

APP# _____

**RHODE ISLAND BOARD FOR THE CERTIFICATION OF
CHEMICAL DEPENDENCY PROFESSIONALS**

31 Smith Avenue - 3 Rear
Greenville, Rhode Island 02828

R.I. Certification Board:

**SUPERVISOR'S REFERENCE FORM
CONFIDENTIAL**

Dear Supervisor:

Your employee named on the accompanying form is applying to the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP) for certification as indicated below. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

RIBCCDP believes that you, as a Supervisor, will have developed a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation together with those received from other references and the data furnished by the applicant will be used to determine eligibility for certification. The process can be only as good as you and others make it by careful and truthful reporting. If this Evaluation is completed by a TASK Force or Board, we request that you convene an Executive session to complete these documents and submit a copy of your Board minutes to verify completion.

The Rhode Island Certification Board reserves the right to request further information from you concerning this applicant. Your cooperation in this certification effort is appreciated.

Please return the completed evaluation, to the Board.

Sincerely

The Rhode Board For The Certification
of Chemical Dependency Professionals

____ Certified Prevention Specialist

____ Advanced Certified Prevention Specialist

____ Certified Prevention Specialist Supervisor

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SUPERVISOR'S EVALUATION FORM

APPLICANT: _____ DATE: _____

SUPERVISOR: _____

SUPERVISOR'S CREDENTIALS: _____

TELEPHONE #: _____ PROGRAM: _____

ADDRESS: _____

A. The following items represent the skills needed by a Prevention Specialist. Evaluate the above named applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the individual's demonstrated skills. PLEASE NOTE: Make your evaluations using the scale below.

- A rating of 1 is equivalent to NOT APPLICABLE
- 2 is equivalent to DON'T KNOW
- 3 is equivalent to POOR
- 4 is equivalent to AVERAGE
- 5 is equivalent to ABOVE AVERAGE
- 6 is equivalent to SUPERIOR

NOTE: The applicant must earn an average of 4 & Be recommended by their supervisor to qualify for certification.

1 2 3 4 5 6

- { } { } { } { } { } { } 1. Monitor projects progression.
- { } { } { } { } { } { } 2. Identify financial sources and strategies.
- { } { } { } { } { } { } 3. Create needed materials.
- { } { } { } { } { } { } 4. Facilitate community awareness.
- { } { } { } { } { } { } 5. Facilitate capacity building.
- { } { } { } { } { } { } 6. Document project activities and outcomes.
- { } { } { } { } { } { } 7. Conduct training needs assessments.
- { } { } { } { } { } { } 8. Address educational needs of audience.
- { } { } { } { } { } { } 9. Provide relevant information.
- { } { } { } { } { } { } 10. Select ATOD prevention materials and resources.
- { } { } { } { } { } { } 11. Conduct training evaluations.
- { } { } { } { } { } { } 12. Provide prevention information to professionals in related fields.
- { } { } { } { } { } { } 13. Design and deliver culturally appropriate trainings.
- { } { } { } { } { } { } 14. Identify community stakeholders.

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- { } { } { } { } { } { } 15. Assist consumers in identifying specific issues.
- { } { } { } { } { } { } 16. Consult with members of the community in conducting self assessments.
- { } { } { } { } { } { } 17. Establish a community network.
- { } { } { } { } { } { } 18. Construct a comprehensive prevention plan with community members.
- { } { } { } { } { } { } 19. Increase community involvement.
- { } { } { } { } { } { } 20. Facilitate development of local leadership.
- { } { } { } { } { } { } 21. Influence formal and informal policy to infuse prevention strategies.
- { } { } { } { } { } { } 22. Establish effective working relationships with media.
- { } { } { } { } { } { } 23. Plan public policy initiatives collaboratively.
- { } { } { } { } { } { } 24. Increase resources for prevention.
- { } { } { } { } { } { } 25. Inform policy makers of prevention program effectiveness.
- { } { } { } { } { } { } 26. Attain knowledge of current research-based prevention trends.
- { } { } { } { } { } { } 27. Model collaborative behavior with colleagues.
- { } { } { } { } { } { } 28. Practice ethical behavior to promote integrity of the profession.
- { } { } { } { } { } { } 29. Recognize community norms to be sensitive to the needs of the community.
- { } { } { } { } { } { } 30. Practice personal wellness.
- { } { } { } { } { } { } 31. Review professional updates to assure relevant data and conclusions are incorporated in program design.
- { } { } { } { } { } { } 32. Assess community needs through systematic data collection methods.
- { } { } { } { } { } { } 33. Plan an evaluation of prevention project through assessment methods.
- { } { } { } { } { } { } 34. Conduct an evaluation of prevention program through assessment methods.
- { } { } { } { } { } { } 35. Coordinate development of appropriate prevention plan with consumer participation.

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B. SUPERVISOR'S STATEMENT

Where did you receive your training in prevention?

How long have you been employed by this program?

Professional certificates or license you hold _____

Are you involved in the administration/management of the program at which you are employed?

- _____ a) no
- _____ b) Yes, limited to supervisory aspects (i.e., supervision of prevention staff)
- _____ c) Yes, limited to administrative responsibilities such as budgeting.
- _____ d) Yes, both supervisory and administratively

For what period of time, have you provided prevention supervision for this applicant ?

From _____ to _____

Comments/additional information you feel may be pertinent:

I HEREBY CERTIFY THAT I HAVE BEEN IN A POSITION TO OBSERVE
AND HAVE FIRSTHAND KNOWLEDGE OF _____'S
(Name of Applicant)

WORK AT _____
(Name of Working Setting)

- _____ I recommend this applicant for certification
- _____ I have some reservations in recommending this applicant:
- _____ I do not recommend this applicant.

I hereby certify that, to the best of my knowledge, all of the above information is true.

Signature Agency Title Date

**DO NOT RETURN THIS FORM TO APPLICANT - PLEASE RETURN TO:
RIBCCDP, 31 Smith Ave - 3 Rear Greenville, RI 02828**

**PLEASE SUBMIT A COPY OF YOUR CREDENTIALS; I.E., DEGREE,
LICENSE, ETC. TO THE RIBCCDP ALONG WITH THIS FORM.**