

APS Application

Associate Prevention Specialist

DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university or verification of high school diploma/GED to the RIBCCDP Office.
- Certificates of attendance for trainings.
- All required documentation to support employment (i.e. letters from former employers verifying employment, current job description, signed and dated by applicant and supervisor).
- Sign and date the Code of Ethical Conduct.
- Supervision form completed and signed by supervisor.
- Fee of \$50. May be paid by check/money order (payable to RIBCCDP) or with PayPal (by visiting www.ribccdp.com and clicking on Pay Fees. If paying through PayPal, fee must be paid prior to submission of application.

APS is a time-limited certification. All APS's must upgrade to CPS within three years of being awarded the certification.

Applications will be open for one year. If all requirements are not met within one year, the application will expire and the applicant will be required to resubmit a new application and fee.

If you have other credentials with RIBCCDP, please call the office before applying.

If there are any problems with the application, you will be notified by email or phone.

Keep a photocopy of the entire application. Send your completed application, copies of certificates of attendance, attachments, and fee to:

RIBCCDP
298 S. Progress Avenue
Harrisburg, PA 17109
Phone: (717) 540-4456 Fax: (717) 540-4458
Website: www.ribccdp.com Email: info@ribccdp.com

REQUIREMENTS FOR APS

Employment

- 200 hours of paid or volunteer prevention work experience. Employment must have been gained within the last five years.
- Volunteer and part-time experience is acceptable if it is provided under direct supervision. Actual time spent in a supervised substance abuse internship, or practicum may be applied toward the employment requirement.
- Supervised work experience must be in the five APS domains.
- Applicant must be currently employed in a prevention position at the time application is submitted.

Education

- High school diploma/GED.
- 48 hours of education relevant to domains, of which 12 are ATOD specific, six hours in each of the five domains and six hours in ethics and confidentiality.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and RIBCCDP approved distance education.
- Education must be specifically related to the knowledge and skills necessary to perform the tasks within the five domains.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

Other

- Signed and dated Code of Ethical Conduct.
- Signed, dated and witnessed Release.
- Current job description dated and signed by supervisor and applicant.
- Applicant must either live or work in RI at time of application.

Domains

1. Planning & Evaluation
2. Education & Skill Development
3. Community Organization
4. Public Policy & Environmental Change
5. Professional Growth & Responsibility.

Fees

Certification: \$50

(fee must accompany application and materials)

CERTIFICATION TIME PERIOD

RIBCCDP certification encompasses two calendar years commencing on the date of approval of the application. Two dates, date of issue and valid through, will appear on the certificate along with a certification number. APS is a time-limited certification. All APS's must upgrade to CPS within three years of being awarded the certification.

APPEAL PROCESS

The purpose of appeal is to determine if RIBCCDP accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to RIBCCDP in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

RECERTIFICATION

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, RIBCCDP requires recertification every two years.

To be recertified as an APS, an individual must:

1. Hold a current and valid certificate issued by RIBCCDP;
2. Acquire 20 hours of RIBCCDP approved education, including five hours substance abuse specific received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the RIBCCDP Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

LAPSED CERTIFICATION

The completed recertification application should be received at RIBCCDP prior to the expiration date. If the application is incomplete, applicant will be notified by phone or email depending on what has been indicated by applicant.

There is no grace period. If the recertification is not completed by the expiration date, the individual will no longer hold an APS and no further use of the APS is permitted until the individual has recertified.

All certified professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and five years. After five years, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

APPLICATION FOR APS

Form can be completed and saved. You may then print the appropriate pages to submit to RIBCCDP.

Other past or current RIBCCDP credentials held: PCDP APCDP ACDP II CCJP RCS CDCS PCCDP CCDP
 CCDPD SAC CPS ACPS CPSS

Date: _____ Date of Birth: _____ Male Female

Name: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ Email: _____
(required)

Position/Title: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

County: _____ Work Phone: _____ Ext: _____

Dates Employed: _____ Hours per Week: _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Email: _____

College/University: _____ Name on Transcript: _____

If RIBCCDP needs to contact you, please indicate your preference: Email Phone

Why are you pursuing certification? *(required)* _____

I hereby attest that the applicant is working in a position where a minimum of 51% of his/her time is spent providing alcohol, tobacco and/or other drug abuse prevention activities/services OR that the applicant is working in a position where a minimum of 51% of his/her time is spent providing supervision of prevention activities/services.

Supervisor's Signature

Have you ever received any disciplinary action from another certification or licensing authority? Yes No

If yes, please explain in full on a separate sheet.

Have you ever been convicted of a felony violation in any state or federal law? Yes No

If yes, please explain in full on a separate sheet.

Have you ever been licensed/certified in any other state? Yes No

If yes, please explain in full on a separate sheet.

Fee of \$50 can be paid using one of the following:

Check/MO (payable to RIBCCDP)

PayPal – go to www.ribccdp.com and click on Fees.

Please print your name as it should appear on your certificate:

PREVIOUS EMPLOYMENT, IF APPLICABLE

Include letter (on company letterhead) from previous employer verifying your duties and dates employed.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Title: _____ Hours per Week: _____

Dates Employed: _____ Immediate Supervisor: _____

Primary Responsibilities: _____

SUPERVISOR'S EVALUATION INFORMATION

I have given the Supervisor's Evaluation Form to the following Supervisor:

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

To the Supervisor:

Please fill out the information below regarding this applicant's performance.

Please rate the overall performance of this employee:

| | | | | |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| Planning & Evaluation: | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Education & Skill Development: | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Community Organization: | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Public Policy & Environmental Change: | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Professional Growth & Responsibility: | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Signature: _____ Date: _____

Upon completion, please mail this form directly to RIBCCDP at 298 S. Progress Avenue, Harrisburg, PA 17109.

ASSURANCE AND RELEASE

I _____, of _____ do hereby submit the following information, assurances and release relating to my initial certification or renewal of certification/licensure with the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP), Rhode Island Board for Licensing of Chemical Dependency Professional (RIBLCDP) and the Rhode Island Department of Health (RIDOH).

I acknowledge and understand in answering the following questions that submitting fraudulent, deceitful or misleading statements will be grounds for denial or revocation of certification or renewal of certification.

Have you ever applied for certification/licensure as a chemical dependency professional in another state?

Yes No

Have you ever had any action taken against your certification/license?

Yes No

If the answer is Yes, please provide details on a separate sheet.

Have you even been disciplined in any way by a certification/licensing board or professional organization?

Yes No

If the answer is Yes, please provide details on a separate sheet.

I hereby certify that I have read this entire application and that all the material contained herein is true, accurate and complete. I further understand that any intentionally false or misleading statement or omissions shall result in the denial or revocation of my certification/license or renewal of my certification/license.

I hereby certify that all information contained in this application and any supporting documents is true to the best of my knowledge. I further certify that I do not use any controlled substances or any alcoholic beverages to the extent that the use impairs my ability to conduct with safety to the public the practice authorized by the license for which I am applying.

I hereby certify that I have read and subscribed to the ethical standards and code of conduct for chemical dependency professionals prescribed by RIBCCDP.

I authorize RIBCCDP, RIBLCDP, and RIDOH, 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, RIBLCDP and RIDOH which information relates directly to my application and statements contained therein so long as said information remains confidential.

I further agree to hold RIBCCDP, RIBLCDP, and RIDOH its members, officers, employees and examiner's harmless and free from all liability from complaints, causes of actions, suits, claims, demands and damages of every nature or kind pertaining or arising out of or relation in any manner whatsoever to actions taken by RIBCCDP, RIBLCDP and RIDOH in investigating my application and making a determination regarding my certification.

I further authorize RIBCCDP, RIBLCDP, and RIDOH 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 Department of Health, International Certification & Reciprocity Consortium (IC&RC) and the RIBLCDP. Furthermore, I understand and acknowledge that any sanctions imposed against my LCDP/LCDCS by the RIBLCDP/RIDOH will also be imposed against my RIBCCDP issued certification(s).

I have read and understand the above.

Name: _____ Signature: _____

Witness: _____ Signature: _____

CODE OF ETHICS AND DISCIPLINARY PROCEDURES

The entire Code of Ethics can be found on our website at www.ribccdp.com or may be obtained from the office by calling 717-540-4456.

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

I do accept all of the principles of RIBCCDP's Code of Ethics and Disciplinary Procedures as prescribed by RIBCCDP.

Signature: _____ Date: _____