



## **CERTIFICATON APPLICATION & PROCEDURES**

### **I. INTRODUCTION**

Preventionists fill a unique role among health and human service professionals working in a variety of settings using a combination of accepted strategies to reduce the risks associated with the use of alcohol, tobacco and other drugs. Recognizing the need to assure quality prevention services to consumers, the Maryland Association of Prevention Professionals and Advocates (MAPPAs) offers a voluntary peer credentialing process, which evaluates competency and grants recognition to those who meet standards.

This document outlines MAPPAs's voluntary credentialing process and sets minimum standards for the competent preventionist to fulfill essential job functions. These standards are based on the performance domains developed through a Role Delineation Study completed by the International Certification and Reciprocity Consortium (IC&RC). This study defines the preventionist's role and identified the functions, responsibilities, skills and knowledge required of a minimally competent prevention specialist. MAPPAs has utilized the above mentioned role delineation study to develop three competency levels: Certified Prevention Professional (CPP), Certified Prevention Specialist (CPS) and Associate Prevention Specialist (APS). These credentials define the core knowledge and skill bases needed by all preventionists regardless of the work setting or professional training and orientation. In addition to defining baseline standards for preventionists, these credentials give recognition to individuals that have met the specific criteria.

MAPPAs recognizes that preventionists are educated in a wide range of disciplines, approaches and techniques. As a group, preventionists are comprised of persons with diverse educational and experiential backgrounds. The MAPPAs system is designed to accommodate and evaluate those preventionist who are experientially trained as well as those who are academically trained. These professional credentials can guide both employers and consumers in the selection of preventionists as well as provide the individual with a tool for marketing his/her skills and competence.

## II. PHILOSOPHY STATEMENT

Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles and by reducing risks contributing to alcohol, tobacco and other drug misuse and other related issues. Prevention programs are comprised of a continuum of integrated activities including education and training, life and coping skills, healthy alternative activities, as well as environmental and social change strategies. These activities complement each other and combine to form an effective prevention strategy.

## III. PURPOSE

The purpose of a voluntary peer certification process for preventionist is to:

- Assure the public of a minimum level of competency for service by preventionists.
- To establish and maintain a recognized credential of professional competency based on the IC&RC standards.
- Give professional recognition to qualified individuals through a process that examines demonstrated competencies.
- Through membership in IC&RC provide international reciprocity for qualified preventionist in Maryland.
- To promote an opportunity for professional development on an ongoing basis

## IV. PREVENTION STRATEGIES

The following strategies are critical tools for successful preventionist:

**Information Services** – Providing the general community with the theory and basic requisites of ATOD prevention and related current information. This is provided with special attention to applicability to specific community needs/issues and effectiveness in terms of human and financial costs.

**Enhancing Social Competencies** – Developing opportunities and experiences for individuals that advance the life skills (such as decision making, goal setting, coping skills, communication and problem solving) necessary for personal development and health promotion.

**Training** – Providing and transferring of ATOD prevention theory, knowledge, skills and attitudes to community leaders toward the creation of a community-based prevention system.

**Affecting Social Policy/Environmental Change** – Intervention into institutional and/or social policies to alter and/or introduce formal and informal ATOD prevention policies.

**Promoting Alternatives** – Supporting existing and developing new community resources that provide positive alternatives, as a means of meeting existing community needs and encouraging human growth.

## **V. PREVENTION PERFORMANCE DOMAINS:**

Six performance domains have been defined by prevention professionals through a Prevention Specialist Job Task Analysis (JTA) conducted by the IC&RC in 2013. **The next JTA will take place in 2019.** These performance domains are:

### **Domain 1: Planning and Evaluation Weight on Exam: 30%** **Associated Tasks:**

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

## **Domain 2: Prevention Education and Service Delivery**

**Weight on Exam: 15%**

### **Associated Tasks:**

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

## **Domain 3: Communication**

**Weight on Exam: 13%**

### **Associated Tasks:**

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

## **Domain 4: Community Organization**

**Weight on Exam: 15%**

### **Associated Tasks:**

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.

- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

### **Domain 5: Public Policy and Environmental Change**

**Weight on Exam: 12%**

#### **Associated Tasks:**

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

### **Domain 6: Professional Growth and Responsibility**

**Weight on Exam: 15%**

#### **Associated Tasks:**

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

**Total number of examination questions: 150**

**Total Number of pretest question: 25**

**Total time to complete the examination, Computer Based: 3 hours**

## Sample Questions

The questions on the IC&RC Prevention Specialist Examination were developed from the tasks identified in the 2013 Prevention Specialist Job Analysis. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job analysis task statements as listed above.

The questions on the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct or best answer for each question. Carefully read each question and all the choices before making a selection. Chose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

The follow are **sample** questions that are similar to those you will find in the exam.

**1. A community coalition is advocating for an ordinance to ban the sale of alcohol at the annual fall family festival. This is an example of:**

- A. An alternative activity strategy.
- B. A family intervention strategy.
- C. An environmental strategy.
- D. An enforcement strategy.

Domain: Public Policy and Environmental Change

**2. There was an underage drinking problem in the community. Enforcement of minimum purchase-age laws against selling alcohol and tobacco to minors through the use of undercover buying operations was utilized to address the underage drinking problem. What type of prevention strategy was used?**

- A. Alternatives to drug use
- B. Dissemination of information
- C. Prevention education
- D. Environmental approach

Domain: Public Policy and Environmental Change

**3. A prevention specialist's agency conducts a school-based indicated intervention for youth who have been identified as experimenting with alcohol and other drugs. A guidance counselor calls the prevention specialist and requests information about a group participant. Disclosing this information would violate which principle in the prevention code of ethics?**

- A. Nature of services
- B. Integrity
- C. Nondiscrimination
- D. Confidentiality

Domain: Professional Growth and Responsibility

**4. Which of the following is categorized as a depressant drug?**

- A. Alcohol
- B. Oxycodone
- C. Marijuana
- D. Methamphetamine

Domain: Prevention Education and Service Delivery

**5. A prevention specialist provides life skills classes at a local school. They are asked by the principal to lead group therapy sessions for children of alcoholics while the guidance counselor is on leave. The prevention specialist should:**

- A. Respectfully refuse
- B. Accept the challenge
- C. Volunteer to co-facilitate
- D. Accept but provide life skills classes instead of therapy

Domain: Professional Growth and Responsibility

**6. Qualitative data is often collected through key informant interviews, focus groups, listening sessions and:**

- A. Town hall meetings
- B. Newspaper articles
- C. Arrest reports
- D. Hospital records

Domain: Planning and Evaluation

**7. A person who has been designated by group members to be caretaker of the meeting process is known as the:**

- A. President
- B. Boss
- C. Facilitator
- D. Advocate

Domain: Community Organization

**8. An example of a selective intervention is:**

- A. A classroom-based prevention program for all seventh graders in a school district in a high risk community
- B. A skills-based program for youth from military families who have experienced many transitions
- C. A parenting program open to all residents in a rural town hosted by a local church
- D. A media campaign targeting Latino youth in a big city

Domain: Prevention Education and Service Delivery

**9. The first step in developing community prevention strategies is:**

- A. Assessment
- B. Capacity building
- C. Planning
- D. Implementation

Domain: Community Organization

**10. A prevention specialist, who is facilitating a Community Prevention Coalition, must tailor their facilitation style to the group's blend of bylaws, ground rules, people and:**

- A. Consultants
- B. Funding
- C. History
- D. Strategies

Domain: Communication



**11. When facilitating a Community Prevention Coalition planning group, a prevention specialist should not:**

- A. Listen and observe
- B. Prevent and manage conflict
- C. Encourage participation
- D. Insert personal opinions

Domain: Communication

**12. Strategies that aim to enhance individuals' ability to develop competence, a positive sense of self-esteem, mastery, well-being, social inclusion, and strengthen their ability to cope with adversity are:**

- A. Mental health promotion interventions
- B. Universal preventive interventions
- C. Selective preventive interventions
- D. Indicated preventive interventions

Domain: Professional Growth and Responsibility

|                    |             |              |
|--------------------|-------------|--------------|
| <b>ANSWER KEY:</b> | <b>1. C</b> | <b>7. C</b>  |
|                    | <b>2. D</b> | <b>8. B</b>  |
|                    | <b>3. D</b> | <b>9. A</b>  |
|                    | <b>4. A</b> | <b>10. C</b> |
|                    | <b>5. A</b> | <b>11. D</b> |
|                    | <b>6. A</b> | <b>12. A</b> |

## **VI. ELIGIBILITY FOR CERTIFICATION**

Certification will be awarded to individuals who demonstrate adequate skills, knowledge and competency in prevention. Certification does not depend upon any single education or experiential background, required knowledge and skills may be acquired through a combination of training, education and supervised work experience. The certification process offers a learning plan to the new preventionist by providing guidance in the acquisition of the necessary knowledge and skills. For the experienced preventionist, certification provides a document of experience and training.

The requirements of certification includes: minimum hours of experience, training and education in the knowledge/skill bases, supervision and demonstrated knowledge and skills in the area of concentration. All applicants must live and / or work in Maryland at least 51% of the time at the time of the application. The standards for each credential are as follows:

### **CERTIFIED PREVENTION PROFESSIONAL**

**EDUCATION:** Possession of a bachelor's degree from an accredited college or university with 30 credits in behavioral sciences, health, human services or education.

**Note:** Completion of 60 credits from an accredited college or university, 18 in behavioral sciences, health/human services or education and an additional 2 years of experience may be substituted for the bachelor's degree requirement.

**EXPERIENCE:** Verification of 2 years (4,000 hours) of prevention related experience across the domains.

**TRAINING:** Verification of 200 contact hours of prevention specific training of which 25 hours must be ATOD specific. 6 hours of prevention specific ethics is required.

**PRACTICUM:** 120 hours of practicum in the 6 performance domains (min. 10 hrs. in ea.), which is to documented and verified by the Supervisor.

**REFERENCES:** 3 reference letters: 1 from a former or current supervisor and 2 from peers. Letters must attest to applicant's knowledge, experience and character.

**ETHICS CODE:** Adherence to prevention-specific professional code of ethics through a signed statement.

**EXAMINATION:** Pass an IC&RC approved examination.

### **CERTIFIED PREVENTION SPECIALIST**

**EDUCATION:** Possession of an associate's degree from an accredited college or university with 18 credits in behavioral sciences, health or human services, or education.

**Note:** Possession of high school diploma or GED and an additional two years of experience may be substituted for the associate's degree requirement.

**EXPERIENCE:** Verification of 1 year (2,000 hours) of prevention experience across the domains.

**TRAINING:** Verification of 120 contact hours of prevention specific training – 25 hours must be ATOD specific. 6 hours of prevention specific ethics is required.

**PRACTICUM:** 120 hours of practicum in the 6 performance domains (min. 10 hrs. in ea.) (This is to documented and verified by the Supervisor)

**REFERENCES:** 3 letters of reference: one from a former or current supervisor and 2 from peers. Letters must attest to applicant's knowledge, experience and character.

**ETHICS CODE:** Adherence to prevention-specific professional code of ethics through a signed statement.

**EXAMINATION:** Pass an IC&RC approved examination.

## **ASSOCIATE PREVENTION SPECIALIST**

**EDUCATION:** Possession of a high school diploma or GED

**EXPERIENCE:** Verification of 1 year (2,000 hours) of prevention experience across the domains.

**TRAINING:** Verification of 50 contact hours of prevention specific training – 10 hours must be ATOD specific. 6 hours of prevention specific ethics is required.

**PRACTICUM:** 60 hours of practicum in the 6 performance domains.  
(this is to documented and verified by the Supervisor)

**REFERENCES:** 3 letters of reference – 1 from a former or current supervisor and 2 from peers. Letters must attest to applicant's knowledge, experience and character.

**ETHICS CODE:** Adherence to prevention specific professional code of ethics through a signed statement.

**EXAMINATION:** No examination required.

## **VII. PROCEDURES FOR CERTIFICATION**

The application process for certification involves an evaluation of competency in the 6 domains through a peer review of training and experience and a written examination that has been approved by the International Certification and Reciprocity Consortium.

### **A candidate applying for certification must:**

1. Obtain an application packet from MAPPa and reading the entire packet thoroughly.
2. Complete the application packet being sure to type or print legibly.
3. Have current or former supervisors complete the Documentation of Supervised Practical Experience in Prevention Performance Domains Form and mail to MAPPa.
4. Request 3 individuals familiar with the applicant's work to make an assessment of the applicant's knowledge, skills, experience and character and attest to this through a letter of reference mailed directly to MAPPa. One of the individuals must be or have been an immediate supervisor.
5. Sign the MAPPa code of ethics statement and the consent to release information form.
6. Submit the completed application packet to MAPPa, including all required attachments documenting work/volunteer experience, education, training and practical experience along with the application fees.
7. If determined eligible to test for the CPP or CPS credential on the basis of experience and training as measured by the information submitted in the application packet, the applicant will be notified and scheduled for the computer-based examination.
8. Upon successful completion of the IC&RC Prevention Examination the applicant will be awarded the reciprocal CPP or CPS credential.
9. If determined eligible for the APS credential on the basis of experience and training as measured by the information submitted in the application packet, the applicant will be awarded the APS credential.
10. If more information or documentation is required to complete the peer review process, the applicant will be contacted.

## **VIII. CERTIFICATION MAINTENANCE**

To maintain the high standards of the credentialing process and to assure continuing awareness of new knowledge in the field, MAPPA requires all Certified Prevention Professionals (CPP), Certified Prevention Specialists (CPS) and Associate Prevention Specialists (APS) to renew their certification every 2 years.

### **The requirements for CPP and CPS recertification shall be as follows:**

1. Submission of an application including a signed copy of the MAPPA Code of Ethics.
2. Absent of any ethical or malpractice violation in this or any other certifications or licensures.
3. Verification of completion of 40 hours of continuing education. Documentation and / or certificates must be titled in area of prevention education or the 6 domain areas: Planning and Evaluation; Prevention Education and Service Delivery; Communication; Community Organization; Public Policy and Environmental Change; Profession Growth and Responsibility.

### **The requirements for APS recertification shall be as follows:**

1. Submission of an application including a signed copy of the MAPPA Code of Ethics.
2. Absent of any ethical or malpractice violation in this or any other certifications or licensures.
3. Verification of completion of 20 hours of continuing education. Documentation and / or certificates must be titled in area of prevention education or the 6 domain areas: Planning and Evaluation; Prevention Education and Service Delivery; Communication; Community Organization; Public Policy and Environmental Change; Profession Growth and Responsibility.