

DIRECTIONS FOR COMPLETING THE PORTFOLIO

TYPE OR PRINT USING BLACK INK ON ALL FORMS.

Complete the application process STEP BY STEP. Do one section at a time.

Photocopy blank forms before making entries.

Photocopy completed material before sending them to the Certification Board so that you will have a complete copy of your own portfolio. The Certification Board will not return completed applications if you are denied certification. (However, you may obtain a photocopy of your application for a \$10.00 service fee).

Applications for certification will be reviewed when all the above materials have been received by the Certification office.

Do not send your application booklet until all sections are completed and signed where required.

NOTIFY THE CERTIFICATION BOARD OF ANY CHANGE OF MAILING ADDRESS.

REQUIRED PORTFOLIO FORMAT MUST BE FOLLOWED TO COMPLETE YOUR PORTFOLIO

1) **Page 1 - General Information Sheet**

Complete the General Information Sheet with data about yourself and the individuals who will serve as your references. Required portfolio format must be followed.

2) **Page 2 - Supervisor Evaluation Forms**

Fill in the upper half of the Supervisor Evaluation Form and give the forms (pg 4 - 7 and 8 - 9) to the direct supervisor of your prevention services for completion. Supervisor Evaluation Forms must be received from all facilities from which experience is submitted for credit. Supervisor must be an Advanced Certified Prevention Specialist or Certified Prevention Specialist Supervisor or have a Master's degree in Health or Human Services with documented training as follows: 12 hrs. in Substance Abuse and 12 hrs. in Prevention Programming. If applicant's supervisor does not have the appropriate certification or does not have a Master's degree, there must be a consensus ranking by TASK Force members or Board members at the next scheduled

3) **Page 8- 9 - Performance Domains Supervision Received**

Complete the Supervision Received Form. Review the list of Performance Domains and document supervised training in each of the six groups. Have your documented Supervisor sign and date form. Supervisor must be an Advanced Certified Prevention Specialist or Certified Prevention Specialist Supervisor or have a Master's degree in Health or Human Services with documented training as follows: 12 hrs. in Substance Abuse and 12 hrs. in Prevention Programming. If applicant's supervisor does not have the appropriate certification or does not have a Master's degree, there must be a consensus ranking by TASK Force members or Board members at the next scheduled

This section is designed to address the onsite training you have received in specific prevention functions. We are requesting that you record here the time actually spent discussing your work with a supervisor. Individual, group or team supervisions all apply. Practicum time spent in individual or group on-site supervision may be applicable. Practicum time spent in-

group supervision in the classroom may be applicable. Actual time spent in performing the Performance Domains is not applicable in this section. This work may be recorded in the "Professional Experience Resume."

4) **Page 2 - Professional References**

Fill in the upper half of the Professional Reference Form and give the form (pg. 10 - 12) to three (3) individuals who know you professionally, not past or present supervisors, and can attest to your competency as a Prevention Specialist. The Board must receive these forms in order to process your application.

5) **Page 3 - Assurance & Release Form**

Complete form and sign where indicated

6) **Page 13 - Professional Experience Resume**

Complete the Professional Experience Resume. This resume measures the amount of experience you have with prevention services.

7) **Page 14 - Experience Verification Form**

Have your Executive Director complete this form documenting your cumulative amount of hours employed as a prevention specialists.

8) Attach an official job description on program letterhead and signed by your director/Board chair of your most recent prevention position and also from the programs verifying your experience.

9) **Pages 15- 22 - Training & Education Forms**

Complete the Training and Education Resume documenting appropriate trainings for each Core Function.

Quantity is measured in clock hours (i.e., sixty minutes = one hour.)

Convert credit hours to clock hours by using this formula:

-One (1) college or university semester hour credit is the equivalent of fifteen (15) clock hours.

-One (1) college or university quarter hour credit is the equivalent of ten (10) clock hours.

-One (1) hour credit for each clock hour spent in workshops, etc.,.

10) Attach copies of transcripts, certificates of completion, statements from your trainer, etc., as documentation that you completed training. Simple enrollment slips are not acceptable.

11) **Page 23 - Code Of Ethics**

Sign the "Code of Ethics", and return it with your application.

12) **Page 24 - Recertification Requirements**

13) Enclose your check for \$200 made payable to The Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP) , and mail to 31 Smith Avenue 3 - Rear, Greenville, RI 02828

13) **Page 25 - 27 - Special Accommodations**

If special accommodations are needed, please complete forms and submit 60 days prior to written exam.

POLICIES FOR CERTIFICATION

- 1) Written exams will be given four times per year: March, June, September & December.
- 2) Portfolio submission deadlines for all certifications are: January 1, March 1, July 1 and October 1. CEU's can begin to accrue after the date your portfolio was received.
- 3)***APPLICATIONS WILL BE OPEN FOR ONE (1) YEAR. IF ALL REQUIREMENTS ARE NOT MET WITHIN ONE (1) YEAR, THAT APPLICATION WILL EXPIRE AND THE APPLICANT WILL BE REQUIRED TO RESUBMIT A NEW PORTFOLIO & FEE TO GO THROUGH THE WHOLE PROCESS AGAIN.**
- 4) Applicants with incomplete portfolios who do not complete the process within one year after initial submission, must reapply.
- 5) Applicants who fail the written exam twice within one year, must reapply.
- 6) Applicants who submit a complete portfolio and get approved but do not sit for the next two written exams, must reapply.
- 7) The date a portfolio is received will be recorded on that portfolio. Applicants can use all training after this date for credit towards recertification.
- 8) Applicants that apply for certification must either live or work in Rhode Island 50% of their time.
- 9) Applicants must successfully pass the International Certification Examination to upgrade.
- 10) Late applications: Applications that are received 1-30 days pass the portfolio submission deadline must submit an additional \$50.00 late fee. Applications received more than 30 days pass the portfolio submission deadline will not be accepted.
- 11) A **formal** job description on facility letterhead must be submitted from the facilities verifying experience. Please note that an acceptable job description must state that you provided ATOD prevention related work along with performing all the Core Functions/Performance Domains listed on pages 8-9. **Applicants will not be given an opportunity to revise the job description they have submitted. If the RIBCCDP does not accept the submitted job description, the applicant will be denied application.**

REQUIRED PORTFOLIO FORMAT

1. General Information Sheet
2. Roster of Supervisor Evaluations
3. Roster of Professional References
4. Completed Assurance and Release
5. Completed Professional Experience Resume
6. Completed Executive Program Director Experience Verification Form.
7. Official Job Descriptions
8. Completed Table II. A – Table II F (Table II G if applying for CPSS level) Training and Education Resume - number each training.
9. All copies of transcripts or certificates of completion to correspond with complete and numbered Table II A - Table II F - Training and Education Resume.
10. Completed Supervision Received Forms
11. Signed CODE OF ETHICS

***PLEASE BE ADVISED - ALL PORTFOLIOS MUST BE SUBMITTED IN THIS FORMAT. IF THIS FORMAT IS NOT FOLLOWED, THE PORTFOLIO WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.**