



Idaho Board of Alcohol/Drug Counselor Certification, INC.

**CPS MANUAL
&
APPLICATION FORMS**

Contact:
IBADCC
PO Box 1548
Meridian, ID 83680
Ph: 208.468.8802

e-mail: ibadcc@ibadcc.org
www.ibadcc.org

Welcome from the Idaho Board of Alcohol/Drug Counselor Certification, Inc.

Thank you for your interest in applying for certification in the State of Idaho. This manual is a guide for the process of gaining the designation of Certified Prevention Specialist (CPS) under the auspices of the Idaho Board of Alcohol/Drug Counselor Certification, Inc. (IBADCC).

Information contained herein may be changed without notice.

IBADCC is an independent, non-profit corporation whose purpose is to set and maintain professional certification standards for practitioners in addictions prevention. This serves the profession by controlling the practitioner standards and qualifications at the state level and it provides the individual with a credential signifying professional competency.

IBADCC is a member of the [International Certification & Reciprocity Consortium](#) (IC&RC). The IC&RC is the national body whose function is to grant reciprocity from state to state and to set appropriate standards for credentials.

Should you have any questions regarding the credentialing process, please direct your inquiries to:

IBADCC

P.O. Box 1548

Meridian, ID 83680

208.468.8802

email: ibadcc@ibadcc.org

All certificates are the property of IBADCC and are subject to revocation

CPS APPLICATION MANUAL CONTENTS

SECTION I:	4
1) Information on the Application Process	5
2) Experience/Educational Requirements	6
3) Application Requirements	6
4) Certification Procedures.....	7
5) Renewal Procedures	8
6) Requesting a Change of Name	9
7) Lapsed Certificate Policy.....	11
8) Inactive Status.....	11
9) Residency	11
10) Reciprocity Procedures	11
SECTION II: EXPERIENCE AND EDUCATIONAL REQUIREMENTS	12
1) Instructions for Documentation of Supervision	12
2) Performance Domain and Associated Tasks.....	16
SECTION III: PREVENTION CODE OF ETHICS	19
Ethics Disciplinary Procedures.....	21
SECTION IV: CPS APPLICATION FORMS	31
Application Checklist.....	32
Assurances & Release Statement.....	33
Application for Certified Prevention Specialist (CPS).....	34
Employment Verification Form	35
Documentation of Education and Ethics Training	36
CPS Certificate of Supervision.....	38
Background Check Affidavit	Error! Bookmark not defined.
Example of IDHW Notice of Clearance	39
Letters of Reference.....	40
Code of Ethics/Code of Conduct Agreement.....	47
Documentation of Disability-Related Needs	48
Request for Special Accommodations	49
SECTION V: EXAM PREPARATION AND CANDIDATE GUIDE	50

Section I:

General information and requirements for CPS Certification

- 1) Information on the Application Process
- 2) Experience/Educational Requirements
- 3) Application Requirements
- 4) Certification Procedures
- 5) Renewal Procedures/Information regarding Education and Renewals
- 6) Requesting a Change of Name
- 7) Lapsed Certificate
- 8) Inactive Status
- 9) Residency Requirements
- 10) Reciprocity

1) Information on the Application Process

Thank you for your interest in applying for certification in the State of Idaho. The Certified Prevention Specialist (CPS) is a certification level granted by the Idaho Board of Alcohol/Drug Counselor Certification, Inc. recognizing those persons working in the alcohol/drug field who specialize in the education and prevention of alcohol/drug abuse. Please note: This level of certification does not give authority to the individual to provide any form of counseling.

APPLICATION FORMS: Application forms are contained within this manual and can be identified by our logo at the top. ALL logoed pages **MUST** be returned to the IBADCC office for your application to be complete; this includes the signed Code of Ethics/Conduct Agreement form located in Section IV. **No faxes or photocopies accepted.**

APPLICATION FEES: Your application will not be processed until you submit a payment via check or money order payable to IBADCC for the application fee of \$65.00. You have one year from the date you begin the application process to complete your application. If a completed application has not been received by the IBADCC within that year, any materials sent to the IBADCC will be destroyed and the application will no longer be valid.

APPROVAL OF APPLICATION: Once your application is approved, you have one year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged. After two years from your approval date, you will have to reapply and be accepted for testing again.

TESTING: After your application is approved and your testing fee of \$235 has been received, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and testing site that is most convenient for you.

Re-testing policy: If for some reason you fail your exam, you will have to wait 90 days before you can retake your exam. The testing fee for re-test is reduced to 50% of the original cost, \$117.50. You may re-test two times within a year of your application. **Please note:** You have one year from your application approval date to pass your certification exam.

Make sure that you follow all instructions carefully. If you have any questions, you may contact the IBADCC office at:

IBADCC
P.O. Box 1548
Meridian, ID 83680
208.468.8802
Email to: ibadcc@ibadcc.org

Any updates and/or changes to the manual will be posted on our website at www.IBADCC.org. Forms that are more than three years old will not be accepted.

2) Experience/Educational Requirements

- A. Documentation of high school diploma or equivalent. (*This documentation is not required if applicant is documenting credit for college courses or a degree.*)
- B. If documenting college credit or a degree, verification of the degree must be submitted by official college/university transcripts mailed from the college/university.
- C. Minimum of 120 hours of education specific to the domains- (must include the following):
 - 1. Documentation of 50 hours specific to tobacco and/or other drugs training.
 - 2. Documentation of education in each of the six domains to include a **minimum** of ten hours in each of the six Performance Domains. The domains include: Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility. (See Section II)
- D. Documentation of six hours of ethics training.
- E. You must have 2000 hours of documented alcohol, tobacco and other drug prevention **work experience**, and out of those hours 120 hours must be supervised by a Certified Prevention Specialist or someone who meets the minimum standards of a prevention specialist and who is willing to accept the responsibility of monitoring and evaluating the performance of the prevention specialist trainee.

Applicants must have a minimum of ten hours in each of the six Performance Domains (see Certificate of Supervision form in Section IV). **Please note:** If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred. A supervisor shall be interpreted to mean, *a person who is knowledgeable of alcohol or drug use prevention and treatment and has the ability to judge the capability and competence of a prevention professional.*

WORK EXPERIENCE - IBADCC defines "Prevention" as a proactive, science-based process that focuses on increasing "protective factors" and decreasing "risk factors" predictive of alcohol and substance use in individuals, families, and communities. The framework that guides this approach requires partnerships at the community level to use science-based tools that mobilize and engage community members; establish a shared vision and collaborative planning process; determine priorities based on assessed community needs; define clear and measureable outcomes; select programs and strategies that have demonstrated effectiveness; and verify progress toward outcomes.

3) Application Requirements

A. LETTERS OF REFERENCE: Three letters of reference which are directly related to the applicant's professional knowledge and skills are required. (Reference forms are provided in Section IV of this manual).

One letter/form **MUST BE** submitted by the applicant's supervisor. All letters of reference **MUST BE** sent directly to the IBADCC office by the person evaluating the applicant or in a sealed, signed envelope and included with the application.

B. CRIMINAL HISTORY BACKGROUND CHECK: Applicants must submit a copy of a State of Idaho, Health and Welfare Background check (background check cannot be more than three years old). Applicants who currently do not have a Health and Welfare Background check or need an employer ID number to use for the background check may contact the IBADCC office for instructions.

C. EMPLOYMENT VERIFICATION FORMS: Applicants must submit employment verification forms to verify work experience (Employment Verification forms are provided in Section IV.)

D. CODE OF ETHICS AGREEMENT: Applicant **MUST** read the Ethics section of this manual, including the Code of Ethics and the Ethics Disciplinary Procedures and submit a signed and dated Code of Ethics agreement. The Code of Ethics/Conduct agreement form is located in Section IV.

E. DISABILITY-RELATED NEEDS: If you require special accommodations during testing, you must complete the Disability-Related Needs forms at least 30 days prior to your desired testing date. The forms are located in Section IV. (optional)

4) Certification Procedures

STEP I. Application (*No faxes or photocopies accepted.*)

All candidates for certification must submit an application, with appropriate documentation, for review by the IBADCC. When it has been determined that the eligibility requirements have been met, the candidate will be notified.

STEP II. Examination

Applicants must pass a competency-based examination developed by the IC&RC through cooperation with and for use by all member boards. The initial test fee is \$235.00

Please Note:

- *A candidate who fails the exam may retest again in 90 days by submitting a check for \$117.50, a discount of 50% of the original test fee.*
- *A candidate may re-test up to two times within a year of application approval.*
- *A candidate who fails three certification tests must reapply and be accepted, prior to testing again.*
- *If you have any special accommodations needed at the exam, you will need to fill out the Documentation of Disability-Related Needs form. (Please see Section IV)*

A candidate guide for the examination manual is available for purchase at: <http://www.readytotest.com>

A practice test is available for purchase from IC&RC at <http://professionals.internationalcredentialing.org/examprep>

Once your application has been approved and your testing fee has been received by IBADCC, a letter will be issued with instructions directing you to register for your test online. You will be able to select your testing date and the testing center that is most convenient for you.

You have one year from your approval date to test. If you have not tested within that year your file will become inactive and a \$50 reactivation fee will be charged between year one and year two of the approval date. Two years after the approval date, the application will become suspended and the applicant must submit a current and complete application for certification.

Reschedule/Cancellation Policy:

If you need to cancel or reschedule your test five or more calendar days prior to the date, you will have to pay a \$25 rescheduling fee to IQT. Contact them at www.isoqualitytesting.com

If you reschedule or cancel your test less than five calendar days prior to the date, you will *forfeit* the full testing fee.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission letter, you will not be allowed to sit for your exam. You will *forfeit* the full testing fee.

Test Day:

You **MUST** have proper identification and your admission letter when you arrive at the test center.

For a list of current Testing Centers nearest you go to:

www.isoqualitytesting.com/locations.aspx

STEP III. Certification

Once you have passed the examination, you will receive your certificate in the mail.

Fees

Application for Certification	\$65.00
CBT Exam	\$235.00
Two Renewal Fee/State Certification (which includes the IC&RC Membership update)	\$90.00
Duplicate Certificates	\$5.00
File Copying	
<i>It is the responsibility of the certificate holder to maintain renewal records</i>	\$.10 per sheet

All certificates are the property of IBADCC and are subject to revocation.

5) Renewal Procedures

No faxes or photocopies accepted. Education Certificates can be copies.

Documentation of 40 hours of Continuing Education is required with four of those 40 being in the domain of Professional Growth and Responsibility or Ethics training. A courtesy reminder letter will be mailed to you approximately 90 days before your certification expires. The renewal application **MUST** be postmarked or in the IBADCC Office by your certification expiration date.

Please note: *The Grace Period, is defined as the day after a certification expires to the 30th day after. During that time, if a counselor has submitted their renewal and it was received and processed by the IBADCC office, the counselor is not considered to be expired. Please check with the IBADCC office if there is any question as to the counselor's status. If your paperwork is postmarked within 30 days after your expiration date, you will be charged a \$25.00 grace period fee; otherwise your certification will be considered lapsed.*

Education must include four hours of Professional Growth and Responsibility or Ethics training.

Ethics or professional growth and responsibility training must be completed face to face.

Face to face education is defined as in person with an instructor or through an electronic medium that allows for real-time interactivity with the instructor (s) as the educational content is presented.

The ethics or professional growth and responsibility hours cannot be an in house in-service training.

1. Education must be related to the knowledge and skills necessary to perform the tasks within the Performance Domains (see Section II of this manual for additional information).

2. All education providers must be on the approved list at the time the education is recorded: IBADCC, IC&RC, State of Idaho Department of Health and Welfare, Idaho Bureau of Occupational Licenses, NAADAC, NASW, NBCC, an accredited college/university, or the certifying substance abuse board in any other state. Documentation needs to include a copy of any certificates of completion or an official college/university transcript.
3. A maximum of ten hours in-service training is acceptable. Documentation must include a certificate of completion.
4. Education presented by the candidate does not count toward continuing education hours.

There are no carry over hours from one renewal period to another.

6) Requesting a Change of Name

IBADCC maintains records under your full legal name. This pertains to changing your name on your records **AFTER** you have legally changed your name.

Remit the following form at the end of this manual with copies of the following supporting documentation:

Documentation showing your name as it currently appears:

- Photo ID, preferably issued by the government; or
- Birth certificate or social security card; or
- Your current IBADCC certificate

AND

Documentation showing your new name:

- Marriage license/certificate; or
- Name change by court order; or
- Current state issued driver license with new name; or
- Social Security card with new name

Request for Name Change

IBADCC maintains records under your full legal name. This pertains to changing your name on your records **AFTER** you have legally changed your name.

Remit this form with copies of the following supporting documentation:

Documentation showing your name as it currently appears:

- Photo ID, preferably issued by the government; or
- Birth certificate or social security card; or
- Your current IBADCC certificate

AND

Documentation showing your new name:

- Marriage license/certificate; or
- Name change by court order; or
- Current state issued driver license with new name; or
- Social Security card with new name

Previous Name: _____

New Name: _____

Mailing Address: _____

Home Phone: _____ Email: _____

Would you like a new certificate printed?

No ___ Yes: ___ (Enclose \$5.00 check or money order payable to IBADCC)

SIGNATURE (must be original)

Date

Remit this form with the above mentioned documentation to:

IBADCC
P.O. Box 1548
Meridian, ID 83680

7) Lapsed Certificate Policy

Certifications at any level that have been expired between days 31-180 days (6 months) may be renewed, if the counselor seeking recertification is in good standing with IBADCC, has abided by the IBADCC Code of Ethics, and completes the following procedure:

- 1) Return completed renewal application for re-certification with a check or money order payable to IBADCC for \$190 (*\$90 regular renewal fee and \$100 lapsed certificate processing fee.*)
- 2) Documentation of 20 hours of CEUs, two of which must be Ethics training annually. Please note: *Counselors whose certifications have been expired between 31 to 180 days (6 months) may not engage in scope of practice activities for hire during this period.*

Receipt of renewal documentation is based on postmarked date; this date is honored for items pending review by the Education Committee. Additionally, certifications at any level that have been expired more than six months MUST go through the process of reapplying and retesting for their certification, unless inactive status was approved.

8) Inactive Status

Certifications at any level can be placed in “inactive status” for a minimum of one year and a maximum of three years with IBADCC approval. The intention of the “inactive status” is to provide an avenue for certified members to place their certification “on hold” in the event of major life challenges, such as illnesses, deaths in the family, etc. Certified members must submit a letter of request to the IBADCC.

During the period of inactivity, the counselor cannot receive payment for services performed in the substance abuse field and must submit 20 hours of continuing education units annually, which includes the required two hours of Ethics training, and to abide by the IBADCC Code of Ethics. No certification fee will be charged during the period of inactivity and no certificate will be issued. To return to active status, the counselor must pay the current renewal fee.

Please note: An “inactive status” cannot be requested for a certification which is lapsed or under a current ethics investigation.

9) Residency

As an IC&RC member board, Idaho subscribes to the residency requirement of IC&RC. Persons applying for IC&RC reciprocal level certification through the IBADCC must live or work a minimum of 51% of the time in Idaho at the time of application (this does not apply to reciprocity; only initial application).

If a counselor lives or works in an IC&RC state, they must certify in that state. If a counselor lives or works in a non-IC&RC state, that counselor is allowed to certify in an IC&RC state, including Idaho.

10) Reciprocity Procedures

The Idaho Board of Certification has membership in the International Certification and Reciprocity Consortium (IC&RC). Counselors who possess valid certification from the IBADCC can request reciprocal recognition from other IC&RC member states and bodies. Advanced Certified Alcohol/Drug Counselors can obtain IBADCC credentialing upon application, without retesting, provided they are from an IC&RC state or body possessing the combined alcohol/drug credentialing. Reciprocity is not granted to any counselor certified in a non-member state.

RECIPROCITY INTO IBADCC: Addiction professionals certified by an IC&RC member board who relocate to Idaho may transfer their credential to the IBADCC using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Idaho. To begin the reciprocity process, certified addiction professionals must:

- Contact their current board and request an Application for Reciprocity

- Complete the one-page application and return it to their current board with the appropriate fee
- The application will be verified and sent to the IC&RC Office, once approved will notify IBADCC
- IBADCC will then issue their new certification for the State of Idaho
- The certified addiction professional will then be expected to follow all requirements for certification through IBADCC

RECIPROCITY OUT OF IBADCC: Addiction professionals certified by the IBADCC who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction.

Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must:

- Contact IBADCC and request an Application for Reciprocity
- Complete the one-page application and return it to IBADCC with the appropriate fee
- The application will be verified and sent to the IC&RC Office; once approved will notify the new jurisdiction board
- The new jurisdiction will then issue the certified addiction professional the equivalent credential offered by IBADCC unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met

Section II: Experience and Educational Requirements

Definitions and descriptions of specific skill sets needed for certification

1. Documentation of Supervision Requirements
2. Performance Domains and Associated Tasks

1) Instructions for Documentation of Supervision

The Supervisor **MUST** document supervision in each of the six Performance Domains (see Certificate of Supervision form in Section IV). One hundred twenty (120) hours of supervision is required with a minimum of ten (10) hours in each of the Performance Domains.

Please note: If supervision has occurred at more than one agency, documentation must be completed for each agency where supervision occurred. **No faxes or photocopies are accepted.**

A supervisor shall be interpreted to mean, *a person who is knowledgeable of alcohol or drug use prevention and treatment and has the ability to judge the capability and competence of a prevention professional.*

The supervisor must be a Certified Prevention Specialist or someone who meets the qualifications of a CPS, who is willing to accept the responsibility of monitoring and evaluating the performance of the prevention specialist “trainee.”

Supervision forms are provided in Section IV of this manual.

MODES OF SUPERVISION:

Supervision can be delivered in a variety of modes and mediums. Methods of supervision include, but are not limited to:

Individual Supervision

Face-to-Face: Involves a one-to-one supervisor/supervisee relationship; implies regularly scheduled meetings to be conducted for the purpose of supervision.

Appraisal (with intermittent Performance reviewed): This method involves the formal agency process of annual evaluation. It is the overall summation, the total overview of a counselor's performance.

Assigned Reading: This implies the developmental and educational aspect of supervision. Reading materials may be a supportive and constructive component of the supervision process.

Audio Tape Video Tape: This may involve peer use of training tapes, as well as the use of taped (audio or video) sessions, for the purpose of review and evaluation of actual sessions. In using tapes for the latter purposes of evaluating counselor skills, counselor feedback should be involved. A sample consent form is included in this manual (see below) in order to ensure that clients understand and agree to being taped for supervision purposes.

Behavior Rehearsal: This mode of supervision is similar to role playing, yet behavior rehearsal will usually focus on more specific behaviors and skills. Behavior rehearsals offer "before the fact".

Consultation: This process of supervision is counselor-initiated. Unlike face-to-face supervision, this method is normally more spontaneous. It involves the review of generic skills.

Demonstration: In this process, the supervisor acts as the demonstrator. This process also involves the feedback process. It is the responsibility of the supervisor to involve and solicit counselor feedback to assure that the demonstration has been understood. This is different from Behavior/Rehearsal where the counselor is the demonstrator.

Direct Observation: Entails first-hand observation of on-the-job performance.

Evaluative: This review of counselor performance is an ongoing process. This process is supervisor-initiated and involves the day-to-day performance review. For example, this process includes the review of charts, notes, etc.

Explanation/Directive: This entails one-way communication from the supervisor to the supervisee. Essentially, the supervisor is dictating counselor actions and behavior.

One-Way Screen: A form of direct observation which removes the actual presence of the supervisor from the situation, i.e., view from one-way mirror.

Outside Consultation: Using this method of supervision delivery, an expert is brought in the program for the purposes of review, evaluation of training.

Role playing: In this method of supervision, the emphasis is on the evaluation of generic counseling skills. This process normally involves the creation of contrived situations, or may involve the re-creation of counselor/client situation "after the fact."

Sanctions: The imposition of constructive discipline.

Verbatim Record and Written Report: This involves the review, by the supervisor, or the client records, progress notes, verbatim transcriptions of counselor/client interviews, etc.

Work Review: This process involves the review of counselor caseloads.

GROUP SUPERVISION

When using assigned reading, audio tape, verbatim record and video tape methods of supervision in group situations, the definitions would be altered slightly to reflect the change in counselor and supervisor numbers. These methods, when used in group situations, are usually training devices.

Case Conference/Treatment Review: This form of supervision entails the presentation by a counselor, of a case. This does not imply the one way communication of reporting a case, but involves review and feedback.

Group: Supervision by more than one supervisor.

Peer Consultation: This includes the exchange of ideas in both formal and informal situations. This may include meetings of professional associations, groups and guilds. This process must involve evaluation and feedback or the process becomes an educational function, not a supervisory function.

Support Group: This pertains to a group of staff sessions aimed at dealing with interpersonal and intrapersonal problems, i.e., working to prevent staff burn-out.

Team Development (treatment enhancement): The evaluation of how counselors act as a team in the delivery of service: an evaluation of group cohesiveness and team effectiveness. The enhancement of treatment is the consequence of the supervisory process.

What is Considered Adequate Supervision?

Minimally adequate supervision involves face-to-face interpersonal relationship between the supervisor and the supervisee. Therefore, mere written evaluation forms and written reports would constitute as inadequate supervision.

Minimally adequate supervision, at its best, involves the use of methods from both individual and group supervision. Any one method, in and of itself, would constitute inadequate supervision. While it is preferred and recommended that no more than two-thirds of a counselor's supervision should involve group supervision; it is preferred and recommended that the focus of a counselor's supervision be on individual counselor's methods, and it is recognized that supervision should be modeled to meet the unique needs of the individual counselor.

Please note: For the purpose of certification, supervised training must be attained in a work setting in the addictions prevention field; classroom experience is not acceptable.

**SAMPLE CONSENT FORM TO RECORD SESSION
FOR AUDIO & VIDEO TAPE SUPERVISION**

I, _____ (client), understand that this session is being either audio or video recorded. I further understand that the sole use of these tapes will be for the professional supervision of _____ (counselor). These tapes will not be used for educational or other purposes without out further and specific consent. The confidentiality laws apply to the recordings exactly as they apply to me personally.

I hereby give my consent for the recording of this session under the conditions listed above.

Client _____ Date _____

Counselor _____ Date _____

2) Performance Domain and Associated Tasks

All work experience claimed must be based on comprehensive, multi-dimensional prevention services approach which includes the following six Performance Domains as identified in the IC&RC 2014 Job Task Analysis. To view specific information on knowledge and skills under each task, please view the PS Candidate Guide at www.internationalcredentialing.org or click [here](#).

Domain 1: Planning and Evaluation

Task 1 - Determine the level of community readiness for change.

Task 2 - Identify appropriate methods to gather relevant data for prevention planning.

Task 3 - Identify existing resources available to address the community needs.

Task 4 - Identify gaps in resources based on the assessment of community conditions.

Task 5 - Identify the target audience.

Task 6 - Identify factors that place persons in the target audience at greater risk for the identified problem.

Task 7 - Identify factors that provide protection or resilience for the target audience.

Task 8 - Determine priorities based on comprehensive community assessment.

Task 9 - Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.

Task 10 - Select prevention strategies, programs, and best practices to meet the identified needs of the community.

Task 11 - Implement a strategic planning process that results in the development and implementation of a quality strategic plan.

Task 12 - Identify appropriate prevention program evaluation strategies.

Task 13 - Administer surveys/pre/posttests at work plan activities

Task 14 - Conduct evaluation activities to document program fidelity.

Task 15 - Collect evaluation documentation for process and outcome measures.

Task 16 - Evaluate activities and identify opportunities to improve outcomes.

Task 17 - Utilize evaluation to enhance sustainability of prevention activities.

Task 18 - Provide applicable workgroups with prevention information and other support to meet prevention outcomes.

Task 19 - Incorporate cultural responsiveness into all planning and evaluation activities.

Task 20 - Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

Task 1 - Coordinate prevention activities.

Task 2 - Implement prevention education and skill development activities appropriate for the target audience.

Task 3 - Provide prevention education and skill development programs that contain accurate, relevant, and timely content.

Task 4 - Maintain program fidelity when implementing evidence-based practices.

Task 5 - Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

Task 1 - Promote programs, services, and activities, and maintain good public relations.

Task 2 - Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.

Task 3 - Identify marketing techniques for prevention programs.

Task 4 - Apply principles of effective listening.

Task 5 - Apply principles of public speaking.

Task 6 - Employ effective facilitation skills.

Task 7 - Communicate effectively with various audiences.

Task 8 - Demonstrate interpersonal communication competency.

Domain 4: Community Organization

Task 1 - Identify the community demographics and norms.

Task 2 - Identify a diverse group of stakeholders to include in prevention programming activities.

Task 3 - Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.

Task 4 - Offer guidance to stakeholders and community members in mobilizing for community change.

Task 5 - Participate in creating and sustaining community-based coalitions.

Task 6 - Develop or assist in developing content and materials for meetings and other related activities.

Task 7 - Develop strategic alliances with other service providers within the community.

Task 8 - Develop collaborative agreements with other service providers within the community.

Task 9 - Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

Task 1 – Provide resources, training, and consultation to promote environmental change.

Task 2 – Participate in enforcement initiatives to affect environmental change.

Task 3 - Participate in public policy development to affect environmental change.

Task 4 - Use media strategies to support policy change efforts in the community.

Task 5 - Collaborate with various community groups to develop and strengthen effective policies supporting prevention.

Task 6 - Advocate to bring about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

Task 1 - Demonstrate knowledge of current prevention theory and practice.

Task 2 - Adhere to all legal, professional, and ethical principles.

Task 3 - Demonstrate cultural responsiveness as a prevention professional.

Task 4 - Demonstrate self-care consistent with prevention messages.

Task 5 - Recognize importance of participation in professional associations locally, statewide, and nationally.

Task 6 - Demonstrate responsible and ethical use of public and private funds.

Task 7 - Advocate for health promotion and prevention across the life span.

Task 8 - Advocate for healthy and safe communities.

Task 9 - Demonstrate knowledge of current issues of addiction.

Task 10 - Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

Section III: Prevention Code of Ethics

The Code of Ethics set forth for Certified Prevention Specialists (CPS) encompasses the following Standards/Principles:

COMPETENCE

1. The Certified Prevention Specialist (CPS) shall provide competent professional services to all in keeping with the IBADCC standards.
2. Competent professional services require:
 - Thorough knowledge of ATOD (Alcohol Tobacco or Drug) prevention.
 - Skill in presentation and education techniques.
 - Willingness to maintain current and relevant knowledge through ongoing professional education.
3. The CPS shall assess personal competence, recognize personal and professional boundaries and limitations and not offer services beyond his/her skill or training level.
4. The CPS shall maintain the highest professional standards and:
 - Shall not claim either directly or by implication, professional knowledge, qualifications or affiliations that they do not possess.
 - Shall neither lend his/her name nor participate in any professional or business relationship, which may knowingly misrepresent or mislead the public in any way.
 - Shall not misrepresent his/her certification/credential to the public or make false statement regarding his/her qualifications.
5. Must ensure that any materials or product with which he/she is associated in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way.
6. Must not misrepresent the work of others.
7. Must not represent one's own prevention work for personal or professional recognition, funding, or other gain.

NONDISCRIMINATION

1. A Certified Prevention Specialist (CPS) shall not participate in discrimination on the basis of race, religion, national origin, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The CPS shall broaden his/her understanding and acceptance of cultural and individual differences, in order to render services and provide information sensitive to those differences.

CONFIDENTIALITY

The Certified Prevention Specialist shall possess knowledge of and compliance with all applicable state and federal guidelines, regulations, statutes, and agency policies regarding confidentiality (42 CFR Part 2) and The Health Insurance Portability and Accountability Act (HIPPA).

PUBLIC ADVOCACY

1. The Certified Prevention Specialist shall advocate for consistent health promotion and awareness messages to the general public.
2. The CPS shall provide factual, current, state-of-the-art ATOD prevention information to consumers.
3. The CPS shall advocate public policy that would help strengthen the overall health and well-being of the community.

INTEGRITY

1. The Certified Prevention Specialist shall not misrepresent directly or by implication his/her credential, qualifications or affiliations.
2. The CPS shall not knowingly make any false statement to the licensing/credentialing board or disciplinary authority.
3. The CPS shall not practice under a false name or a name other than the name under which his/her credential is held.
4. The CPS shall not subordinate service and public trust for personal gain or advantage.
5. The CPS shall promptly alert a colleague to potentially unethical behavior.
6. The CPS shall report violations or professional conduct by other prevention professionals to the IBADCC Board when there is knowledge that the said professional has violated professional standards. Integrity can accommodate the inadvertent error and honest difference of opinion; it cannot accommodate the deceit or subordination of principle.
7. The CPS should not associate directly or indirectly with any services or products in a way that is misleading or incorrect.
8. The CPS shall respect the integrity and protect the welfare of the consumer, and shall not engage in any action that violates the civil and legal rights of consumers.

NATURE OF SERVICES

1. Above all, the Certified Prevention Specialist shall DO NO HARM to the consumer.
2. The CPS shall be respectful and non-exploitive.
3. The CPS shall protect consumer from harm and profession from censure.
4. The CPS shall not place an individual in any activity or setting where such participation could cause harm to the individual or others.
5. The CPS shall comply with all laws, codes, rules and regulations, which apply to professional conduct.
6. The CPS shall report abuse and or neglect of children or adults to appropriate authorities according to state and federal regulations (42 CFR Part 2)

7. The CPS shall maintain an objective and non-possessive relationship with those he/she serves, and shall not exploit them sexually, emotionally, financially or otherwise.

ETHICAL OBLIGATION FOR COMMUNITY AND SOCIETY

According to their consciences, prevention professionals 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 professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

Suspension: A sanction resulting in the temporary forfeiture of IBADCC certification or application for certification for a specified period of time.

Written Reprimand: A sanction that is a formal, written document expressing disapproval and/or providing a warning in regard to the Respondent's behavior.

Ethics Disciplinary Procedures

Ethic Definitions:

Appeal Hearing	A formal hearing conducted when a respondent appeals the decision of the Ethics Committee.
Applicant	A person who has submitted an application for certification with the IBADCC but is not yet certified.
Certified Individual	A person who holds a professional credential administered by the IBADCC.
Complainant	A person who files a formal complaint with the IBADCC against an IBADCC certified individual or applicant.
Consent Order	A voluntary agreement worked out between the Respondent and the IBADCC that carries the same weight as a final decision by the Ethics Committee/ Board of Directors.
Ethical Complaint	A formal notice to the IBADCC alleging that a certified individual or applicant breached the IBADCC Code of Ethics.
Hearing Committee	A committee made up of three members and the hearing officer to hear, consider, and make recommendations when a respondent appeals the decision of the Ethics Committee/Board of Directors.
Hearing Officer	The President of the Board, a non-voting member of the Hearing Committee, who will preside over the Appeal Hearing.
Probative Value	Evidence or facts which tend to prove the existence of other facts or issues.
Respondent	A certified individual or applicant who is the subject of an ethical complaint alleging a breach of the IBADCC Code of Ethics.

Revocation	A sanction resulting in the complete forfeiture of the IBADCC certification or application for certification.
Sanction	A penalty intended to enforce compliance with the Code of Ethics. Sanctions may or may not include required payment of fines and/or completion of educational requirements.
Summary Suspension	An immediate suspension of a certified individual's credentials(s) or application for certification when a preponderance of the evidence contained in the ethical complaint supports emergency action while the case is being investigated.
Suspension	A sanction resulting in the temporary forfeiture of IBADCC certification or application for certification for a specified period of time.
Written Reprimand	A sanction that is a formal, written document expressing disapproval and/or providing a warning in regard to the Respondent's behavior.

I. Confidentiality of Proceedings

- A. Except as is otherwise provided herein, all information, notes, reports, transcripts, and any other documentation of any kind that are generated or received during the course of an ethics investigation, including the ethics committee meetings and appeal hearings, shall be kept confidential by the IBADCC.
- B. The respondent is entitled to a full and complete copy of the:
 1. IBADCC Ethics Complaint
 2. Investigation Summary Report
 3. Ethics Committee's Recommendation for Action
 4. Hearing Committee's Finding of Fact and Recommendation for Action.
- C. The complainant is entitled to a full and complete copy of the:
 1. The Ethics Committee's Recommendation for Action
 2. The Hearing Committee's Finding of Fact and Recommendation for Action

II. Conflict of Interest

- A. In all cases,
 1. The Chair of the Ethics Committee will direct ethics investigation with the Ethics Committee members.
 2. IBADCC Ethics Committee shall conduct investigative activities, including interviewing relevant persons and collecting and receiving evidence and other documents related to the case.
- B. Should the Ethics Committee Member have a conflict of interest with any party, the duties of said person shall be delegated by the Chair of the IBADCC Ethics Committee and said person shall be recused from any involvement in the case, including investigation and sanction activities.

III. Code of Ethics Sanctions

- A. Possible sanctions for the violation of the Code of Ethics include but are not limited to:
 - 1. Written Reprimand
 - 2. Summary Suspension
 - 3. Consent Order
 - 4. Suspension
 - 5. Revocation
 - 6. Denial of Application for Certification
- B. The IBADCC may impose any sanction deemed appropriate for the founded violation(s). There is not a requirement that sanctions are imposed in any particular order.
- C. In conjunction with official sanctions, the IBADCC may impose fines, educational requirements, and other conditions deemed necessary and appropriate.
- D. If assessed, fines will be imposed according to the following schedule:
 - 1. First offense: \$500
 - 2. Second Offense: \$700
 - 3. Third offense: \$1,000
- E. The Ethics Committee may consider the applicant's or certified individual's past history in regard to ethical sanctions and disciplinary actions when determining the appropriate sanctions for the current ethics case.
- F. A third offense in a two-year period will automatically result in an immediate summary suspension and sanctions shall include a suspension or revocation of the credential(s).
- G. Public notice of all ethics cases resulting in sanctions shall be published on the IBADCC's web-based public access database. Such notice shall include the name of the Respondent, the rule(s) violated, and the sanction imposed. Web-based notice shall be published the first business day following the date the sanctions are applied. Such notice is permanent and will not be removed from the database.

IV. The Complaint Process

- A. The IBADCC will not accept anonymous complaints.
- B. All complaints must be submitted in writing on the official IBADCC Ethics Complaint form, which can be accessed at www.IBADCC.org or by calling the IBADCC office and requesting an official IBADCC Ethics Complaint form.
- C. The IBADCC will accept phone calls from individuals wishing to discuss a particular situation for the purposes of determining if an ethical complaint should be filed. These phone calls are to be directed to an Ethic Committee member as available. Based on the content of the discussion, the IBADCC will either:
 - 1. Recommend the issue be dismissed, or
 - 2. Recommend the caller file a formal ethical complaint
- D. Should the IBADCC become aware of a possible breach of the Code of Ethics, A Board of Director member may, on behalf of the IBADCC, file a formal complaint against a certified individual or person seeking certification.

- E. In the instance that a formal complaint has been filed and the complainant subsequently requests to revoke said complaint, the IBADCC may choose to proceed with the investigation.
- F. Completed complaint forms should be mailed to:
Ethics Committee Chairperson
IBADCC
P.O. Box 1548
Meridian, ID. 83680
- G. The Ethics Committee Chairperson shall:
- a. Review all formal complaints within 14 business days of receipt to determine if the preponderance of the evidence contained within the complaint warrants opening of an investigation.
 - b. Contact the complainant by certified mail within seven (7) business days of the IBADCC's decision to:
 1. Issue a summary suspension and open an ethics investigation,
 2. Open an ethics investigation, or
 3. Dismiss the case.
 4. Extenuating circumstances – notification can be postponed for up to two more weeks with documentation.
- H. Within seven business days of determining that the IBADCC will open an ethics investigation, the IBADCC shall send, by certified mail, notice to the respondent of such. The notice shall include:
1. A complete copy of the official IBADCC Ethics Complaint, to include the name of the respondent.
 2. The date by which the respondent must submit, to the IBADCC, a written response to the complaint, which shall be no more than 30 business days from the date of the notice.
- I. In the written response, respondents are encouraged to submit their interpretation of the situation or conduct under investigation, including:
1. Any and all facts and circumstances concerning the alleged ethics violation, and
 2. Documentation or other evidence directly related to these circumstance, and
 3. Names and contact information of witnesses who can assist in the investigation.
- J. Misrepresentation by either the respondent or complainant, failure to provide information, or failure to cooperate with the investigation may be grounds for the IBADCC to open a subsequent ethical complaint against the respondent or complainant.
- K. Should the respondent fail to respond by the specified date in the formal notice, the IBADCC will assume guilt and will proceed with sanctions as necessary and appropriate.

V. The Investigation Process

- A. The initial investigation shall be conducted by an IBADCC Ethics Committee Member, under the direct supervision of the Ethics Chairperson. The initial investigation shall include, but is not limited to, the gathering of documentation and other evidence from:
 - 1. The Complainant
 - 2. The Respondent
 - 3. Others identified by the complainant and/or the respondent.
- B. Upon completion of the initial investigation, the Ethics Committee Member shall conduct a review of all evidence received to date from the complainant, respondent, and others involved in the investigation following receipt of respondents reply.
- C. Based on a preponderance of the evidence, the Ethics Committee Member shall make one of the following recommendations to the Chairperson of the Ethics Committee:
 - 1. Dismiss the case without further investigation,
 - 2. Close the investigation and prepare the case for submission to the Ethics Committee, or
 - 3. Continue the investigation.
- D. The Ethics Chairperson may determine:
 - 1. No violation has occurred and that no further investigation is warranted. If so,
 - a. The Ethics Committee Member will develop an Investigative Summary Report for approval by the Ethics Committee.
 - b. The Ethics Committee will report any action taken at the next IBADCC Board of Directors meeting.
 - 2. Allegations are founded and the investigation is complete. If so,
 - a. The Chairperson of the Ethics Committee will prepare an Investigative Summary Report for review and recommended action by the Ethics Committee.
 - b. Sanctions will be applied and the ethics investigation will not be closed until the recommendation of the Ethics Committee is deemed final and the case is closed.
 - 3. Further investigation is warranted.

VI. Consent Order

- A. A consent order shall:
 - 1. Be the final action and have the same force and effect of an order made by the Ethics Committee.
 - 2. Result in a waiver of additional procedural steps in front of the Ethics Committee, or an Ethics Hearing Committee.
 - 3. Result in a waiver of the right to challenge or contest the sanctions included in the Consent Order in front of the Ethics Committee or an Ethics Hearing Committee.
- B. At any point after the commencement of the investigation, the respondent may, in writing, request negotiation of a Consent Order.

- C. The IBADCC may, at its discretion, agree to or reject the offer of request to negotiate a Consent Order.
 - 1. If the request is granted, the IBADCC will defer the proceedings a reasonable time to permit negotiation of a Consent Order.
 - 2. If the request is denied, the investigation will proceed as planned.

VII. Action by the Ethics Committee

- A. The Ethics Committee shall receive a completed Investigation Summary Report and the full ethics investigation file for all cases where the investigation is complete. The Investigation Summary Report shall include, but is not limited to the:
 - 1. Complaint,
 - 2. Summary of the investigation conducted, including the respondent's rebuttal to the complaint,
 - 3. Recommended sanctions, and
 - 4. Grounds for recommendation(s).
- B. No later than 30 business days from receipt of the Investigation summary Report and investigation file, the Chair of the Ethics Committee shall issue a written *Recommendation for Action*, which shall include:
 - 1. A copy of the Investigation Summary Report,
 - 2. The committee's finding of fact, and
 - 3. The committee's recommendation for action

The Ethics Committee's *Recommendation for Action* shall call for one of the following actions:

- 1. Dismissal of the complaint
 - 2. Return of the complaint to the Ethics Committee Member for further investigation
 - 3. Sanctions
- C. If the Ethics Committee recommends returning the complaint to the Ethics Committee Member for further action, the recommendation must detail the additional information desired by the Committee for consideration.
 - D. If the Ethics Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fees, educational requirements, and time frames for compliance.
 - E. Within seven business days of the determination by the Ethics Committee, the IBADCC Ethics Chair shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.
 - 1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
 - 2. If the case has resulted in sanctions:
 - a. The letter to the complainant must state that the investigation is complete, the rule(s) that have been breached, and the sanctions(s) to be applied.

b. The letter to the respondent must state that the investigation is complete, the rule(s) that have been breached, the sanction(s) to be applied, and the process to appeal the results of the investigation.

F. The Chair of the Ethics Committee shall present the committee's written Recommendation for Action to the Board of Directors at its next regularly scheduled meeting.

VIII. The Appeal Process

A. A respondent may, within 20 business days of receipt of the Ethics Committee's decision, submit a written *Request for an Appeal Hearing* to the IBADCC. This request must include the evidentiary basis for the items to be appealed.

B. The *Request for an Appeal Hearing* should be mailed to:

IBADCC, Executive Director, Appeal Hearing
P.O. Box 1548
Meridian, ID. 83680

C. Within seven (7) business days of receipt of the Request for an Appeal Hearing, the Executive Director shall, by email, notify the President of the Board of such request.

D. Within 20 business days of notice from the Executive Director of the *Request for an Appeal Hearing*, the President of the Board shall:

1. Appoint a Hearing Committee, whose members must not:

- a) Be a member of the standing Ethics Committee
- b) Have any prior involvement in the case, and/or
- c) Have other actual or perceived conflict of interest with any of the parties to the case.

2. Schedule the Appeal Hearing for a date no less than 20 days and no more than 90 days from the date the *Notice of Appeal Hearing* is sent to the Respondent.

E. The Executive Director will send, by certified mail, a written *Notice of Appeal Hearing* to both the respondent and the complainant. Such notice shall advise the respondent and complainant of the following:

1. The date, time, and location of the Appeal Hearing,
2. The names of the Appeal Hearing committee members, and
3. A copy of the IBADCC Disciplinary Procedures, directing them to the section on the Appeal Hearing process, including notice that:

- a) Prior to the hearing, there shall be no contact between the respondent and the complainant, or the respondent and the IBADCC, for purposes of discussing any part of the case, including actions from receipt of the complaint through the request for an appeal hearing.
- b) Any request for postponement of the Appeal Hearing must be served in writing to the IBADCC at least 10 business days prior to the scheduled date. The decision to grant or deny the request for postponement is solely that of the IBADCC.

F. The Appeal Hearing shall be governed by the following rules:

1. The Appeal Hearing shall be presided over by the Hearing Officer, which is a non-voting member of the Hearing Committee.
2. The respondent shall have the burden of proof at the Appeal Hearing.

The Hearing Committee shall not be bound by common law or statutory rules of evidence and may consider all facts having reasonable probative value:

1. The Hearing Committee will base its decision solely upon the evidence presented at the hearing.
2. No discovery is permitted and no access to IBADCC files is permitted.
3. Objections concerning evidence will be resolved by the Hearing Officer.
4. The IBADCC shall be represented by the Chair of the Ethics Committee or its designee.
5. Any party, at the party's own expense, may be advised by counsel at the hearing.
6. Any party, at the party's own expense, may request the services of a court reporter at the hearing. If the respondent elects to hire a court reporter, the respondent must provide a copy of the transcript, without charge, to the IBADCC.
7. Evidence may be presented and witnesses cross-examined by both sides.
8. The respondent shall present its case to the Hearing Committee first, which will include all evidence submitted for consideration.
9. The IBADCC shall present its case to the Hearing Committee second, which will include all evidence submitted for consideration.
 - a) At the hearing, the Chair of the Ethics committee or its designee, will present evidence in support of the recommendation by the Ethics Committee.
 - b) Such evidence is limited to the evidence already gathered, the Recommendation for Action, and the Investigation summary Report, to support the Ethics Committee's recommendations.
10. The Appeal Hearing is closed to the public.

G. Should the respondent fail to attend the hearing, whether represented by counsel or not, it shall be deemed as a waiver of the appeal and the appeal will be dismissed and the decision of the Board of Directors will stand.

H. Within 20 business days of the conclusion of the Appeal Hearing, the Hearing Officer will prepare and submit, to the Executive Director of IBADCC, a written *Finding of Fact and Recommendation for Action*, which shall call for one of the following actions:

1. Dismissal of the complaint.
2. Sanctions.

I. If the Hearing Committee recommends sanctions, the recommendation must detail the sanctions to be imposed, including fines, educational requirements, and time frames for compliance.

J. The Chair of the Hearing Committee shall present the Hearing Committee's written *Finding of Fact and Recommendation for Action* to the Board of Directors at its next regularly scheduled meeting.

K. Within seven business days of the final determination by the Hearing Committee, the Executive Director shall send, by certified mail, a letter to the complainant and the respondent detailing the outcome of the investigation.

1. If the case has been dismissed, the letters to the complainant and respondent must state that the investigation has determined that no breach of the Code has occurred and the case has been dismissed.
2. If the case has resulted in sanctions by the Hearing Committee:
 - a) The letter to the complainant must state that the appeal hearing is complete, the rule (s) that have been breached, and the sanction(s) to be applied.
 - b) The letter to the respondent must state that the appeal hearing is complete, the rule(s) that have been breached, the sanction(s) to be applied, and a statement that the decision is not open to further appeal.

IX. Reinstatement following Disciplinary Action

- A. When a respondent's credential is suspended, the certified individual may not use the credential during the period of suspension.
- B. Once the suspension period has expired, the President of the Board of Directors may authorize reinstatement of the credential, unless:
 1. An additional complaint has been received and accepted by the IBADCC for investigation,
 2. An additional disciplinary action has been taken against the individual,
 3. The respondent has failed to maintain renewal payments and CEUs during the time of the suspension, or
 4. The respondent has failed to comply with the terms of the sanction.
- C. Typically, revocation of credentials will not be overturned. Respondents may petition the IBADCC to request permission to petition the Board of Directors to overturn a revocation. The IBADCC maintains sole discretion to grant the respondent permission to petition the Board. If granted, such petition will not be submitted for Board consideration until:
 1. A minimum of 36 months has passed since the effective date of the revocation, and
 2. The respondent has submitted a written request and reasonable rationale as to why permission to petition the board should be granted, and,
 3. The respondent has paid the IBADCC \$1000 as reimbursement for the cost of the disciplinary proceedings incurred by the Board.
 4. In the event the Board of Directors approves a petition for reversal of revocation, the respondent must reapply for certification, starting the process as a new applicant, and must meet all standards in place at the time of application, including passing the IC & RC exam, even if said exams have already been successfully passed.
 5. In the event the revoked certification is reversed, a provisional certificate can be granted subject to the following:
 - a) 2,000 hours of supervised work with AODA clients
 - b) 100 hours of direct supervision by IBADCC approved supervisor.

X. Statement on Cultural Norms

- A. The IBADCC recognizes that there may be some cultural differences regarding the interpretation of the Code of Ethics. In cases where cultural norms are used as a defense against a complaint, the IBADCC may seek the assistance of cultural leaders, teachers, elders, or others to assist in understanding the cultural norms in question.

B. The IBADCC will strive to be appropriately sensitive to cultural differences throughout the disciplinary process.

XI. Reports to Other Agencies

A. If during the course of the investigation it appears that criminal misconduct has occurred, the Ethics committee members may report such allegations to the appropriate law enforcement agency.

B. If the investigation results in sanctions, the Ethics Committee Member may report such to other licensing boards, certification boards, and/or employers.

Section IV: CPS Application Forms

All forms needed for application of certification

Application for Certification Forms

- Application Checklist
- Application for Certified Prevention Specialist
- Employment Verification Form
- Documentation of Education and Ethics Training
- Certificate of Supervision
- Background Check Affidavit
- Example of Department of Health and Welfare Background Check
- Letters of Reference (3 sets)
- Code of Ethics/Code of Conduct Agreement
- Documentation of Disability-Related Needs
- Request for Special Accommodations



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application Checklist

Complete all questions on the application with specific rather than general information. It is the responsibility of the applicant to submit complete documentation.

Please note: *Incomplete applications will not be eligible for testing until they are complete. No faxes or photocopies accepted.*

The items listed below are required for the application and must be completed unless marked “optional”.

- _____ 1. Application payment of \$65
- _____ 2. Assurances & Release Statement
- _____ 3. Application for CPS Certification
- _____ 4. Employment Verification Forms
- _____ 5. Documentation of Education and Ethics Training Official Transcripts
- _____ 6. Certification of Supervision
- _____ 8. Copy of State of Idaho, Health and Welfare Background Check
- _____ 9. Three Letters of Reference
- _____ 10. Code of Ethics/Code of Conduct Agreement
- _____ 11. Documentation of Disability – Related Needs (optional)
- _____ 12. Request for Special Accommodations (optional)

Assurances & Release Statement

In making this application, I give permission for IBADCC and its representatives to investigate my qualifications. I understand that intentionally false and misleading statements or omissions will result in being denied certification or upon discovery, subject to revocation.

I consent to the release of information contained in my file, related to my application for certification and any other information submitted to or collected by IBADCC, to officers, directors, members and staff of the IBADCC.

I consent to authorize IBADCC to gather and collect information from third parties in connection with my qualifications as an ISAS, CADC, ACADC, CRC, CPRC, CPS, or CCS, and acknowledge that such communications shall be treated as confidential between IBADCC and such third parties. I consent that the evaluations to be completed and submitted with my application shall be treated as confidential and I understand that their content will be withheld from me.

I give IBADCC permission to communicate with my employer(s) regarding the contents (or lack of contents) and status of my application. IBADCC also reserves the right to contact supervisors regarding an applicant's experience and forms which have an area for the supervisor to sign

I certify that I have read and signed an agreement to follow the IBADCC Code of Ethics and understand by signing that agreement, I am agreeing to cooperate in any ethics investigation I may be a part of.

I give my permission to IBADCC, its committees or representatives to contact or question, as necessary, any person, institution or organization for any application, ethics or appeal investigation.

I agree to hold IBADCC, officers, Board members, active committee members, employees and examiners free from any 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, evaluation, examination, or grades with respect to any assessment or examination and/or failure of the IBADCC to issue a certification.

I hereby certify that I have read the entire application and that all the information contained in my application is true and completed by myself.

Applicant Name: _____

Signature: _____

Date: _____



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Application for Certified Prevention Specialist (CPS)

Applicant: _____
Please print your legal name

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: ____-____-____ Birth date: ____/____/____

Telephone No. Home: _____ Work: _____

Email Address: _____

Have you been subject to any disciplinary action by any licensing or certification boards, or have you had any certificate or license revoked by any board? ___Yes ___No If you answered yes, please explain:

List other Certifications or Licenses _____

WORK HISTORY: IBADCC may contact your past employers to verify this information. Please list your past employers in the alcohol/drug field. Be sure to include an **Employment Verification Form** for each employer listed below.

1. Employer Name: _____

How long employed? _____ Type of work: _____

2. Employer Name: _____

How long employed? _____ Type of work: _____

3. Employer Name: _____

How long employed? _____ Type of work: _____

Total Hours of Employment: _____

Please indicate your highest level of completed education:
___ High School ___ Associate's ___ Bachelor's ___ Master's ___ Doctorate

Have you ever been charged or convicted of any crime (felony or misdemeanor)?

No _____ **Yes** _____ **If Yes, please attach an explanation.**



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Employment Verification Form

Employer: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____

Applicant _____

Position Held _____

Responsibilities _____

Dates of Employment _____ To _____

Total Hours _____ If work experience has been limited to alcohol only or drug abuses only,
please indicate this in the total hours space.

Name of Immediate Supervisor _____

Signature of Employer _____
(must be original)

Title _____

Date _____

If verification by more than one employer is required to meet the requirements, please make additional copies of this form.

Documentation of Education and Ethics Training

Institution _____ Major: _____

Degree(s) Awarded: _____

- **Documentation required:**
 - Copy of certificate of attendance or letter verifying attendance from workshop's organizers or applicant's supervisor
 - Official college/university transcripts must be received in the original, sealed envelope by IBADCC office personnel. The sealed envelope may come from the institution or be included with the application.
- **Performance Domains:** Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility or Ethics. **You must have at least 10 hours of education in each Performance Domain.**
- **Professional Ethics:** You **MUST** have six hours of training in professional ethics that include the following areas: federal and state laws, client welfare as a primary concern, professional competence supervision/development, financial issues, personal wellness, and relationships to professionals and institutions.

BREAKDOWN OF EDUCATION HOURS: Minimum of **120 Total hours** of education specific to the domains, document on next page

Total # of Hours– Planning and Evaluation: _____

Total # of Hours– Prevention Education and Service Delivery: _____
(Must include a minimum of 50 hours specific to Alcohol, Tobacco or Drug education in this domain)

Total # of Hours– Communication: _____

Total # of Hours– Community Organization: _____

Total # of Hours– Public Policy and Environmental Change: _____

Total # of Hours– Professional Growth and Responsibility/Ethics: _____

Total # of Education Hours: _____

CPS Certificate of Supervision

A Certified Prevention Specialist is an individual who possesses the professional competence necessary to perform the six Performance Domains in providing prevention education to clients and others in a variety of settings.

Name of Supervisor: _____

I, _____, certify that _____
(Supervisor) (Applicant)

has received a minimum of 120 hours of supervision with a minimum of ten hours in each of the six Performance Domains and is proficient in all phases of implementation of them.

Supervisor's Signature (must be original)

Date

Idaho CPS Certification # _____ Certification expiration date: _____
(e original) ID CPS Cert # Certification Expiration Date

Title

Agency

Name of Applicant: _____

I, _____, certify that I have received supervision in the
six Performance Domains and am proficient in all phases of implementation of them.

Applicant's Signature (must be original)

Date

If Supervision has occurred in more than one agency, then photocopy this form and have each supervisor fill one out, noting next to each core function the number of hours which they supervised.

Example of IDHW Notice of Clearance



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "Butch" Otter – Governor
RICHARD M. ARMSTRONG – Director

DAVID TAYLOR – Deputy Director
Bureau of Audits & Investigations

Criminal History Unit
1720 Westgate Dr., Ste A
Boise, ID 82704
PHONE 208-332-7990
TOLL FREE 1-800-340-1246
FAX 208-332-7991

Candidate
4354 Anywhere
Boise, ID 83427

Date

NOTICE OF CLEARANCE

Applicant:

Verification Number:

The Department has completed the criminal history background check and the applicant has passed effective 10/24/2011. No Disqualifying Crimes were revealed. Items revealed solely from the FBI, are listed for the applicant. The agency issuing your license or certification may request you provide them with the specifics of any FBI information.

The background check is fingerprint based and includes information obtained from the FBI, National Criminal History System, Idaho Bureau of Criminal Identification and Idaho Driving Records, Idaho Child Abuse Registry, Idaho Adult Protection Registry, Sex Offender Registry, Idaho Nurse Aid Registry and the National Medicare/Medicaid Provider Exclusion List.

If there are any questions about the process or results, contact the criminal history unit at (208) 332-7990, or toll free at 1-800-340-1246. Additional information about the criminal history background check process and applicant status is available at the web site. <https://chu.dhw.idaho.gov>.

Sincerely,

Gwenda Plaisance

Gwenda Plaisance

Letters of Reference

Letters of reference **MUST** be mailed, by the reference, directly to the IBADCC office or sealed in a signed envelope and included in the application package.

Please state who will be writing Letters of Reference on your behalf. One letter is required from your current supervisor and two letters are required from people who are acquainted with your professional knowledge and skills.

- 1) _____ 2) _____ 3) _____
Current Supervisor Reference #2 Reference #3

AFFIDAVIT

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Idaho Board of Alcohol/Drug Counselor Certification. I will accept the decision of the Board, and do accept full responsibility for any and all consequence of the process of seeking certification.

To the best of my knowledge, the information contained herein is true and correct. I authorize the members or representatives of the Idaho Board of Alcohol/Drug Counselor Certification to contact and obtain information or opinions from any references, employers or educational institutions deemed necessary in evaluation of this application for certification, and I waive my right to inspect the results of any such inquiries. I also waive my right to inspect any letters of reference.

Date

Signature of Applicant (must be original)



Idaho Board of Alcohol/Drug Counselor Certification, INC.

Reference/Evaluation Form (page 1 of 2)

Candidate: _____

The individual whose name appears above is applying for IBADCC Certification as a Certified Prevention Specialist. This designation is reserved for those meeting eligibility criteria and passing a National Exam. Candidates who are awarded this designation must demonstrate basic knowledge of working in the area of alcohol and other drug prevention.

The information requested of you in this evaluation is an essential component of the evaluation of this candidate for certification. Please consider your observations of this candidate's work and character as you complete this form.

- 1) MAIL DIRECTLY TO: 2) Return to Applicant in Signed/Sealed envelope.
IBADCC
PO Box 1548
Meridian, ID 83680

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

Signature (must be original)

Date



Idaho Board of Alcohol/Drug Counselor Certification, INC.

REFERENCE/EVALUATION FORM (page 1 of 2)

Candidate: _____

The individual whose name appears above is applying for IBADCC Certification as a Certified Prevention Specialist. This designation is reserved for those meeting eligibility criteria and passing a National Written Exam. Candidates who are awarded this designation must demonstrate basic knowledge of working with prevention in the area of alcohol and other drug prevention. The information requested of you in this evaluation is an essential component of the evaluation of this candidate for certification. Please consider your observations of this candidate's work and character as you complete this form.

Please type or print:

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

Signature (must be original)

Date

Please mail this form directly to IBADCC **or** return to Applicant in sealed envelope with your signature on the seal.

IBADCC
PO Box 1548
Meridian, ID 83680



REFERENCE/EVALUATION FORM (page 1 of 2)

Candidate: _____

The individual whose name appears above is applying for IBADCC Certification as a Certified Prevention Specialist. This designation is reserved for those meeting eligibility criteria and passing a National Written Exam. Candidates who are awarded this designation must demonstrate basic knowledge of working with prevention in the area of alcohol and other drug prevention. The information requested of you in this evaluation is an essential component of the evaluation of this candidate for certification. Please consider seriously your observations of this candidate's work and character as you complete this form.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE!

MAIL DIRECTLY TO:

2) Return to Applicant in Sealed/Signed envelope.

IBADCC
PO Box 1548
Meridian, ID 83680

Please type or print

Evaluator's Name: _____

Job Title: _____

Employer: _____

Address: _____

Observation of candidate's work occurred from _____ to _____

I hereby attest to the ethical professional practice of this candidate and that my responses to this questionnaire have been given freely and voluntarily, and that they are true and complete to the best of my knowledge.

Signature (must be original)

Date



Code of Ethics/Code of Conduct Agreement

I hereby attest that I have read the IBADCC Prevention Code of Ethics and will maintain the ethical professional practice as outlined in the Prevention Code of Ethics.

I understand that any substantiated ethical violation will be posted on the IBADCC website indefinitely for public disclosure.

Signature (must be original)

Date

Documentation of Disability-Related Needs
(Page 1 of 2)

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist, ophthalmologist, etc.) to ensure that IBADCC is able to provide the required exam accommodations.

Please note: This request must be made at least 30 days prior to desired exam date

I have known _____ since _____
Exam Candidate Date

in my capacity as a _____.
Professional Title

This candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, due to this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the second page.

Description of Disability: _____

Signed: _____ Title: _____
(must be original)

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

License Number: _____ Date: _____

Request for Special Accommodations
(Page 2 of 2)

If you have disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to IBADCC for processing. The information you provide and any documentation regarding your disability and your accommodations in testing will be treated with strict confidentiality.

Please note: *There must be a 30 day notice prior to desired exam date.*

Candidate Information

Preferred Exam Date: _____ Preferred Exam Location: _____

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone number: _____ Cell Number: _____

Email: _____

Special Accommodations:

I request special accommodations for the following IC&RC examination (Please check one):

ISAS ___ CADC ___ ACADC ___ CCS ___ CPS _____

Please provide (check all that applies):

- Extended testing time (time-and-a-half)
- Distraction-free room
- Reader
- Scribe
- Special seating or other physical accommodation
- Other special accommodation (please specify below):

Comments:

Signed: _____ Date: _____
(must be original)

Section V: EXAM PREPARATION AND CANDIDATE GUIDE

For up-to-date information on IC&RC Exam Preparation and Candidate Guide – please go to:

<http://professionals.internationalcredentialing.org/examprep>

Please download and read the Prevention Specialist (PS) Candidate Guide.

A candidate guide for the examination manual is available for purchase at: <http://www.readytotest.com>

A practice test is available for purchase from IC&RC at
<http://professionals.internationalcredentialing.org/examprep>

For a list of current Testing Centers nearest you go to:
www.isoqualitytesting.com/locations.aspx