

**This application should be used by current CPS applicants
who wish to upgrade to ACPS**



Dear Advanced Prevention Specialist (ACPS) Upgrade Applicant:

Thank you for your interest in upgrading your prevention certification through the Iowa Board of Certification; you are to be commended for your commitment to the field by seeking a higher level credential. Please note that this credential is not reciprocal with other IC&RC member boards, however if you are currently not certified at the CPS reciprocal level, once you pass the IC&RC exam, you could use reciprocity to another state as a CPS.

Because you are already certified with IBC and have already submitted much of the information that we need, we are enclosing a simpler application for your completion.

You are allowed one year to complete your application, starting from the date that any portion of this application is received in the IBC office; this includes meeting all education, experience and supervision requirements, payment of fees, with every form complete. Your completed application will include:

- Form 01
- Form 02 (signed and dated)
- Form 4 & copies of certificates of completion for training since your last certification or recertification application (do not send originals)
- Form 05
- Form 06
- Form 08
- Form 09
- Form 10
- Three letters of recommendation from community partners (one may be from a supervisor) confirming advanced work, collaboration on planning and implementation, and skill sets you have demonstrated. These should be sent directly from the writer to the IBC office.
- Non-refundable Application Review fee of \$40.00
- If you have not passed the IC&RC exam, also include the \$140.00 non-refundable test fee.

Once we receive your application, we will review it and let you know that:

1. More items are still needed, or
2. It is complete – we'll then advise you of next steps.

COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print **one-sided** (**we will not review applications that have been printed 2-sided**) and mail the application with original signatures, copies of your certificates of completion, your official written job description and fee (if paying by check) to the IBC office. ALWAYS SAVE A COPY OF YOUR COMPLETED APPLICATION ON YOUR COMPUTER.

If you do need to test, you can find a free study guide on our website to help you prepare for the exam. A practice exam is now available and may be paid for on IC&RC's website at www.internationalcredentialing.org: click on "Are You A Professional," then on "Exam" and then on "Prep." The cost of this practice exam is \$49.00 and is paid directly to IC&RC.

Exam scores are accessed weekly. Once we receive your passing exam score, your certificate will be mailed to you and you may then begin using the initials “APS” according to the validation dates shown on your certificate.

Your certification will be valid for two years and any fees currently paid toward your CPS will be pro-rated into your new APS certification fee. It is **your responsibility** to keep track of your recertification date – reminders will not be sent. The recertification application can be found on our web site at www.iowabc.org and may be completed online, then emailed to us. Taking coursework throughout the two-year certification period is advised so that you are not rushed getting recertification hours at the last minute. ***The recertification application must be emailed or postmarked on or before the expiration date shown on your certificate or the \$50.00 late fee will be due.*** A 45-day probationary period is allowed from the date of expiration, at which time the certification is expired and may be obtained again by going through the entire application process anew.

Please note that IBC sends out emails and text messages to keep you informed of information relevant to your certification. ***Be sure that you are able to receive emails from us***, and notify the IBC office if your email changes. You also need to contact the IBC office if your name, address, phone or work information changes so that our databases are up to date. You may test [ibc4me to 33222](#) to opt in for text messaging.

We understand that the certification process can seem a bit daunting, so do feel free to call our office at any time with questions.

Sincerely,

Debbie Gilbert

Debbie Gilbert, MPA
Executive Director



ADVANCED PREVENTION SPECIALIST UPGRADE APPLICATION

Form 01-APS: Applicant Information

(All spaces on this form must be completed)

Name (as you wish to have it on your certificate) _____

Other last names you have used: _____

Home Address _____

City, State, Zip Code _____

Telephone Number _____ Cell _____

Email _____ Note: IBC will occasionally send text messages to your cell phone with relevant news. Check here if you do not wish to receive text messages from IBC: _____. You may also text [ibc4me to 33222](tel:33222) to opt in for texting.

Current Place of Employment _____

Address _____

City, State, Zip Code _____

Telephone Number _____ Job Title _____

Email _____

Have you ever had any credential (i.e. license, certification, endorsement, etc.) revoked, suspended or sanctioned? Yes ____ No ____ (If so, **indicate on the back of this form:** what credential, when, where, for what reason and the current status of this credential)

List any professional certificates or licenses you presently hold and the states in which they are valid.

I have given the supervisor's evaluation form to:

Name _____ Telephone _____

Agency _____

Address _____

City, State, Zip Code _____ Email _____

NOTE: IBC reserves the right to request further information from employers, organizations, and persons who may have pertinent information regarding this application.

Be sure to include the \$40.00 application review fee, along with the \$140.00 exam fee if you have not passed IC&RC's written/computer exam.

Please check one --- I am paying by: Check ____ Cash ____ Online via debit/credit/Paypal ____

Applicant Name _____

Form 02-APS Upgrade: ASSURANCES AND RELEASES

Note: Sign and date this form just prior to sending your completed application to IBC. ***The date shown below will be used to count applicable experience hours.***

I give permission for the Iowa Board of Certification (IBC), its committees, and staff to investigate my background as it relates to statements contained in this application for prevention certification.

I understand that false or misleading statements or omissions will result in the denial or revocation of certification as these actions are a violation of the IBC Code of Ethics.

I consent to the release of information contained in my application file and any other pertinent data submitted to or collected by IBC to its officers, committee members, and staff.

I certify that I have read this entire application and that all the material contained herein is my own work and is true and complete.

I certify that I have read and subscribed to the IBC Code of Ethics for Prevention Specialists.

I further agree to hold IBC, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or the failure of IBC to issue certification.

I give my permission to IBC, its committees, or representatives to contact or question, as necessary, any person, institution or organization for any ethics or appeal investigation.

Signature

Date

Applicant Name _____

Form 04-APS Upgrade: EDUCATION DOCUMENTATION

You must submit a COPY of your certificate of completion for each training listed below – do not send your original certificate. You are welcome to make additional copies of this form. Definitions of the categories can be found in the CPS Handbook.

Training Date	Title of Training	SAPST	ATOD	Prev. Ethics	Special Pops	Racial/Ethnic	Other

(FOR OFFICE USE ONLY)

Total # of clock hours approved: SAPST_____ ATOD_____ E_____ SP_____ R/E_____ O_____

Applicant Name _____

Form 04-APS Upgrade: ADDITIONAL EDUCATION DOCUMENTATION

You must submit a COPY of your certificate of completion for each training listed below – do not send your original certificate. You are welcome to make additional copies of this form.

Training Date	Title of Training	Tech. in Prev. (3)	Prev. Applicable Ethics (3)	ID & Treatment of SUD/SBIRT (6)	Stages of Change & Readiness (3)	Trauma Inform. Care/ ACES (3)	Coord. of Care (6)

(FOR OFFICE USE ONLY)

Total # of clock hours approved: Tech_____ E_____ SUD_____ S_____ TC_____ CC_____

Applicant Name _____

Form 05-APS Upgrade: PROFESSIONAL EXPERIENCE RESUME

INSTRUCTIONS: Use this form to describe your professional experience as a prevention specialist. A minimum of 6000 hours experience is required (3 years full-time). Use one copy of this form for each relevant position. **You must attach an official job description for each position.**

Agency Name _____

Address _____

City, State, Zip Code _____

Telephone Number (_____) _____

Position Title _____

Hours worked per week _____

Exact Dates of Experience: From _____ to _____

Total Experience Time: Years _____ Months _____

What percentage of your time in this position was spent performing Prevention Specialist duties? _____%

Direct Supervisor's Name/Email: _____

I have reviewed this completed form and attest all information on the form is accurate. By signing below, I am indicating that I recommend this applicant for a CPS credential and attest that he/she is an employee in good standing with our agency.

Supervisor's Signature

Date

Note to Supervisor: Do not sign this form until it is completed by the applicant.

Applicant Name _____

Form 06-APS Upgrade: DOCUMENTATION OF PERFORMANCE DOMAIN EXPERIENCE

INSTRUCTIONS: On this form, document the **120 experience hours** required for Prevention Specialist certification.

These hours are not in addition to, but are part of, the basic experience requirements listed in the handbook.

The time spent performing each domain, with a **minimum of ten (10) experience hours in each domain**, should be documented. This form must be signed by your supervisor or preceptor.

DOMAIN	# HOURS	AGENCY	EXAMPLES OF ACTIVITIES YOU PERFORMED IN THIS DOMAIN
Planning & Evaluation			
Prevention Ed and Service Delivery			
Communication			
Community Organization			
Public Policy & Environmental Change			
Professional Growth & Responsibility			

Total Service Hours _____

As this applicant's supervisor, I attest that all of the above information is accurate.

Signature of Supervisor _____ Date _____

Applicant Name _____

Form 08-APS Upgrade: VERIFICATION OF ADVANCED LEVEL SERVICES

The chart below provides a list of services that are considered to be advanced level prevention services. Please complete the chart below to identify which services you have provided. Documentation may be requested for items noted if more detail is needed. A minimum of **five areas** of advanced level prevention services are needed to obtain the Certified Advanced Prevention Specialist Credential.

Advanced Level Prevention Services	Check if you have provided this strategy	Please describe in detail the specific service(s) provided, your role in this service and the outcome of the services provided.
Community Assessment		
Capacity Building		
Program/Strategy Planning		
Evaluation		
Sustainability		
Policy Change Strategies		
Professional Training Facilitation		
Supervision of staff, prevention volunteers, interns, etc.		
Grant writing		
Providing technical assistance to groups to support implementation of the Strategic Prevention Framework		
Screening and Brief Intervention and Referral to Treatment Promotion or Services		
Integration of advanced technology tools in provision of prevention services		

Applicant Name _____

Form 09-APS Upgrade: NARRATIVE

Narrative Scoring:

A minimum of 27 of 45 possible points is required for the narrative section before an applicant can be approved for Advanced Prevention Specialist Certification. ***Be sure to review for errors before submitting.***

Outstanding (5): The applicant explicitly addresses the question by providing comprehensive descriptions, thorough details, and examples. Relevant examples and data are included to support the information presented. The applicant demonstrates a strong understanding of the topic and the level of detail reinforces each response clearly.

Very Good (4): The applicant provides significant descriptions and relevant details in addressing the question, but the response is not fully comprehensive. The applicant demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to specify what makes the response better than acceptable but not up to the standards of outstanding.

Acceptable (3): The applicant provides a basic response to the question but does not include enough detail or pertinent examples. Key descriptions, details, and examples are limited. The applicant does not effectively identify a comprehensive understanding of the issue.

Marginal (2): The applicant provides minimal details and insufficient descriptions that do not completely answer the question. Limited information is presented or the applicant merely repeats information included in the question. The applicant may answer part of the question but misses a key point or there are major gaps in the information presented.

Unacceptable (0): The applicant does not explicitly address the question. The applicant states the question, but does not elaborate on the response. The applicant skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is completely deficient in addressing the question.

Address and number the following topics and attach it to your application (max 5 pages, double spaced, 1 inch margins, 12 point font). **Note: 5 point score maximum per question.**

1. Share your individual professional Prevention Philosophy.
2. What is your understanding of a Resiliency and Recovery Oriented System of Care (RROSC) and how it applies to the prevention services we need to provide?
3. Explain your understanding of how to implement the Strategic Prevention Framework and how it can improve the effectiveness of prevention services.
4. What is your understanding of prevention's place in the Institute of Medicine's Continuum of Care?
5. Describe how you see substance abuse prevention services collaborated or coordinated with mental and physical health services.
6. Describe specific ways that you have used a quality improvement process for prevention services you provide.
7. Provide specific examples of how you have addressed cultural competency/responsiveness in prevention services among various age groups, and describe if the target population was responsive to the service.
8. Provide specific examples of your collaboration with partners within your community/service area and/or statewide.
9. Describe ways you have demonstrated leadership in the prevention field.

Applicant Name _____

Form 10-PS Upgrade: SUPERVISOR'S EVALUATION

Instructions: The Iowa Board of Certification believes that certification should be based on input from a variety of sources, including the observations of persons who supervise the application. For this reason, all applicants are required to obtain a supervisor's evaluation from their direct supervisor.

This form may be completed online, printed, signed and mailed directly to the IBC office:

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

Supervisor's Name _____

Supervisor's Professional Credential(s) _____

Agency _____

Address _____

Job Title _____

Phone Number _____

Email Address _____

Length of time you have known this applicant _____

Length of time you have provided direct supervision of this applicant's prevention delivery skills:

Month _____ Year _____ to Month _____ Year _____

By signing, I recommend this applicant as an Advanced Prevention Specialist, am indicating that he/she is an employee in good standing with our agency, and attest that the information on this form is accurate.

Supervisor Signature _____ Date _____

Note to Supervisor: If you are aware of any ethical violations by this applicant, it is your responsibility to report this to the Iowa Board of Certification.



FEES FOR CERTIFIED PREVENTION SPECIALISTS **(CPS and APS)**

Application review, test fee, 2 years certification (<u>non-refundable</u>)	\$400.00
Test Fee (required for CPS and any APS who has not passed the IC&RC exam)	\$140.00
APS upgrade application review	\$ 40.00
Dual Certification	\$165.00
CEU Processing (per workshop via online learning or not IBC-approved for <u>recertification</u>)	\$ 15.00
Recertification (2 years)	\$220.00
Dual Recertification	\$165.00
Late Recertification Penalty (if not emailed/postmarked on or before expiration date)	\$ 50.00
Inactive Status (one year_	\$ 85.00
Reactivation of Certification after being Inactive	\$220.00
Printed Certificate	\$ 10.00
Returned Check Fee	\$ 35.00

IC&RC Prevention Specialist Reference List

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3. Benard, B. (2004). *Resiliency: What We Have Learned* (1st ed.). San Francisco: WestED.
4. Center for Substance Abuse Prevention. (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.ncspfsig.org/Project_Docs/2009%20Evidence-based%20guidance%20document.pdf.
5. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Primer Series*. Retrieved from <http://www.cadca.org/resources/series/Primer>
Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals. (2010). Retrieved from <http://www.cadca.org/resources/detail/assessment-primer>.
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Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan. (2012). Retrieved from <http://www.cadca.org/resources/detail/cultural-competence>
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People Power: Mobilizing Communities for Policy Change. (2012). Retrieved from <http://www.cadca.org/resources/detail/people-power-mobilizing-communities-policy-change>
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8. Compton, M. (2010). *Clinical Manual of Prevention in Mental Health*. Washington, DC: American Psychiatric Publishing, Inc.
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11. National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. Retrieved from http://books.nap.edu/openbook.php?record_id=12480.
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