

APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications. This is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of Certified Prevention Specialist. This process includes validation from employers, supervisors and trainers.

1. Application forms must be neatly printed or typewritten.
2. Materials must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$85.00 should be made payable to ICB. All fees are non-refundable. No refunds will be given.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to ICB.
5. Applications will be reviewed when they are received by ICB. A letter will be sent to applicants notifying them of any problems or missing parts of the application.
6. Applicants have the responsibility to notify ICB, in writing, of any changes to their names, work/home addresses and work/home telephone numbers
7. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to: ICB
401 East Sangamon Avenue
Springfield, IL 62702

APPLICATION FOR CERTIFIED PREVENTION SPECIALIST

Name _____ / /
 Last First MI Date of Birth

Home Address _____ Apt # (if applicable) _____

City _____ State _____ Zip Code _____

County _____ Home Telephone _____ Home Fax _____

Email _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

County _____ Work Telephone _____ Work Fax _____

I would like my mail sent to: Home Work Sex: Male Female
 (check only one box)

I am applying for certification as a (choose one):

Certified Prevention Specialist (CPS)
 Certified Senior Prevention Specialist (CSPS)
 Initial Certification Progress to another classification

Please check one selection from each of the following areas

<u>Ethnic Origin</u>		<u>Highest Education Level Completed</u>		
<input type="checkbox"/> Caucasian		<input type="checkbox"/> No High School Diploma or GED		<input type="checkbox"/> Bachelor of Arts
<input type="checkbox"/> Black/African-American		<input type="checkbox"/> High School Diploma or GED		<input type="checkbox"/> Bachelor of Science
<input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> Vocational Certification		<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Associate of Art		<input type="checkbox"/> Doctorate
<input type="checkbox"/> Other		<input type="checkbox"/> Associate of Science		

Primary Work Setting

Mental Health School Setting Substance Abuse Other _____

Primary Population Served

Adults Children Mixed Adolescent Geriatrics

Please list any certifications, board registrations or licenses you hold:

NOTE: ICB reserves the right to request further information from all employers and other persons listed on the application form. This information will be used strictly to evaluate the professional competence of a prevention specialist and will be kept confidential by the ICB. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

WORK EXPERIENCE

I hereby attest that the applicant is working in a position where a minimum of 50% of the applicants paid work and/or 100% of the volunteer time is spent in the delivery of the six performance domains. The domains include: planning and evaluation, prevention education and service delivery, communication, community organization, public and environmental change and professional growth and responsibility.

Supervisor's Signature

Date

Supervisor's Printed Name

Supervisor's Credentials

Applicant's Signature

Date

List your most recent work experience first. **BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR MOST CURRENT POSITION.** The applicant and the supervisor must sign the job description. All relevant former employment must be verified on letterhead from employers.

Name Of Current Employer: _____

Your Title/Position: _____

Hours Of Work Per Week: _____

Dates Employed: from _____ to **PRESENT**
month/day/year

Place of Employment: _____

Immediate Supervisor: _____

Title: _____ Telephone Number: (____) _____

Please attach a job description signed by you and your supervisor.

Please Reproduce this Form as Needed to Document All RELEVANT Work Experience

APPLICANT NAME: _____
(LAST) (FIRST) (MI)

Name of Previous Employer: _____

Your Title/Position: _____

Hours of Work Per Week: _____

Dates Employed: from _____ to _____
month/day/year

Place of Employment: _____

Immediate Supervisor: _____

Title: _____ Telephone Number: (____) _____

Please attach a job description signed by you and your supervisor.

Name of Previous Employer: _____

Your Title/Position: _____

Hours of Work Per Week: _____

Dates Employed: from _____ to _____
month/day/year

Place of Employment: _____

Immediate Supervisor: _____

Title: _____ Telephone Number: (____) _____

Please attach a job description signed by you and your supervisor.

All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to ICB regarding my status.

Signature of Applicant **Date**

SUPERVISED PRACTICAL EXPERIENCE

To Supervisor: Please complete this form indicating the applicant’s supervised practical training. This form is not intended to document the applicant’s total number of hours worked, but rather the hours of supervision/mentoring you have provided the applicant. **PLEASE RETURN THIS FORM DIRECTLY TO ICB, 401 EAST SANGAMON AVENUE, SPRINGFIELD, IL 62702.**

Applicant’s Last Name

First Name

Middle Name

I hereby attest to the fact that I have provided the applicant supervision/mentoring for the number of hours noted below.

Supervision/Mentoring includes activities designed to provide training in specific prevention tasks. All of these hours must be spent being observed (directly or indirectly) in performance of the prevention domains, and receiving individual or group feedback on the performance of the prevention domains. Individuals considered qualified to provide supervision/mentoring include the preventionist’s actual supervisor, ICB Certified Prevention Specialist/Senior Prevention Specialist and experienced (minimum of 2,000 hours of paid prevention experience) prevention professionals.

**If applying for CPS document 120 hours of supervision.
If applying for CSPS document 240 hours of supervision.**

<u>Performance Domain</u>	<u>Number Of Hours Received In Each</u>
Planning and Evaluation	_____ (minimum 10)
Prevention Education and Service Delivery.....	_____ (minimum 10)
Communication	_____ (minimum 10)
Community Organization.....	_____ (minimum 10)
Public Policy and Environmental Change.....	_____ (minimum 10)
Professional Growth and Responsibility.....	_____ (minimum 10)
Total number of hours of supervision/mentoring I have provided the applicant	_____ (minimum 120)

Supervisor’s Signature

Date

Supervisor’s Printed Name

Supervisor’s Title

Supervisor’s Employer

_____/_____-_____
Employer Phone Number

City

State

Zip Code

EDUCATION

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of appropriate documentation will result in the inability to apply these hours toward certification. Mark the category for each program (more than one may apply).

Course/Program Title _____

Date Attended _____ To _____ Clock Hrs _____

Sponsoring Organization _____

Briefly Describe The Content Of Education _____

ATOD Specific Prevention Domains Prevention Ethics Planning & Evaluation (CSPS only)

Course/Program Title _____

Date Attended _____ To _____ Clock Hrs _____

Sponsoring Organization _____

Briefly Describe The Content Of Education _____

ATOD Specific Prevention Domains Prevention Ethics Planning & Evaluation (CSPS only)

Course/Program Title _____

Date Attended _____ To _____ Clock Hrs _____

Sponsoring Organization _____

Briefly Describe The Content Of Education _____

ATOD Specific Prevention Domains Prevention Ethics Planning & Evaluation (CSPS only)

ASSURANCE AND RELEASE

The Illinois Certification Board, Inc. (ICB) may request further information from all persons listed on the application form in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Prevention Specialist. I understand that intentionally false or misleading statements or intentional omissions shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file and other pertinent data submitted to, or collected by the ICB, to officers, members and staff of the afore mentioned board.”

“I further agree to hold ICB, it’s officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties, which they may take in connection with this application and subsequent examinations and/or the failure of ICB to issue certification.”

“I certify that I have read and subscribe to ICB Code of Ethics for Certified Prevention Specialists and The Illinois Model for the Certification of Prevention Specialists.”

“I further certify that my Certified Prevention Specialist classification and status is public knowledge.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

Applicant Signature

Date

CODE OF ETHICAL CONDUCT

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for the Certified Prevention Specialist express the professional's recognition of his/her responsibilities to the public, to service recipients and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which Certified Prevention Specialists should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

I. 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 or economic condition or against persons with disabilities, including persons testing positive for the AIDS related virus. A Certified Prevention Specialist should broaden his/her understanding and acceptance of cultural and individual differences and in so doing, render services and provided information sensitive to those differences.

II. Competence

The Certified Prevention Specialist shall provide competent professional service to all in keeping with ICB standards. The Certified Prevention Specialist will strive continually to improve personal competence and quality of service delivery and discharge professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life. Certified Prevention Specialists 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.

Due care requires a Certified Prevention Specialist to plan and supervise adequately any professional activity for which he or she is responsible. A Certified Prevention Specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.

When a Certified Prevention Specialist is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

III. Integrity

To maintain and broaden public confidence, Certified Prevention Specialists should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle. Personal gain and advantage should not subordinate service and the public's trust. All information should be presented fairly and accurately. Each Certified Prevention Specialist should document and assign credit to all contributing sources used in published material or public statements. Certified Prevention Specialists should not misrepresent either directly or by implication professional qualifications or affiliations. A Certified Prevention Specialist should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect. Certified Prevention Specialists never knowingly make a false statement to ICB or any other disciplinary authority.

IV. Nature of Service

Above all, the Certified Prevention Specialist shall do no harm to service recipients. Practices shall be respectful and non-exploitive. Services should protect the recipient from harm and the professional and the profession from censure. Where there is evidence of child or other abuse, the Certified Prevention Specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken. Where there is evidence of impairment in a colleague or a service recipient, a Certified Prevention Specialist should be supportive of assistance or treatment. Certified Prevention Specialists should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/herself.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including - but not limited to - verbal disclosure, unsecured maintenance of records or recording of an activity or presentations without appropriate releases.

VI. Ethical Obligations for Community and Society

According to their consciences, Certified 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 Certified Prevention Specialists who must adopt a personal and professional stance that promotes the well being of all humankind. I have read and understand the Code of Ethics for Certified Prevention Specialists. I will do the best of my ability to adhere to and honor this Code in my professional and personal dealings.

Personal Statement

As a Certified Prevention Specialist, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.

My signature below indicates my agreement with and willingness to abide by this Code of Ethical Conduct.

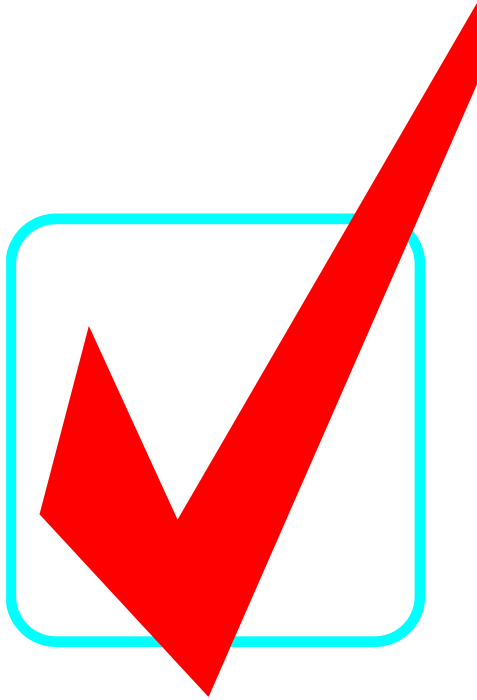
Applicant Signature

Date

Notary Signature

Date

Notary Stamp



Prevention Application Checklist

The following should be included in your Prevention Application:

- _____ Application information
- _____ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor.
- _____ Supervised Practical Experience form completed by your supervisor.
- _____ Education forms including all documentation.
- _____ Assurance and Release signed and dated by applicant.
- _____ Code of Ethics signed, dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702.