

CERTIFIED PREVENTION PROFESSIONALS
Integrated HIV/AIDS & Viral Hepatitis Specialty Application

Name: _____ Telephone #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Email: _____

Please check ONLY one:

I am a: _____ CPS _____ ACPS _____ CPSS

You must have an existing Prevention Certification to qualify for this Specialty.

REQUIREMENTS

1. **54 hours HIV/viral hepatitis specific training includes the following:**

- 12 hours Integrated HIV/AIDS and Viral Hepatitis 101
- 18 hours Integrated HIV/AIDS and Viral Hepatitis Counseling, Testing, and Referral
- 6 hours Confidentiality
- 18 hours of Sexual Risk Behavior and Harm Reduction Strategies

Please note: The required 54 hours HIV/AIDS & Viral Hepatitis coursework must be approved by DOH – Project REACH)

Please submit certificates of completion for the above-required coursework.

All Certified Prevention Specialist with Specialty in HIV/AIDS & Viral Hepatitis are required to successfully complete 18 Hours Integrated HIV/AIDS & Viral Hepatitis Counseling, Testing & Referral (approved by DOH – Project REACH) every five (5) years

I have read and understand the RIBCCDP Code of Ethics and Disciplinary Procedures in its entirety.

I do accept all of the Principles of the Rhode Island Board for the Certification of Chemical Dependency Professionals' Code of Ethics and Disciplinary Procedures as prescribed by the RIBCCDP.

- I authorize RIBCCDP its members, officers and employees, to investigate my background as it relates to the statements contained in my application and further consent to the release of information by third parties to RIBCCDP which information relates directly to my application and statements contained therein so long as said information remains confidential.
- I further agree to hold RIBCCDP, its members, officers, employees and examiner's harmless and free from all liability from complaints, causes of action, suits, claims, demands and damages of every nature or kind pertaining or arising out of or relating in any manner whatsoever to actions taken by RIBCCDP in investigating my application and making a determination regarding my certification.
- I further authorize the RIBCCDP to release all documentation/information of application for certification/renewal along with all documentation of ethics complaints, Disciplinary Hearings, and disciplinary sanctions taken against me by the RIBCCDP to the RIDOH and the ICRC/AODA . Furthermore, I understand and acknowledge that any sanctions imposed against my Prevention certification will also be imposed against any other RIBCCDP issued certification(s).

Signature

Date