



**Prevention Apprentice Certification (PA)
Certified Prevention Specialist (CPS)
and
Certified Prevention Professional (CPP)**

APPLICATION

Prepared By: Prevention Credentialing Consortium of Georgia, INC.

**Revised: July, 2007
Effective: September 1, 2007
Updated: January 30, 2008**



Name: _____
Date: _____
Social Security Number: _____

I. Acknowledgements

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN AND RETURN WITH APPLICATION

- A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I also attest to having done the work myself, not using other people's material without giving due credit to the author and work. I understand that discovery of falsification of any portion of this application will result in my being denied a credential or revocation of the same.
- B. I acknowledge the right of PCCG to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.
- C. I have read, understand, and agree to act in accord with PCCG's Code of Ethical Conduct.
- D. I will hold PCCG, its Review Team, Credentialing Committee, its Board Members, Executive Committee Members, Officers, Agents, and Staff free from any civil liability for damages or complaints by reason of any action that is within the scope of their purpose and arising out of the performance of their duties or any action which they, or anyone one of them, may take in connection with the recommendation of the Credentialing Committee and/or the decision of the Board not to bestow upon me the credential level for which I am applying or any other credential level.
- E. I understand that the \$25 non-refundable application fee must accompany this application in the form of a check or money order made payable to PCCG.
- F. I understand that the appropriate Oral Interview fee is due at the time of the interview and that no interview will occur until the fee has been paid.
- G. I understand that there is a \$25 fee for any returned checks
- H. Credential Level for which I am applying:
 - a. Prevention Apprentice Certification: _____
 - b. Certified Prevention Specialist: _____
 - c. Certified Prevention Professional: _____
- I. Please check the correct response below:
 - a. If not approved for the desired level checked above, I will accept the decision of PCCG to be credentialed at a lower level. _____
 - b. If assigned a lower level, I understand that I may reapply for the same or a different level designation at a later date. _____

Signature _____ Date _____

APPLICANT INFORMATION

Name (Last, First, Middle): _____

Maiden Name: _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

City, State, Zip: _____

Day Time Phone: _____

Email: _____

Date of Birth: _____

Gender: _____

Social Security Number: _____

Formal Education

Official transcripts documenting higher education (i.e., College, Master and Doctoral Degrees) should be sent directly to PCCG by the academic institution.

Degree/Diploma	Institution	Dates Attended

**WORK and/or VOLUNTEER EXPERIENCE IN PREVENTION
(Copy This Form as Needed)**

Use one page per prevention employer/organization/position.

Name: _____

Agency: _____

Agency Address: _____

City, State, Zip: _____

Type of institute/organization: _____

Immediate Supervisor: _____

Your position: _____

Dates with Agency: To _____ From _____

Number of hours per week in Prevention: _____

Total hour of prevention experience in this position: _____

Describe your responsibilities. List Performance Domains and Core Functions related to those responsibilities. (See pages 3-5 of Application Manual for more information in relation to the Domains and Core Functions.):

List any significant accomplishments in prevention in this position.

Attach additional sheet if necessary.

Work Experience Verification and Request for Information Forms

Memo to Supervisor/Employer

Applicant: Please duplicate this page and have it precede each work experience and request for information form presented to each employer/supervisor you have listed in your application.

TO: _____
(Supervisor or Employer)

FROM: Prevention Credentialing Consortium of Georgia, Inc.

RE: _____
(Applicant's Name)

The above-named person has applied to be credentialed as a Certified Preventionist. Your assessment of the applicant will enable the Credentialing Committee to evaluate whether the applicant meets work experience requirements.

The mission of the Prevention Credentialing Consortium of Georgia, Inc. (PCCG) is to establish and promote the credentialing standards in the field of prevention. PCCG works to advance prevention as a viable and effective prevention discipline to benefit Georgia communities. An applicant for certification must document experience and demonstrate competency in five prevention domains. These domains and a brief description of each are as follows:

- Domain 1: Planning and evaluation – Assessing community needs, developing a prevention plan, securing funding, and documenting outcomes.
- Domain 2: Education and skill development – Developing and delivering culturally competent education and training to communities, groups, and other professionals.
- Domain 3: Community Organization – Identifying and engaging community leaders, providing technical assistance to those leaders and assisting them in sustaining positive change.
- Domain 4: Public Policy and Environmental Change – Identifying policy makers, assisting community leaders in gaining support for environmental change in communities, and creating a positive environment in the community.
- Domain 5: Professional Growth and Responsibility – Practice ethical behavior, model collaboration with colleagues and community organizations, and continue growth in cultural competence and prevention knowledge.

Supervisor/Employer: After completing the attached work experience verification and request for information form, please send it DIRECTLY to PCCG , PO Box 1922, Lawrenceville, GA 30046. This is a confidential document and will no be released to the applicant. Thank you for your assistance.

PREVENTION CREDENTIALING CONSORTIUM OF GEORGIA, INC.
Work Experience Verification Form

To be filled out by applicant:

I, _____, am applying for credentialing as a Certified
(Applicant Name)
Preventionist. I was employed by/volunteered for _____, from _____
(Agency, Organization, Person) (Month, Year)
to _____ as a _____.
(Month, Year) (Official Title)
My employer/supervisor was/is: _____.
(Name and Title of Employer/Supervisor)
Employer/Supervisor's Current Address: _____.
Employer/Supervisor's Current Telephone Number: _____.

My signature on this form signifies that the above information is accurate and that I hereby authorize the Prevention Credentialing Consortium of Georgia, Inc., to contact the above referenced Employer/Supervisor for work experience verification and/or employment information. It also authorizes the agency or person named above to give information, on this form, regarding work experience as indicated below.

Number of Work/Volunteer Hours to be confirmed: _____

Applicant's Signature Date

=====

To be filled out by employer/supervisor:

Please write your comments concerning the above information supplied by the applicant. Indicate whether you agree or disagree and why.

I, _____, verify that the information stated
(Please print name)

above is accurate _____ or is not accurate _____.

If you disagree with any information supplied by the applicant above, please explain: _____

Applicant's Signature Date

**Do not give this form to applicant. Send directly to: PCCG, PO Box 1922,
Lawrenceville, GA 30046**

CORE PREVENTION TRAINING

Applicant Name: _____

Attach all training documentation in order of listing. Documentation may include copies of training certificates, copies of organization training logs or attendance sheets, official transcripts or a letter from a supervisor documenting attendance. See page 5 of Application Manual for more information regarding the Core Prevention Training.

Fundamentals of Prevention (6 hours required)

Date	Course Title	Sponsoring Organization	Clock Hours

Prevention Specific Ethics (6 hours required)

Date	Course Title	Sponsoring Organization	Clock Hours

Cultural Competency (6 hours required)

Date	Course Title	Sponsoring Organization	Clock Hours

**Supervised Practical Experience
(Copy Form as Needed)**

Please document time spent with your supervisor or approved mentor and topic(s) worked on or discussed. The supervisor or mentor needs to be a Certified Preventionist. Twelve (12) hours must be spent in each of the five domains.

Date	Topic	Domain	Clock Hours
Total Clock Hours=			

PREVENTION CREDENTIALING CONSORTIUM OF GEORGIA, INC.

Code of Ethical Conduct For Prevention, Early Intervention, Health Promotion and Volunteers

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention, Early Intervention, Health Promotion Professionals, and Volunteers express the professional's and volunteer's recognition of his/her responsibilities to the public, to service recipients, and to colleagues. They guide members of the profession in the performance of their professional and voluntary responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which Prevention, Early Intervention and Health Promotion Professionals and Volunteers should constantly strive. They are guided by core values and competencies that have emerged with the development of these fields.

Initials

Principles

I. Non-Discrimination

A Prevention, Early Intervention, Health Promotion Professional or Volunteer shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical or mental disability, including persons testing positive for AIDS-related virus. A Prevention, Early Intervention, Health Promotion Professional or Volunteer should broaden his/her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

Initials

II. Competence

A Prevention, Early Intervention, Health Promotion Professional or Volunteer shall observe the technical and ethical standards within his/her particular field(s), strive continually to improve personal competence and quality of service delivery, and discharge professional or voluntary responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies (core functions). The maintenance of competence requires a commitment to learning and improvement that must continue throughout the professional's or volunteer's life.

- a. Professionals and Volunteers should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.

- b. Due care requires a Professional or qualified Volunteer to plan and supervise adequately any professional activity for which he or she is responsible.
- c. A Prevention, Early Intervention, Health Promotion Professional or Volunteer should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each Professional or Volunteer is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- d. When a Prevention, Early Intervention, Health Promotion Professional or Volunteer is aware of unethical conduct or practice on the part of an agency or Prevention, Early Intervention, Health Promotion Professional or Volunteer, he/she has an ethical responsibility to report the conduct or practices to appropriate authorities to the public.

Initials

III. Integrity

To maintain and broaden public confidence, Prevention, Early Intervention, Health Promotion Professionals and Volunteers should perform all professional and voluntary responsibilities with the highest sense of integrity. Integrity can accommodate deceit or subordination of principle.

- a. Personal gain and advantage should not subordinate service and the public trust. All information should be presented fairly and accurately. Each Professional and Volunteer should document and assign credit to all contributing sources used in published material or public statements.
- b. Prevention, Early Intervention, Health Promotion Professionals and Volunteers should not misrepresent either directly or by implication professional or voluntary qualifications or affiliations.
- c. A Prevention, Early Intervention, Health Promotion Professional or Volunteer should not be associated directly or indirectly with any service or products in a way that is misleading or incorrect.

Initials

IV. Nature of Services

Above all, Prevention, Early Intervention, Health Promotion Professionals and Volunteers shall do no harm to service recipients. Practices shall be respectful and non-exploitative. Services should protect the recipient from harm and the Professional, the Volunteer, and the profession from censure.

- a. Where there is evidence of child or other abuse, the Prevention, Early Intervention, Health Promotion Professional or Volunteer shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

- b. Where there is evidence of impairment in a colleague or a service recipient, a Prevention, Early Intervention, Health Promotion Professional or Volunteer should be supportive of assistance or treatment.
- c. A Prevention, Early Intervention, Health Promotion Professional or Volunteer should recognize the effect of impairment on professional or voluntary performance and should be willing to seek appropriate treatment for himself/herself.

Initials

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including but not limited to verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

Initials

VI. Ethical Obligations for Community and Society

According to their consciences, Prevention, Early Intervention, Health Promotion Professionals and Volunteers should be proactive on public policy and legislative issues. The public welfare and individuals' right to services and personal wellness should guide the efforts of Prevention, Early Intervention, Health Promotion Professionals and Volunteers. Prevention, Early Intervention, Health Promotion Professionals and Volunteers must adopt a personal and professional stance that promotes the well-being of all humankind.

Initials

I have read, understand, and agree to act in accord with PCCG's Code of Ethical Conduct.

Signature

Date

APPLICATION CHECKLIST

Please complete the appropriate checklist that corresponds with the level of certification you are seeking. Completed checklist must be included with the application.

Prevention Apprentice Certification:

- Documentation of work/volunteer experience
- Work verification form(s) given to supervisor(s). ***(These forms will be sent directly to PCCG by the supervisor(s))***
- Core Prevention Training form, including certificates or other documentation of attendance
- A letter of recommendation
- Initialed and signed copy of the PCCG Code of Ethics
- Non-refundable \$25 application fee

Certified Prevention Specialist

- Documentation of work/volunteer experience
- Work verification form(s) given to supervisor(s). ***(These forms will be sent directly to PCCG by the supervisor(s))***
- Official transcripts documenting at least a High School Degree or GED, unless previously certified at the Prevention Apprentice level. Then send in copy of previous certification certificate.
- Core Prevention Training form, including certificates or other documentation of attendance
- Training forms, including certificates or other documentation of attendance
- Two letters of recommendation
- Initialed and signed copy of the PCCG Code of Ethics
- Non-refundable \$25 application fee

Certified Prevention Professional

- Documentation of work/volunteer experience
- Work verification form(s) given to supervisor(s). ***(These forms will be sent directly to PCCG by the supervisor(s))***
- Official transcripts documenting at least a Bachelors Degree. These transcripts should be sent directly from the institution to PCCG.
- Core Prevention Training form, including certificates or other documentation of attendance
- Training forms, including certificates or other documentation of attendance
- Supervised Practical Experience form(s)
- Two letters of recommendation
- Initialed and signed copy of the PCCG Code of Ethics
- Non-refundable \$25 application fee