPERVISOR(S)
1. Planning and Evaluation			
2. Prevention Education and Service Delivery			
3. Communication			
4. Community Organization			
5. Public Policy & Environmental Change			
6. Professional Growth & Responsibility			

TOTAL NUMBER OF HOURS \_\_\_\_\_

**NOTE: 120 hours required for Prevention Specialist Certification.**

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluation: Satisfactory/Not Satisfactory

\_\_\_\_\_  
If mailed in: Name of Applicant:

If you are unable to document prior practicum: In your own words, please describe your supervised practicum training. Include who trained you and how they trained you. Be sure to include any supervised practical training you received when and if you changed jobs. Use the back of this page or a 2<sup>nd</sup> sheet, if needed.

