

Application Handbook

For

**CERTIFIED & ADVANCED
CERTIFIED**

PREVENTION

SPECIALISTS

(CPS and ACPS)

March 2017



**Iowa Board
of Certification**

**225 NW School St. ~ Ankeny, Iowa 50023
Telephone: 515.965.5509 ~ Fax: 515.965.5540
E-Mail: info@iowabc.org ~ www.iowabc.org**

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IBC OVERVIEW

IBC Mission

The Iowa Board of Certification credentials prevention and treatment professionals in addictions and other behavioral health fields by promoting adherence to competency and ethical standards.

Residency Requirement: The applicant must physically live and/or work in Iowa at least 51% of the time at the time of application for initial certification, recertification or reactivation.

CERTIFICATION PURPOSE

The establishment of standards and a system of voluntary professional certification assures the opportunity for continued growth and development for prevention specialists in the substance abuse field. The purpose of the prevention certification process is:

1. To promote credibility of prevention professionals.
2. To assure the public of a minimal level of competency in prevention services.
3. To promote the delivery of competent, professional prevention services.
4. To establish a recognized credential of professional competency, which allows for national reciprocity.
5. To establish guidelines for new prevention specialists.
6. To promote continued professional development for the prevention specialist.

GENERAL INFORMATION

1. FEES

See attached Fee Schedule.

2. DEFINITIONS

Prevention: A proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles by reducing risks contributing to alcohol, tobacco, and other drug misuse and related issues.

Prevention Specialist: A professional who uses a specialized set of knowledge, experience, training and skills to encourage healthy attitudes and behaviors which prevent the abuse of alcohol, tobacco and other drugs. The role of the prevention specialist, as defined by the five Prevention Performance Domains, is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs.

3. **GLOSSARY OF TERMS**

Alcohol and Drug Specific: The history, uses, trends and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco and various other substances as well as the psychological, biological and social aspects of substance abuse. Appropriate intervention for preventing and treating substance abuse in special populations is also acceptable.

ATOD: Alcohol, Tobacco and Other Drugs

CEU: Literally means a “continuing education unit” and is synonymous with “clock hour.”

CSAP: Center for Substance Abuse Prevention

Clock Hour: Sixty minutes of participation in an organized learning experience.

Continuing Education: The variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Date of Application: The date on which the Iowa Board of Certification receives the completed application.

Distance Learning: Education that is obtained via internet, home study programs, videos, or other means in which the Prevention Specialist works independently from an instructor and classroom.

Education/Professional Responsibility: Participation in appropriate training, educational opportunities and current literature review that allows one to provide effective prevention services.

Employment Experience: The actual work involving performance of the five Prevention Performance Domains of the prevention specialist. In addition to full-time employment, this may include a practicum, internship, or part-time prevention.

IBC-Approved: When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEUs for all participants.

In-Service Training: The education and training which occurs within the applicant’s agency, only for agency staff and conducted only by agency staff.

Performance Domain: These domains outline the knowledge and skills a prevention specialist needs to perform their job successfully.

Portfolio: Documentation of experience, education and professional responsibility on IBC forms.

Prevention Ethics: Moral and ethical conduct as described in the IBC Code of Ethics. Ethics courses are offered specifically for Prevention Specialists and must be IBC-approved.

Racial/Ethnic: Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

Recipient: Any person who seeks or receives the services of a prevention specialist.

Reciprocity: A mutual or cooperative interchange of certification standards among IC&RC member boards.

Research/Science Based: A program that has met identified criteria and has been subject to rigorous evaluation that has proven its effectiveness.

Special Populations: Substance abuse training in working with recipients from various populations who are unique in their needs. The groups that are protected from discrimination (such as age, race, creed, gender, economic status) as well as sexual orientation and the criminal justice population will be considered Special Populations.

Substance Abuse: An addiction or dependency, either physical or psychological, to a chemical substance (alcohol as defined in the Code of Iowa, Chapter 123 and drugs as defined in the Code of Iowa, Section 203A.2, subsection 3).

4. **INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM**

The International Certification & Reciprocity Consortium (IC&RC), Alcohol and Other Drug Abuse Inc., exists to be the leader in the development of credentialed professionals. Its mission is to establish, monitor, and advance reciprocal competency standards for credentialing of professionals engaged in prevention and treatment of substance use disorders and related problems.

The Iowa Board of Certification has partnered with the IC&RC to offer reciprocity to both prevention and treatment professionals and in doing so has adopted the standards set forth by the consortium.

The CPS credential is reciprocal with IC&RC so long as the Prevention Specialist/Advanced Prevention Specialist has passed the IC&RC exam. The ACPS (Advanced) credential is NOT reciprocal at an advanced level with IC&RC, however it would be considered reciprocal as a CPS.

PERFORMANCE DOMAINS

IC&RC standards fall into six Performance Domains, each containing a series of tasks related to the role of the prevention specialist. Each task is further defined by a set of knowledge and skill areas that a prevention specialist must have and practice in order to effectively perform his/her job. In order to assist you, not only in the certification process, but in more thoroughly understanding your role as a prevention specialist, the IC&RC Performance Domains are summarized below.

Domain I – Planning and Evaluation (weight on exam: 30%)

- Determine the level of community readiness for change
- Identify appropriated methods to gather relevant data for prevention planning
- Identify existing resources available to address the community needs
- Identify gaps in resources based on the assessment of community conditions
- Identify the target audience
- Identify factors that place persons in the target audience at greater risk for the identified problem
- Identify factors that provide protection or resilience for the target audience
- Determine priorities based on comprehensive community assessment
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes
- Select prevention strategies, programs and best practices to meet the identified needs of the community
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan
- Identify appropriate prevention program evaluation strategies
- Administer surveys/pre/posttests at work plan activities
- Conduct evaluation activities to document program fidelity
- Collect evaluation documentation for process and outcome measures
- Evaluate activities and identify opportunities to improve outcomes
- Utilize evaluation to enhance sustainability of prevention activities
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes
- Incorporate cultural responsiveness into all planning and evaluation activities
- Prepare and maintain reports, records and documents pertaining to funding sources

Domain II – Prevention Education and Service Delivery (weight on exam: 15%)

- Coordinate prevention activities
- Implement prevention education and skill development activities appropriate for the target audience
- Provide prevention education and skill development programs that contain accurate, relevant and timely content
- Maintain program fidelity when implementing evidence-based practices
- Serve as a resource to community members and organizations regarding prevention strategies and best practices

Domain III – Communication (weight on exam: 13%)

- Promote programs, services, activities and maintain good public relations
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care
- Identify marketing techniques for prevention programs
- Apply principles of effective listening
- Apply principles of public speaking
- Employ effective facilitation skills
- Communicate effectively with various audiences
- Demonstrate interpersonal communication competency

Domain IV – Community Organization (weight on exam: 15%)

- Identify the community demographics and norms
- Identify a diverse group of stakeholders to include in prevention programming activities
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities
- Offer guidance to stakeholders and community members in mobilizing for community change
- Participate in creating and sustaining community-based coalitions
- Develop or assist in developing content and materials for meetings and other related activities
- Develop strategic alliances with other service providers within the community
- Develop collaborative agreements with other service providers within the community
- Participate in behavioral health planning and activities

Domain V – Public Policy and Environmental Change (weight on exam: 12%)

- Provide resources, trainings, and consultations that promote environmental change
- Participate in enforcement initiatives to affect environmental change
- Participate in public policy development to affect environmental change
- Use media strategies to support policy change efforts in the community
- Collaborate with various community groups to develop and strengthen effective policy
- Advocate to bring about policy and/or environmental change

Domain VI – Professional Growth and Responsibility (weight on exam: 15%)

- Demonstrate knowledge of current prevention theory and practice
- Adhere to all legal, professional and ethical principles
- Demonstrate cultural responsiveness as a prevention professional
- Demonstrate self-care consistent with prevention messages
- Recognize importance of participation in professional associations locally, statewide, and nationally
- Demonstrate responsible and ethical use of public and private funds
- Advocate for health promotion across the life span
- Advocate for healthy and safe communities
- Demonstrate knowledge of current issues of addiction
- Demonstrate knowledge of current issues of mental, emotional and behavioral health

HOW TO CERTIFY AS A PREVENTION SPECIALIST

CERTIFICATION REQUIREMENTS FOR CPS

A. Experience

2000 clock hours of supervised experience in performing the Prevention Performance Domains of the Prevention Specialist.

- Document this according to instructions on Form 05-PS, "Professional Experience Resume."
- You must document 120 hours specific to the IC&RC Prevention Domains with a minimum of 10 hours in each domain. Document these hours according to instructions on Form 06-PS, "Documentation of IC&RC Prevention Domain Experience."

B. Education/Professional Responsibility

Professional responsibility means practicing ethical behavior, attaining knowledge in current research, recognizing cultural diversity, and modeling healthy behaviors.

A minimum of 120 hours of prevention specific education, including:

- Successful completion of the "Substance Abuse Prevention Specialist Training" (if this course is not available in the time frame necessary, contact the IBC office)
- 6 clock hours in an IBC-approved prevention ethics course
- 6 clock hours of training in special populations
- 3 clock hours of training in racial/ethnic
- 50 clock hours of training in ATOD specific training

Some of these clock hours may come from your college transcripts if the course content is applicable. Documentation of this will be according to instructions on Form 04-PS, "Educational Clock Hour Documentation."

Degree Requirement:

- Bachelor's Degree, or
- Associate of Arts Degree and an additional 35 clock hours of prevention-related training, or
- High School Diploma or GED, and an additional 48 clock hours of prevention-related training.

Documentation of these hours will be according to instructions on Form 03-PS, "Education Resume."

CERTIFICATION REQUIREMENTS FOR ADVANCED CPS (ACPS)

For Prevention Specialists with a Bachelor's degree and more specialized education/experience, the Advanced CPS credential may be preferred. IC&RC does not have an Advanced Prevention Specialist credential, so ACPS's in Iowa who have taken the IC&RC exam will be reciprocal through IC&RC at the CPS level.

Current CPS's may opt to upgrade to the ACPS by completing the ACPS Upgrade application found on the IBC website. New ACPS applicants need to complete the full ACPS application.

The applicable application for ACPS must be completed and needs to verify the following:

A. Experience

6000 clock hours (3 years full time) of supervised experience in performing the Prevention Performance Domains of the Prevention Specialist.

- Document this according to instructions on Form 05-ACPS, "Professional Experience Resume."
- You must document 120 hours specific to the IC&RC Prevention Domains with a minimum of 10 hours in each domain. Document these hours according to instructions on Form 06-ACPS, "Documentation of IC&RC Prevention Domain Experience."

B. Education/Professional Responsibility

Professional responsibility means practicing ethical behavior, attaining knowledge in current research, recognizing cultural diversity, and modeling healthy behaviors.

A minimum of 120 hours of prevention specific education as indicated for CPS. **In addition**, successful completion of 24 additional training/education hours as follows:

- 3 clock hours in use of technology in prevention (i.e. social media, website support, etc.)
- 3 clock hours in prevention applicable Ethics (in addition to the 6 hours in Prevention Ethics required for CPS)
- 6 clock hours in the Identification and Treatment of Substance Use Disorders (including SBIRT specific training)
- 3 clock hours in Stages of Change and Readiness
- 3 clock hours in Trauma Informed Care and ACES
- 6 clock hours in Coordination of Care (mental health/primary health issues related to substance abuse prevention)

Documentation of this will be according to instructions on Form 04-ACPS, "Educational Clock Hour Documentation." You can find a list of suggested online trainings in the instructional letter included with the application.

A minimum of a Bachelor's Degree is required.

C. Additional Requirements

The application process will include:

- Demonstration of experience providing a minimum of five advanced level prevention services (Form 08-ACPS)
- A narrative demonstrating understanding of (Form 09-ACPS):
 - Personal professional prevention philosophy
 - Resiliency and Recovery Oriented Systems of Care (RROSC)
 - The importance of the SPF and why it's a good way to do business
 - Continuum of care
 - Mental/physical/primary health integration with substance abuse prevention
 - Quality improvement implementation
 - Integration of cultural competency/responsiveness into programming
 - Collaboration with other prevention partners
- Three letters of recommendation from community partners (one can be a supervisor) confirming advanced work, collaboration on planning and implementation, and skill sets represented by applicant
- New applicants, as well as and current CPS's who have not taken the IC&RC exam, need to pass IC&RC's CPS exam. Current certified prevention specialists who have already taken this exam will not be required to test.

HOW TO APPLY

1. General

- **Read the ENTIRE Application Handbook, and contact all colleges/universities you've attended to request that they forward an original transcript to the IBC office via U.S. Mail.**
- **For new Applicants: Complete the application** which can be found on the IBC website. The application should be completed online, saved to your computer, then printed and mailed to the IBC office with the non-refundable fee of \$380.00 (this covers the application review, one exam and the first two years of certification), copies of certificates of completion and an official written job description. ***The application and its forms will expire one year from the date any portion of the application is received in the IBC office.***
- **For Applicants upgrading to ACPS:** Complete the upgrade application which can be found on the IBC website. The application should be completed online, saved to your computer, then printed and mailed to the IBC office with the non-refundable application

review fee of \$40.00. If you have not passed the IC&RC written/computer exam, include the \$140.00 test fee with your application. Once reviewed, IBC will contact you with next steps. ***The application and its forms will expire one year from the date any portion of the application is received in the IBC office.***

- **Checklist.** Verify the completeness of your application by reviewing the checklist on pages 27-28.
- When the application is received, the IBC office will notify the applicant to let them know if anything further is needed; if the application is complete, the applicant will be pre-registered for the exam.
- Questions? Contact the IBC office at 515-965-5509 or email at info@iowabc.org.

2. **Exam**

New applicants for CPS or ACPS will take the IC&RC national prevention (PS) test. The test covers information from the full description of domains, the study guide, and information from the additional resources listed in the study guide. A Study Guide is available for purchase from the IBC office.

The test consists of 150 multiple-choice questions and is focused on the five domains. Exam scores are accessed weekly and applicants are then notified of their exam score.

Current CPS's upgrading to ACPS do not need to take the exam.

CERTIFICATION APPEAL PROCEDURES

A. Appeal of the Denial for Certification

Every applicant shall be provided the opportunity to appeal the decision of the Board regarding the applicant's certification to the Committee on Ethics and Appeals.

If the applicant desires to appeal the decision of the Board regarding certification, the applicant shall send a written request for an appeal review meeting within thirty (30) days of receipt of the certified notice of denial of certification. The response shall be addressed to:

Iowa Board of Certification
225 NW School St.
Ankeny, IA 50023

B. Appeal Review Meeting

An appeal review meeting shall be held at a time and place fixed by the chairperson of the Committee on Ethics and Appeals.

- a. All appeal review meetings of the Committee on Ethics and Appeals shall be closed to the public. Only committee members, those invited by the committee to testify including the applicant, or staff members shall be in attendance.
- b. There shall be no contact prior to the appeal review meeting between the applicant and any member of the Committee on Ethics and Appeals for the purpose of discussing the appeal.
- c. The Committee on Ethics and Appeals shall review with the applicant the reasons for denial of certification and the applicant may present any information he or she feels is relevant.
- d. In making a decision on the validity of the appeal, the Committee on Ethics and Appeals shall consider only materials contained in the application as submitted and reviewed by IBC staff and the test score. The Committee on Ethics and Appeals may not consider additional materials presented by the applicant for the purposes of correcting deficiencies in the application.
- e. If an applicant who has requested an appeal review meeting, and upon whom proper notice of the meeting has been served, fails to appear for the meeting, the Committee shall proceed with the review and the applicant shall be bound by the results to the same extent as if the applicant had been present.
- f. The Board shall, at its next regular scheduled meeting, vote to accept or reject the recommendations of the Committee on Ethics and Appeals.
- g. The applicant shall be notified by certified mail within two weeks of the decision of the Board concerning the appeal.

CERTIFICATION PERIOD. The Iowa certification period encompasses two calendar years, commencing from the first day of the month which follows approval by the Iowa Board of Certification. Dates of validation are printed on the prevention specialist's certificate.

DUAL CERTIFICATION. To support those substance abuse professionals who wish to pursue more than one IBC credential, the certification fee of both credentials shall be discounted 25%.

This policy refers to IBC credentials only: Certified Alcohol and Drug Counselor (CADC) and Advanced Certified Alcohol and Drug Counselor/Non-Reciprocal (ACADC-NR), International Alcohol & Drug Counselor (IADC), International Advanced Alcohol & Drug Counselor (IAADC), Certified Prevention Specialist (CPS), Certified Gambling Treatment Counselor (CGTC), Certified Criminal Justice Professional (CCJP), Certified Co-Occurring Disorders Professional (CCDP and CCDP-D), Certified Treatment Assistant (CTA), Certified Mental Health Peer Support Specialist (MHPSS) and Certified Clinical Supervisor (CCS). CAPS National/state credentials do not apply.

CODE OF ETHICS FOR PREVENTION SPECIALISTS

Glossary of Terms

Board: The Iowa Board of Certification.

Client: A person who seeks or is assigned the services of a practitioner or counselor, regardless of the setting in which the practitioner or counselor works.

Complainant: A person who has filed an official complaint pursuant to these rules.

Disciplinary Proceeding: Any proceeding conducted under the authority of the Board.

Discipline: Any sanction of the Board may impose upon a counselor or prevention specialist for conduct, which denies or threatens to deny the citizens of this state a high standard of professional care.

Hearing Panel: A panel, comprised of directors of the Board, which conducts a disciplinary proceeding pursuant to these rules.

Recipient: A person who seeks or receives the services of a prevention specialist.

Reprimand: A formal written warning.

Respondent: Any individual charged in an official complaint with a violation of professional ethics.

Revocation: The permanent loss of certification.

Suspension: A time-limited loss of certification or of the privilege of making application for certification.

INTRODUCTION

All prevention specialists must subscribe to the IBC Code of Ethics upon application for certification. The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Violation of the IBC Code of Ethics shall be determined as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation which is harmful or detrimental to the profession or to the public.

SPECIFIC PRINCIPLES

Principle 1: Non-discrimination

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, sexual identity, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

Incompetence includes but is not limited to a substantial lack of knowledge or ability to discharge professional obligations within the scope of the prevention profession, or a substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.

- A. Professionals 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 to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy

- of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
- D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
 - E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.
 - F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
 - G. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
 - H. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Principle 3: Integrity

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.

- D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.
- E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.
 - 1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 - 2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.
 - 3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to make a determination on the application.
 - 4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.
 - 5. As employees or members of organizations, prevention specialists shall refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- F. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
 - 2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:
 - a. Failing to comply with a term, condition or limitation on a certification or license.
 - b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.

- d. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 - e. Using drugs while providing professional services.
- G. Prevention specialists make financial arrangements for services with service recipients and third-party payers that are reasonably understandable and conform to accepted professional practices. Prevention specialists:
- 1. Do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of program participants.
 - 2. Do not charge excessive fees for services.
 - 3. Disclose any fees to participants at the beginning of services.
 - 4. Do not enter into personal financial arrangements with direct program recipients.
 - 5. Represent facts truthfully to participants and funders
 - 6. Do not personally accept a private fee or any other gift or gratuity for professional work.
- H. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification, excluding minor traffic offenses, whether or not the case is pending an appeal.

Principle 4: Nature of Services

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- A. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.
- B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
 - 1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.

- a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.
 - b. Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.
 - c. Prevention specialists should not provide their personal contact information to direct program recipients, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums except in cases of agency/professional business
 2. It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
 4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.
 5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention Specialists must be aware of their influential position with respect to employees, supervisees, and direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients, their family members, employees or supervisees.

1. Soliciting and/or engaging in sexual conduct with direct prevention participants are prohibited.
 2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing “informal counseling” to a participant.)
 3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an “indicated population,” and also teaching an academic subject where they are class members.)
 4. Prevention specialists avoid bringing personal issues into the professional relationship. Through an awareness of the impact of stereotyping and discrimination, the prevention specialist guards the individual rights and personal dignity of participants.
- F. Prevention specialists make reasonable arrangements for the continuation of prevention services when transitioning to a new position or no longer able to provide that service.
- G. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

Principle 5: Confidentiality

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publically shall be distributed only in ways that protects the confidentiality of individual participants.

Principle 6: Ethical Obligations for Community and Society

According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual’s right to services

and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

Prevention Specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

Subscription to Code of Ethics

The applicant must subscribe to the Iowa Board of Certification's Code of Ethics for Prevention Specialists and so indicate by completing Form 02-PS.

1. Investigation and Hearing Procedures

Investigation of Allegations. The Committee on Ethics and Appeals, upon receipt of an official complaint or upon its own motion pursuant to other evidence received by the Board of the Committee, shall review and investigate alleged acts or omissions which the committee believes constitute cause for discipline.

- a. The voluntary surrendering of certification will not excuse a certified prevention specialist from being investigated or disciplined for an ethics violation.
- b. The chairperson of the Committee on Ethics and Appeals, or a committee or staff member designated by the chairperson, shall investigate the allegations of the complaint by contacting the party or parties involved and obtaining information in any other appropriate manner which will provide documentation upon which a decision for order of hearing may be based.
- c. Both the respondent and the complainant shall be furnished with information concerning the investigation of the complaint and shall be given the opportunity to informally present a position concerning the allegations of the complaint. This position may be submitted either in writing or through personal conference with the committee investigator.
- d. The identity of the complainant shall be revealed to the respondent unless circumstances govern the identity remain undisclosed. The Committee on Ethics and Appeals will determine the special circumstances.
- e. The committee investigator shall make a written report to the Committee on Ethics and Appeals as to whether there is probable cause for a disciplinary hearing.
- f. The Committee on Ethics and Appeals shall review the report of the investigator and make a determination to either:
 - Recommend to the President of the Board that a disciplinary hearing be held;
 - Provide a written response to the respondent and complainant explaining that no probable cause was found to recommend a disciplinary hearing; or

- Remand the matter to the investigator in order to obtain additional evidence sufficient upon which to base a decision.
- g. Upon receipt of an internal complaint, any Board or committee member may make a recommendation for an internal investigation. The investigation shall follow the procedures (A-D) listed above. The investigator shall submit a written report to the Board. The Board will then determine a dismissal of the internal complaint or any disciplinary sanctions.

Order for Hearing. Upon recommendation of the Committee on Ethics and Appeals, the President shall issue an order fixing a time and a place for an ethics hearing and shall appoint a hearing panel for the proceeding.

- a. The hearing panel shall be comprised of three directors of the Board, excluding the President and any other member having a conflict of interest in the matter. At least one of the three members of the hearing panel shall be certified.
- b. A written notice shall be sent by certified mail to both the complainant and the respondent at least ten days prior to the hearing.
- c. The notice of the hearing shall state:
 - The date, time, and location of the hearing;
 - The respondent may, at his or her expense, be represented by legal counsel at the hearing; and
 - The rules by which the hearing shall be governed.

Conduct of Hearing. The hearing shall be conducted in compliance with the following rules:

- a. The hearing shall be conducted by the Vice President for Quality Improvement, an impartial administrative law judge, attorney, or other person designated by the Vice President for Quality Improvement.
- b. The chairperson of the Committee on Ethics and Appeals, or a representative designated by the Committee on Ethics and Appeals, shall present information regarding the complaint before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate. However, witnesses shall only be present in the hearing during their testimony.
- c. The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.
- d. No discovery shall be permitted and no access to Board files shall be allowed by either the complainant or the respondent.
- e. There shall be no contact prior to the hearing between either the complainant or the respondent and any member of the hearing panel or director of the Board for the purpose of discussing the complaint. The Executive Director may act as a source of general information.
- f. The members of the hearing panel shall have the right to ask questions to obtain the information necessary to make an accurate determination of the facts of the case.
- g. The decision of the hearing panel shall be based solely upon the testimony and information presented at the hearing.

- h. The hearing shall be closed to the public, unless otherwise specified in the original notice. Board members and committee members who are not serving in an official capacity during the hearing shall not be present unless both the complainant and the respondent agree to such circumstances.
- i. A member of the IBC staff shall be responsible for record keeping at the hearing.
- j. The hearing shall be audio taped.

Failure by Respondent to Appear. If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing, the respondent shall be bound by the results of the hearing to the same extent as if the respondent had been present.

Right to Waive Hearing. At any time during the ethics investigation process, a respondent has the right to waive an ethics hearing. In so doing, the respondent accepts the allegations of an ethics violation(s) as correct. At its next scheduled regular meeting, the Board shall determine any disciplinary sanctions, the decision of the Board shall be final.

Deliberation of the Hearing Panel. Once the chairperson of the Committee on Ethics and Appeals or a representative designee has presented the case information, the complainant and the respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet alone to discuss the facts. The complainant, respondent, chairperson of the Committee on Ethics and Appeals or a representative designee, witnesses, and other parties involved will remain in the area in the event the hearing panel needs additional clarification. A member of the IBC staff is permitted to be present during deliberation, although he or she cannot participate in the discussion.

Decision of the Hearing Panel. The hearing panel shall make the determination regarding violation and disciplinary sanctions.

The hearing panel shall submit a written report to the IBC office which shall include:

- a. A concise statement of the findings of fact;
- b. A conclusion as to whether the specific Principles have been violated, and if so, which Principles; and
- c. If the hearing panel concludes that a violation has occurred, the disciplinary sanction to be imposed.

Method of Discipline. The Board may impose the following disciplinary sanctions:

- a. Revocation;
- b. Suspension of certification or application privileges until further order of the Board or for a specified period of time;
- c. Reprimand; or

- d. Other sanctions which may be deemed appropriate by the Board.

Discretion of the Board. The following factors may be considered by the Board in determining the nature and severity of the disciplinary sanction to be imposed:

- a. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
- b. The facts of the particular violation;
- c. Any extenuating circumstances or other counter-vailing considerations;
- d. The number of complaints;
- e. The seriousness of prior violations or complaints;
- f. Whether remedial action has previously been taken; or
- g. Other factors which may reflect upon the competency, ethical standards and professional conduct of the individual.

Announcement of Decision. At its next scheduled regular meeting, the Board shall be notified of the hearing panel's decision. The decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested. Each director of the Board shall also receive a copy of the decision.

Confidentiality. At no time prior to the release of the decision by the hearing panel shall any portion or the whole thereof of any action be made public or be distributed to any persons other than the directors of the Board, its Committee on Ethics and Appeals, and its staff.

Publication of Decisions. The decision in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board if a violation was found. IBC will report a disciplinary action against certified professionals to the Iowa Department of Public Health-Division of Substance Abuse and Health Promotion.

Reinstatement. An individual who has received a sanction for suspension of certification or of application privileges for certification may apply to the Board for reinstatement in accordance with the terms and conditions of the order of sanction.

- a. If the order of sanction did not establish terms and conditions for reinstatement, an initial application for reinstatement may not be made until one year has lapsed from the date of the Board's final decision.
- b. A request for reinstatement shall be initiated by the respondent. A letter of application for reinstatement shall present facts which, if established, will be sufficient to enable the Board to determine that the basis for sanction no longer exists.

Possible Consideration Following Revocation. It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation.

- a. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
- b. Permission to seek certification following revocation is granted solely within the discretion of the Board.

Notice of Right to Appeal. The respondent has the right to appeal the hearing panel's decision. The hearing panel shall provide notice to the respondent that he or she may file an appeal of the hearing panel's decision.

Filing of Appeal. Appeals must be postmarked or personally delivered to IBC within thirty (30) days of receiving the certified notice of the hearing panel's decision. Appeals shall be addressed to:

Iowa Board of Certification
225 NW School St.
Ankeny, IA 50023

Administrative Fee for Appeals. A non-refundable administrative fee must be submitted to IBC with the party's written appeal.

Content of Appeal. The appeal shall contain the following information.

- a. Name, address, and telephone number of appealing party;
- b. A written statement of the reasons supporting the appealing party's dissatisfaction with the hearing panel's decision;
- c. A statement of the relief desired by the appealing party;
- d. Copies of all relevant documents;
- e. Signature of the appealing party.

Review and Adjudication of Appeal. The directors of the Board, excluding any member having a conflict of interest in the matter, will review the case within seventy-five (75) days of receipt of the request for appeal. The original hearing panel members may participate in the review with at least one member representing the hearing panel's decision.

The Board shall make the determination to do one of the following.

- a. Uphold the decision of the hearing panel;
- b. Overturn or otherwise alter the decision of the hearing panel; or
- c. Recommend a new hearing.

Final Decision. If no request for an appeal is made within the required time frame stated above, the decision of the hearing panel shall be final. Once the appeal process is completed, the decision of the Board shall be final.

HOW TO RECERTIFY AS A PREVENTION SPECIALIST

Certification must be renewed every two years. Dates of validation are printed on the certificate. Recertification is a continuous process which involves earning continuing education credit on an ongoing basis, as well as submission of the recertification application.

Recertification applications can be found on IBC's website at www.iowabc.org, and may be completed online. In addition, certified professionals may check their recertification expiration date on the website. **Please note: it is the responsibility of the certified professional to keep track of recertification dates and to make timely application for recertification. Recertification reminders will not be sent.**

An application for recertification will include the following:

- Completion of both pages of the "Application for Recertification." This form can be found on the IBC website and needs to be completed online, saved to the applicant's computer then emailed (or mailed) to the IBC office.
- All continuing education hours must be completed within the validation dates shown on the certificate. While certificates of completion do not need to be included with the recertification application, it is advised that these be retained by the applicant in case the applicant's recertification is audited and the applicant is required to then send them to the IBC office.
- Submission of the recertification fee, as well as applicable CEU processing fees and the late penalty fee, if applicable. Fees may be paid by check, money order, cash at the IBC office or it may be paid on the IBC website via Dwolla.

Professional Development Requirements

Certified Prevention Specialists must obtain 40 clock hours of continuing education during the two-year certification period to qualify for recertification, and must meet the following criteria:

- Three (3) clock hours must be in ethics (moral conduct as described in the IBC Code of Ethics)
- The remaining hours must be in training relevant to the position of a Prevention Specialist.

No more than 20 clock hours may be earned through distance learning.

There is a \$15.00 CEU approval fee per workshop which is either not IBC approved or is obtained via distance learning which must be submitted to IBC at the time of recertification.

Up to 10 hours of credit may be obtained for in-service trainings which have been IBC-approved.

To receive college credit for clock hours a minimum grade of “C” is required. One semester hour equal fifteen (15) clock hours. One quarter hour equals ten (10) clock hours.

The required forty (40) clock hours may be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home study courses may be included.

Category A – Attending Formal Trainings

A minimum of 25 clock hours must be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home-study courses may be included.

Prevention Specialists will be assessed \$15.00 per submitted workshop that has not been IBC approved (see definition). The fee is not charged for college courses submitted for IBC credit. IBC approved training is listed on our web site at www.iowabc.org.

Category B – Teaching Other Professionals

A maximum of 15 clock hours may be obtained in this category. The number of hours awarded will be equal to the number of hours spent in actual teaching time. For repeated workshop presentations offered by a Prevention Specialist as the presenter, a maximum of 15 clock hours may be received per certification period.

Category C – Participatory Learning Experiences/Community Involvement

Prior approval is recommended. A maximum of 15 clock hours may be obtained in this category which includes documented credit for direct participation (i.e. public speaking or volunteering in a professional capacity) with substance abuse or community boards, committees, or task forces, as well as independent peer review. Volunteering as a parent, such as a teacher’s assistant or Cub Scout leader, DOES NOT qualify for credit.

The intent of this category is to encourage Prevention Specialists to participate in the community in a professional capacity to promote the profession and the welfare of the public.

General Guidelines for Recertification

- A. The content of all courses on continuing education must be relevant to the IC&RC Prevention Specialist Domains as listed in the Handbook.
- B. The following is an example of continuing education that will NOT receive IBC credit:
 - 1. Parenting or other programs that are designed for lay people
 - 2. Living skills
 - 3. Orientation programs, meaning a specific series of activities designed to familiarize employees with the policies and procedures of an institution

- C. Professional Development clock hours exclude non-program time such as coffee breaks, social hours, time allocated for meals, etc.
- D. The 40 clock hours must be obtained within each certification period. Credit obtained prior to the date of submission of the last certification or recertification packet will not be accepted toward recertification.
- E. Professional Development clock hours are not cumulative. Therefore, additional hours earned during one certification period will not be accepted for the next period.
- F. One approved college or university semester hour credit is the equivalent of 15 clock hours, and one approved college or university quarter hour credit is the equivalent of 10 clock hours. **If using college hours, an original transcript must be sent from the college/university directly to the IBC office via U.S. Mail.**
- G. One cannot repeat an identical Professional Development course within his or her recertification period.
- H. The minimum acceptable unit of credit for any single experience is one clock hour.
- I. It is the responsibility of each Prevention Specialist to maintain records of his/her Professional Development credit. IBC does not keep records of a Prevention Specialist's credits.
- J. Recertification applications will be audited; if chosen for an audit, the applicant will be required to submit copies of his/her certificates of completion to the IBC office with 30 days of notification of audit.

Late Penalties

1. All applications for recertification must be emailed or postmarked on or before the date of expiration. A 45-day grace period following the certification expiration date is allowed, during which time the late fee will be due. If the Application for Recertification is not emailed/postmarked on or before the 45th day of the grace period, the certification shall expire.
2. During the probationary period of the certification, the Prevention Specialist may choose to do one of the following:
 - a. Activate the certification by submitting the required documentation of Professional Development, the recertification fee and a late penalty fee of \$100.00;
 - b. Apply for voluntary inactive status, if applicable; or

- c. Allow the certification to lapse. Certification will lapse on the 46th day. If certification is allowed to lapse, the Prevention Specialist may again apply for certification whenever he or she believes that the criteria can be met.

Continuing Education Definitions

Alcohol & Drug Specific: The history, uses, trends and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco and various other substances as well as the psychological and social aspects of substance abuse.

CEU: Literally means a “continuing education unit” and is synonymous with “clock hour.”

Clock Hour: Sixty minutes of participation in an organized learning experience.

Continuing Education: The variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Distance Learning: Education that is obtained via internet, home study programs, videos, or other means in which the Prevention Specialist works independently from an instructor and classroom.

Ethics: Moral and ethical conduct as described in the IBC Code of Ethics.

IBC-Approved: When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEUs for all participants.

In-Service Training: The education and training which occurs within the applicant’s agency, *only for* agency staff and conducted *only by* agency staff.

Racial/Ethnic: Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

Relevant Content: Content relevant to the development and maintenance of current competency in the delivery of alcohol and drug prevention. Such course content may include but is not limited to, the Prevention Domains as defined in the Handbook.

Special Populations: Substance abuse training in working with recipients from various populations who are unique in their needs. The groups that are protected from discrimination (such as age, race, creed, gender, economic status) as well as sexual orientation and the criminal justice population will be considered Special Populations.

Sponsor: An organization or presenter seeking IBC hours for all participants at a specific workshop

Voluntary Inactive Status

The Iowa Board of Certification will grant inactive certification status under the following circumstances:

1. Behavior-Medical problems
2. Maternity, paternity or family
3. Education
4. Military service
5. Other valid reasons

Inactive certification status is intended for the Certified Prevention Specialist who is currently not working as a prevention specialist, yet plans to someday return to the prevention field.

Instructions. IBC certified individuals desiring inactive certification status shall send a letter of request to the IBC office which will include:

1. Current home address and telephone number.
2. Reason for request.
3. Final date of employment in the prevention field.
4. Anticipated date of return to employment in the prevention field.
5. Applicable fees.

Fees. The following fees must be remitted in order to obtain inactive certification status and reactivation of certification:

1. The enrollment fee of \$25.00 (for the first year of inactive status).
2. The fee for inactive certification status is \$60.00 annually. To maintain certification status, the fee shall be due annually on the inactive certification status expiration date.
3. The reactivation of certification fee is the same fee as for recertification.

Rights, Limitations and Responsibilities

1. While on inactive certification status, an individual shall continue to receive all bulletins, newsletters and other communications from IBC.
2. Inactive individuals are expected to subscribe to any of the aspects of the IBC Code of Ethics which are applicable during the period of inactive certification status.
3. The inactive individual may not use the initials of a certified prevention specialist.
4. Individuals on inactive status are not eligible for reciprocity.
5. The inactive individual must notify IBC immediately upon returning to work in the prevention field. Failure to notify the Board within thirty (30) days of returning to prevention employment will constitute a violation of the IBC Code of Ethics and will result in referral to the Board's Ethics and Appeals Committee for investigation, in accordance with the procedures outlined in the Code of Ethics.

Reactivation. To restore to active certification, the application for recertification must be submitted along with the applicable recertification fee.

RECIPROCITY

Iowa prevention specialists who are certified at the reciprocal level (those who have taken and passed the IC&RC exam) may apply for reciprocity to any certification board that is a member of the prevention credential with the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC).

IC&RC does not have an Advanced Prevention Specialist credential, so ACPS's in Iowa who have taken the IC&RC exam will be reciprocal through IC&RC at the CPS level.

The reciprocity fee is made payable to the IC&RC. Applications for reciprocity can be found on IBC's web site, and shall be sent directly to the IBC.

Prevention boards that are currently members of the IC&RC are listed on their website, at www.icrcaoda.org.

Applicants for reciprocity should seek guidance on the process from the state in which they are credentialed. To obtain more information, please contact the IBC office.

CHECKLIST FOR CPS

The completed application for CPS sent to the Iowa Board of Certification needs to include the following:

- ___ 1. Form 01-PS “Applicant Information”
- ___ 2. Form 02-PS “Assurances and Release”
- ___ 3. Form 03-PS “Professional Experience”
(One form and job description for each relevant position)
- ___ 4. Form 04-PS “Education Clock Hour Documentation”
 - ___ Substance Abuse Prevention Specialist Training (SAPST)
 - ___ 6 hours Special Populations
 - ___ 6 hours Prevention Ethics
 - ___ 3 hours Racial/Ethnic
 - ___ 50 hours ATOD Specific
 - ___ Prevention Related Training
- ___ 5. Form 05-PS “Professional Responsibility Clock Hour Documentation”
- ___ 6. Form 06-PS “Education Resume”
- ___ 7. Form 07-PS “Applicant Statement”
- ___ 8. Original college transcript sent directly to IBC from institution via U.S. Mail
(If applicable)
- ___ 9. Written job description
- ___ 10. Form 10-PS “Supervisor Evaluation”
- ___ 11. \$380.00 non-refundable fee (covers application review, one exam and first two years of certification)

CHECKLIST FOR ACPS

The completed application for ACPS sent to the Iowa Board of Certification needs to include the following:

- ___ 1. Form 01-ACPS “Applicant Information”
- ___ 2. Form 02-ACPS “Assurances and Release”
- ___ 3. Form 03-ACPS “Education/Professional Experience”
(One form and job description for each relevant position)
- ___ 4. Form 04-ACPS “Education Clock Hour Documentation”
 - ___ Substance Abuse Prevention Specialist Training (SAPST)
 - ___ 6 hours Special Populations
 - ___ 6 hours Prevention Ethics
 - ___ 3 hours Racial/Ethnic
 - ___ 50 hours ATOD Specific
 - ___ Prevention Related Training
 - ___ 3 clock hours in use of technology in prevention (i.e. social media, website support, etc.)
 - ___ 3 clock hours in prevention applicable Ethics (in addition to the 6 hours in Prevention Ethics required for CPS)
 - ___ 6 clock hours in the Identification and Treatment of Substance Use Disorders (including SBIRT specific training)
 - ___ 3 clock hours in Stages of Change and Readiness
 - ___ 3 clock hours in Trauma Informed Care and ACPS
 - ___ 6 clock hours in Coordination of Care (mental health/primary health issues related to substance abuse prevention)
- ___ 5. Form 05-ACPS “Professional Responsibility Clock Hour Documentation”
- ___ 6. Form 06-ACPS “Education Resume”
- ___ 7. Form 07-ACPS “Applicant Statement”
- ___ 8. Form 08-ACPS “Demonstration of experience providing a minimum of five advanced level prevention services”
- ___ 9. Form 09-ACPS “Narrative”
- ___ 10. Original college transcript sent directly to IBC from institution via U.S. Mail
(If applicable)
- ___ 11. Written job description
- ___ 12. Form 10-ACPS “Supervisor Evaluation”
- ___ 13. \$380.00 non-refundable fee (covers application review, one exam and first two years of certification). If upgrading from CPS, only the \$40.00 review fee needs to be sent with the application.

IC&RC RECIPROCAL STATES/COUNTRIES

Following is the current list of states/countries that carry the CPS credential:

U.S.

Alabama	Kentucky	Pennsylvania
Arizona	Louisiana	Rhode Island
Arkansas	Maine	Puerto Rico
California	Massachusetts	South Carolina
Colorado	Michigan	South Dakota
Connecticut	Minnesota	Tennessee
Delaware	Mississippi	Texas
District of Columbia	Missouri	U.S. Army
Florida	New Hampshire	U.S. Navy
Georgia	New Jersey	Utah
Hawaii	New Mexico	Virginia
Idaho	New York	Washington
Illinois	North Carolina	West Virginia
Indiana	Ohio	Wisconsin
Iowa	Oklahoma	
Kansas	Oregon	

International

Bermuda
Canada
Greece, Malta, Cyprus, Bulgaria
Iceland/Nordic/Baltic
Mexico