

# CPSS Application

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Certified Prevention Specialist  
Supervisor

## 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 \$250. May be paid by check/money order (payable to RIBCCDP) or with PayPal (by visiting [www.ribccdp.com](http://www.ribccdp.com) and clicking on Pay Fees. If paying through PayPal, fee must be paid prior to submission of application.

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](http://www.ribccdp.com) Email: [info@ribccdp.com](mailto:info@ribccdp.com)

## REQUIREMENTS FOR CPSS

### Employment

- Four years (8000 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 CPS domains.
- Applicant must be currently employed in a prevention position at the time application is submitted.

### Education

- High school diploma/GED.
- 436 hours of education relevant to domains, of which 50 are ATOD specific, minimum of 70 hours in each domain, six hours in communicable diseases, six hours in confidentiality, 12 hours in fiscal management, 12 hours in program management and 12 hours in staff management.
- 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.

### Supervision

- 300 hours with a minimum of 20 in each domain. Supervisor must have a Master's degree in Health or Human Services with documented trainings as follows: 12 hours in substance abuse and 12 hours in prevention programming. If the applicant's supervisor does not meet this qualification, there must be a consensus ranking by TASK Force members or Board members at the next scheduled meeting.

### Examination

- Pass the IC&RC Examination for Prevention Specialists.

### 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:	\$250
<i>(fee must accompany application and materials)</i>	
Retest:	\$150
Exam Cancellation:	\$150

## CERTIFICATION TIME PERIOD

RIBCCDP certification encompasses two calendar years commencing on the date of passing of the exam. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

## 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.

## EXAMINATION INFORMATION

**Type:** This credential requires successful completion of the IC&RC exam which is offered as a computer based exam. Three hours are permitted to complete the 150 question, multiple choice exam. Candidates will be notified by RIBCCDP, once application for certification is approved, on how to register for the computer based exam.

**Content:** The IC&RC Job Task Analysis for this credential identified domains which make up the questions in the exam. Within each domain are several identified tasks that provide the basis for questions in the exam.

**Candidate Guide:** The domains, including the knowledge and skill areas of each domain, sample exam questions, and a list of references are included in the free Candidate Guide. Candidate Guides will be sent to candidates prior to exam scheduling. Candidate Guides are also available from the RIBCCDP website at [www.ribccdp.com](http://www.ribccdp.com) by clicking on "Testing."

**Study Guides:** Professional study guides have been published for several of the exams including ADC, AADC, CCS, CCJP, CCDP and CPS. Study Guides are available for sale from DLCAS at [www.ReadyToTest.com](http://www.ReadyToTest.com).

**Dates:** The IC&RC exam is offered on demand at approved testing centers thereby allowing candidates to test on a date and time convenient for them. Candidates will receive information from RIBCCDP on registering for on demand testing once application for certification is approved.

**Locations:** There are four computer based testing sites in Rhode Island – one in the Lincoln area, one in the Providence area, and one in the Newport area and one in the Warwick area. Candidates can choose the testing site that is closest for their travel.

**Special Situations:** Individuals with disabilities and/or religious obligations that require modifications in exam administration may request specific procedure changes, in writing, to RIBCCDP no fewer than 60 days prior to the scheduled exam date. With the written request, candidate must provide official documentation of the disability or religious issue. Contact RIBCCDP on what constitutes official documentation. RIBCCDP will make arrangements for appropriate modifications to its procedures when documentation supports this need.

**Cancellation/Rescheduling Policy:** Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to test and will be charged a \$150.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their exam less than five days prior to their scheduled date will be charged the full testing fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a \$25.00 cancellation/rescheduling fee.

**Retest:** Candidates failing the exam can retest after a 60 day wait period from date of last taking the exam. Candidates will be sent retest instructions from RIBCCDP.

## **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 a CPSS, an individual must:

1. Hold a current and valid certificate issued by RIBCCDP;
2. Acquire 40 hours of RIBCCDP approved education, including 30 hours prevention 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 a CPSS and no further use of the CPSS 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.

## **HIV/AIDS ENDORSEMENT**

Applicants may also apply for the HIV/AIDS & Viral Hepatitis Specialty Endorsement. In addition the requirements in the application the following is required: 12 hours of integrated HIV/AIDS and Viral Hepatitis 101, 18 hours integrated HIV/AIDS and Viral Hepatitis Counseling, Testing & Referral, six hours confidentiality, 18 hours Sexual Risk Behaviors & Harm Reduction Strategies. All coursework must be approved by DOH – Project Reach.

## **INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC)**

The purpose of the IC&RC is:

- to promote uniform professional standards and quality assurance for the alcohol and drug profession and to give the profession greater visibility throughout the United States and other countries;
- to negotiate reciprocity agreements for alcohol and drug professionals with certification bodies throughout the United States and other countries;
- to provide support services, including consultation and training to all states in all areas of certification, such as establishment of standards, evaluation of competence, establishment and training of boards and committees;
- to provide information on certification and certification activities throughout the United States and other countries;
- to provide an International Certificate (ICPS) for prevention specialists meeting specified qualifications certified by individual IC&RC member certification boards. Any IC&RC certified prevention specialist is eligible. ICPS certificates are provided free of charge from IC&RC;
- to promote uniform professional standards in CPS specialty disciplines.

Certified professionals in the state of Rhode Island have reciprocity with many certifying bodies throughout the United States and other countries as well as all of the armed services. For reciprocity process and/or a listing of member boards, please call the RIBCCDP Office.

# APPLICATION FOR CPSS

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  APS  ACPS  CPS

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 \$250 can be paid using one of the following:

Check/MO (payable to RIBCCDP)

PayPal – go to [www.ribccdp.com](http://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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# SUPERVISION

To Supervisor: Please complete this form indicating applicant's on-the-job supervision. This form is not intended to document applicant's total number of hours worked but rather the hours of on-the-job supervision you have provided the applicant. Supervision is a formal or informal process that is administrative, evaluative, clinical, and supportive. It can be provided by more than one person, it ensures quality of clinical care, and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Applicant's Name: \_\_\_\_\_

I hereby attest that a minimum of 300 hours of supervision in the domains have been attained by the above-named applicant. At least 20 hours in each of the domains were received as outlined below.

<b>CPSS DOMAINS</b>	<b># OF HOURS RECEIVED IN EACH</b>
1. Planning & Evaluation	_____
2. Education & Skill Development	_____
3. Community Organization	_____
4. Public Policy & Environmental Change	_____
5. Professional Growth & Responsibility	_____
<b>TOTAL MUST BE AT LEAST 300 HOURS</b>	_____

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## SUPERVISOR'S EVALUATION INFORMATION

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PROFESSIONAL REFERENCES

I have requested the following individuals to forward their recommendations to RIBCCDP. List three people, other than your supervisors, who know you professionally and can attest to your professional skills.

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RIBCCDP reserves the right to request further information from all employers and other persons listed on the application form. The RIBCCDP and its review committees reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a prevention specialist and will be kept confidential by RIBCCDP. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.

Photocopy all forms as needed.

## 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: \_\_\_\_\_

## **SUPERVISOR'S EVALUATION FORM**

*CONFIDENTIAL*

Dear Supervisor:

Your employee named on the accompanying form is applying to RIBCCDP for certification as a Certified Prevention Specialist. The information requested here is an essential part of RIBCCDP's evaluation of the competence of the applicant and must be on file before the application can be processed.

It is vital that you complete the Evaluation Form accurately. 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 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.

The RIBCCDP reserves the right to request further information from you concerning this applicant. Your cooperation will be very much appreciated in this effort.

Sincerely,

RIBCCDP

# SUPERVISOR'S EVALUATION FORM

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following items represent the skills needed by a CPSS. Evaluate the above named applicant as you feel he/she demonstrates their abilities in each area. Mark the rating most nearly descriptive of the prevention specialist's demonstrated skills. Applicants must earn an average of four on the rating scale to qualify for this certification.

## RATING SCALE:

- 1 is NOT APPLICABLE
- 2 is DON'T KNOW
- 3 is POOR
- 4 is AVERAGE
- 5 is ABOVE AVERAGE
- 6 is SUPERIOR

- \_\_\_\_ 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 relevant information
- \_\_\_\_ 13. Design and deliver culturally appropriate trainings
- \_\_\_\_ 14. Identify community stakeholders
- \_\_\_\_ 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 the 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

Evaluators Statement

Where did you receive your training? \_\_\_\_\_

How long have you been employed by this program? \_\_\_\_\_

Professional certificates/licenses you hold: \_\_\_\_\_

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

- No
- Yes, limited to supervisory aspects (i.e. supervision of prevention staff)
- Yes, limited to administrative responsibilities such as budgeting
- Yes, both supervisory and administratively

For what period of time have you provided supervision for this applicant? \_\_\_\_\_

Comments or additional information (optional):

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I hereby certify that I have been in a position to observe and have firsthand knowledge of the applicant's work and that all of the material is, to the best of my knowledge, true.

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

Signature: \_\_\_\_\_ Agency: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit documentation of Supervisor requirements as noted on RIBCCDP's standards. Do not return this form to the applicant – please return to RIBCCDP.

# PROFESSIONAL REFERENCE FORM

Dear: \_\_\_\_\_

I am applying to the RIBCCDP for certification. References must be included as part of the application. Please complete the reference material enclosed and return it to RIBCCDP. Your prompt attention to this would be very much appreciated, as my application will not be processed until RIBCCDP receives this recommendation from you.

Sincerely,

\_\_\_\_\_  
(Signature of applicant)

RIBCCDP believes that certification should be based on input from a variety of sources, especially the observations of persons who have known the applicant professionally. For this reason, all applicants are required to list three references who will complete the Professional Reference Form. Your evaluation together with those received from others and the data furnished by the applicant will be used in determining eligibility for certification. The process can be only as good as you and others make it by careful and truthful reporting.

Please return the completed evaluation within one week to RIBCCDP. Your cooperation will be very much appreciated.

Sincerely,

RIBCCDP

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following areas represent skills and knowledge needed by a prevention professional. Evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the preventionist demonstrated ability.

## RATING SCALE:

- 1 is UNACCEPTABLE
- 2 is NEEDS IMPROVEMENT
- 3 is ACCEPTABLE
- 4 is GOOD
- 5 is EXCELLENT

## Attribute or Skill

1. Exhibits knowledge of chemical dependency \_\_\_\_\_
2. Exhibits knowledge of human development \_\_\_\_\_
3. Exhibits knowledge of basic helping skills \_\_\_\_\_
4. Exhibits knowledge of prevention modalities and strategies \_\_\_\_\_
5. Exhibits knowledge of special needs and high risk populations \_\_\_\_\_
6. Exhibits knowledge of health promotion and wellness models \_\_\_\_\_
7. Exhibits skill in developing prevention programs \_\_\_\_\_
8. Exhibits skill in delivering prevention programs \_\_\_\_\_

- 9. Exhibits skill in assessing school service needs \_\_\_\_\_
- 10. Exhibits skill in engaging students and family members when appropriate \_\_\_\_\_
- 11. Exhibits skill in running groups \_\_\_\_\_
- 12. Exhibits ability to work cooperatively with school based colleagues and professionals \_\_\_\_\_
- 13. Exhibits ability to maintain professional objectivity \_\_\_\_\_
- 14. Exhibits ability to interact effectively with school administration and faculty \_\_\_\_\_
- 15. Exhibits ability to exercise initiative \_\_\_\_\_
- 16. Exhibits ability to network effectively with other agencies \_\_\_\_\_
- 17. Exhibits ability to outreach with the local community \_\_\_\_\_
- 18. Exhibits ability to interact with genuineness and respect \_\_\_\_\_
- 19. Exhibits ability to utilized skills such as active listening, summarizing, reflecting \_\_\_\_\_
- 20. Exhibits ability to engage in productive problem solving \_\_\_\_\_
- 21. Exhibits responsibility with regard to work commitments \_\_\_\_\_
- 22. Exhibits responsibility with regarding to making appropriate referrals \_\_\_\_\_
- 23. Exhibits responsibility with regard to agency and federal confidentiality guidelines \_\_\_\_\_

General Remarks (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

My relationship with him/her is/was? \_\_\_\_\_

I hereby certify that I have been in a position to observe and have firsthand knowledge of the applicant's work and that all of the material is, to the best of my knowledge, true and that to the best of my knowledge, this accurately reflects this applicant's skills as I have observed them.

Signature: \_\_\_\_\_ Agency: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit documentation of Supervisor requirements as noted on RIBCCDP's standards. Do not return this form to the applicant – please return to RIBCCDP.

## **CODE OF ETHICS AND DISCIPLINARY PROCEDURES**

The entire Code of Ethics can be found on our website at [www.ribccdp.com](http://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: \_\_\_\_\_