

# $P_{\text{revention}}\,C_{\text{ertification}}\,A_{\text{pplication}}$

Send completed application packet to: MAPPA P.O. Box 609, Linkwood, MD 21835-0609

Application fees must be submitted with completed application forms: MAPPA Members: APS-\$90, CPS-\$300, CPP -\$300 Non- MAPPA Members: APS-\$140, CPS-\$350, CPP - \$350

(Circle credential applying for) \* The above fees include the Computer Based Testing fee for CPS or CPP

Please print legibly or type, providing detailed information for all sections of this application. Incomplete applications will be returned. Please Note: It is the applicant's responsibility to report changes in addresses or contact information as they occur.

Name:
(as it should appear on your certificate)
Job Title:
Date of Birth// Gender SS# Education Level
Home Address:
Street – City – State - Zip Code
Employer:
Work Address:
Street - City – State - Zip Code
Cell Phone: () Work Phone: () Ext. #

### CONSENT TO RELEASE INFORMATION To the Maryland Association of Prevention Professionals & Advocates (MAPPA)

1. I have presented full information concerning education, licensure, certification, accreditation, prior experience, special skills and certificates, as well as full disclosure/description of any unfavorable history or suspensions with regard to licensure and prior employment.

2. You are requested and permitted to seek from my present employer or any prior employer/institution/agency/person with which I have been associated; information concerning my professional competence and ethical character, including any knowledge or information as to whether my membership status or professional privileges have ever been suspended, revoked, reduced, or not renewed at any other agency or institution.

3. I hereby authorize MAPPA to consult with the professional staffs of other facilities with which I have been associated, and with any other persons who may have information on competence, character and ethical qualifications.

4. I hereby consent to MAPPA inspection of all records and documents that may be material to an evaluation for the certification requested.

5. I hereby release from liability all representatives of MAPPA for acts performed in good faith and without malice concerning the evaluation of my credentials.

6. I hereby release from any liability all individuals and organizations who provide information to MAPPA in good faith and without malice concerning my competence, ethics, character, and other qualifications for certification, including otherwise privileged or confidential information.

7. I understand that any misrepresentation, deliberate erroneous information or omission of significant information relevant to my qualifications, and competence for certification now or in the future will result in negative action by MAPPA, which may include denial of certification, suspension or revocation of certification, or legal action.

Printed Name of Applicant

Signature

Date

#### **RECORD OF EDUCATION**

List education received to-date. Note: that an official transcript must support all college work. CPS and APS applicants must submit a copy of their High School Diploma or GED, or official college transcripts. Applicants must contact their respective academic institution(s) and request that official sealed college transcripts be forwarded directly to MAPPA. MAPPA cannot accept transcripts from the applicant or any source.

Formal Education	Name & Location of School	Dates Attended	Date Graduated	Degree or # of Credits
High School				
College				
Grad School				

Below please note any special knowledge or training that you consider relevant. List any special licenses, certificates, professional organizations or awards you fee support this application. Additionally, please provide a full disclosure and description of any unfavorable history or suspensions with regard to licensure and prior employment. Attach additional pages if necessary.

#### **RECORD OF TRAINING**

List all training and academic courses that are relevant to knowledge base requirements for each of the six domains. Applicants may refer to the MAPPA Prevention Training Requirements sheet for a listing of required training hours in each domain. Applicants must submit copies of training certificates or other verification of attendance at training events. Attach certificates verifying training in the order in which courses are listed. Reproduce this form as needed to record all appropriate education.

### DOMAIN: #\_\_\_\_\_

# (PROVIDE A SEPARATE SHEET - PER DOMAIN)

ACTIVITY / COURSE	CLOCK HOURS	LOCATION / DATE	SPONSOR / TRAINER

Hours of training are measured at 60 min. = 1 Clock hour and 1 Clock hour = 1 CEU. College credits are measured by the hours described in official college transcripts with a typical 3-credit course = 36 Clock hours.

## PREVENTION CERTIFICATION TRAINING REQUIREMENTS

Applicants must verify they have met the **minimum required training hours in each domain as outlined below.** However, applicants are encouraged to seek training in all knowledge bases. <u>At least 50% of all training must be acquired within 5</u> <u>years of submission of the application for credentialing.</u> **Refer to the accompanying 'measures', found under V. PREVENTION PERFORMANCE DOMAINS.** 

PERFORMANCE DOMAIN	CPP	CPS	APS
Domain 1: Planning & Evaluation	25	25	3
Domain 2: Prevention Education & Service Delivery	15	15	6
Public Speaking	6	6	3
Domain 3: Communication	13	13	Optional
Domain 4: Community Organization	15	15	Optional
Domain 5: Public Policy & Environmental Change	12	12	Optional
Domain 6: Professional Growth & Responsibility	15	15	6
Prevention Specific Ethics	6	6	6
Cultural Competency	6	6	3
Additional Hours in any Performance Domain	87	7	23
TOTAL TRAINING / EDUCATION HOURS REQUIRED	200	120	50

#### **PREVENTION EXPERIENCE**

Acceptable experience (volunteer or paid positions) in which the applicant provides direct drug and alcohol prevention services / activities OR supervision of prevention services / activities. <u>All relevant experience must be obtained within 4 years of application and must be verified with letters from employers / volunteer coordinators, specifying alcohol, tobacco and other drug prevention related duties and responsibilities. NOTE: 2,000 hours equal one year of experience. List your most recent work experience first. Make as many copies as needed.</u>

Name of Agency
Address
Phone
Job Title
Name of Immediate Supervisor
Full-Time / Part-Time (Circle One)
Total # of hours of prevention experience in this position
Name of Agency
Address
Phone
Job Title
Name of Immediate Supervisor
Full-Time / Part-Time (Circle One)
Total # of hours of prevention experience in this position

## **MAPPA Prevention Code of Ethics**

**NON-DISCRIMINATION:** The 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 prevention specialist shall exercise competent professional judgment when dealing with clients, the public and other professionals and shall maintain their best interest at all times.

**COMPETENCE:** The prevention specialist shall provide competent professional service to all in keeping with MAPPA standards. Competent professional service requires thorough knowledge of alcohol and other drug abuse, 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 prevention specialist shall assess personal competence and not operate beyond their skill or training level.

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

- claim either directly or by implication: professional knowledge, qualifications or affiliations that the prevention specialist does not possess;
- lend their name to, or participate in, any professional and/or business relationship which may knowingly misrepresent or mislead the public in any way;
- misrepresent their certification to the public or make false statements regarding their qualifications to MAPPA;
- 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);
- 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 the certified prevention specialist may feel a need to market themselves as competent or professional, they are to be mindful that they are discouraged from championing their cause by denigration of others. In addition, the alcohol and other drug abuse prevention specialist shall not engage in false or misleading communication about their own or other professionals, abilities, training and/or experience.

**PUBLICATIONS:** The prevention specialist who participates in the writing, editing or publication of professional papers, videos/films, pamphlets or booklets must act to reserve 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 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 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 prevention specialist shall adhere to all applicable state and federal laws and rules, including reporting child abuse/neglect or misconduct by individuals or agencies. As such prevention specialists have the responsibility to be aware of and in compliance with all applicable state and federal guidelines, regulations and statutes and agency policies regarding confidentiality, data privacy and professional relationships.

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

FINANCIAL ARRANGEMENTS: The 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 prevention specialist should strive to maintain and promote the integrity of certification within the state of Maryland, nationally and internationally, and the advancement of the prevention profession.

**PROFESSIONAL INTEGRITY:** A prevention specialist should:

- never knowingly make a false statement to MAPPA or any other disciplinary authority;
- promptly alert colleagues to potentially unethical behavior so said colleague can take corrective action;
- report violations of professional conduct by other alcohol and other drug abuse professionals to the appropriate authority when there is knowledge that said the professional has violated professional standards and has failed to take corrective action after a formal intervention.

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

#### Documentation of Supervised Practical Experience in Prevention Performance Domains

**To Supervisor:** Please complete this form indicating applicant's supervised practical experience in performing prevention functions. (This form may be sent directly to MAPPA, or enclosed in the application packet in a separate seal envelope)

#### **Please Print**

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

Supervisor's Name \_\_\_\_\_\_

Agency Name \_\_\_\_\_

Length of time you provided direct supervision to applicant: From \_\_\_\_\_\_ to \_\_\_\_\_

Based on your knowledge of this applicant, rate his/her experience. Indicate each task the applicant has experience in by making a check along the side of the corresponding task description. (APS applicants are required to document 60 hours of supervised experience in the 6 Domains and CPP & CPS applicants must document 120 hours with at least 10 hours in each of the Domains).

Rating Scale:	0 = Unacceptable	1 = Acceptable	2 = Excellent

#### Domain 1: Planning and Evaluation # Hours \_\_\_\_\_Rating \_\_\_\_\_

- \_\_\_\_ 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 / post-tests 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 # Hours \_\_\_\_\_ Rating \_\_\_\_

- \_\_\_\_ 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 # Hours \_\_\_\_ Rating \_\_\_\_

- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- \_\_\_\_ Identify marketing techniques for prevention programs.
- \_\_\_\_ Promote programs, services, activities and maintain good public relations.
- \_\_\_\_ 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 # Hours \_\_\_\_\_ Rating \_\_\_\_

- \_\_\_\_ 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.
- \_\_\_\_ Identify the community demographics and norms.
- \_\_\_\_ 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 # Hours \_\_\_\_\_ Rating \_\_\_\_

- 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.

#### Domaine 6: Professional Growth and Responsibility # Hours \_\_\_\_\_ Rating \_\_\_\_\_

- \_\_\_\_ 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.

I hereby attest that this evaluation truthfully reflects my knowledge of the application and I confirm that the applicant has received the indicated hours of supervision in the above prevention tasks in each of the domains as outlined above.

Supervisor's Signature

Date

# Mail Directly to: MAPPA P. O. Box 609 Linkwood, MD 21835-0609