

Dear Advanced Prevention Specialist (ACPS) Applicant:



Thank you for your interest in prevention certification through the Iowa Board of Certification (IBC). IBC exists to enhance the quality of substance abuse services in Iowa by certifying alcohol and drug professionals in the State of Iowa, and you are to be commended for your commitment to the field by seeking certification.

***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. Once your application is complete, you will be notified that you are being pre-registered for the exam; you will then have one year to pass the exam. If you're not able to meet either of these timeframes, you will need to complete a new application.

To efficiently move through the application process, you need to follow these steps:

- **Read this letter thoroughly**
- Review the CPS Handbook (available on the website at [www.iowabc.org](http://www.iowabc.org)) so that you are familiar with requirements, processes and IBC's Code of Ethics. By signing your application on Form 02, you attest you are subscribing to IBC's Code of Ethics.
- Order transcripts from any college/university you've attended; transcripts need to be sent directly from the school to our office via U.S. Mail (**student-issued or faxed/mailed transcripts will not be accepted**)
- COMPLETE THE ATTACHED APPLICATION ON YOUR COMPUTER, save it, then print (**be sure to print it one-sided only – 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.
- Be sure your completed application includes:
  - Completed and signed/dated Forms 01, 02, 03, 04, 05, 06, 07, 08, 09, 10
  - Copies of certificates of completion (do not send originals)
  - An official written job description
  - 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.
  - The non-refundable fee of \$400.00 must be submitted with the application (includes the application review, one test fee and the first two years of certification). This fee can be paid with a personal check, paid in cash at the IBC office or you may pay on our website's home page with Dwolla.
- Be sure to have your supervisor complete the Supervisor's Evaluation (Form 10) for you. Your supervisor has two options: you may either print the blank Form 10 from your application and give this to your supervisor to complete and mail to IBC, or your supervisor may find a fillable version of the evaluation on the IBC website under the "Certifications/Recertifications" tab. The evaluation may be completed online and mailed with your supervisor's original signature to the IBC office.

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 and you're eligible to test.

Please note that a free study guide is available on the IBC website.

A practice exam is also available through IC&RC – information about this can be found on the IBC website.

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 “ACPS” according to the validation dates shown on your certificate.

Your certification is valid for two years. 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](http://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 periodic emails and texts 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 can also opt in for text messages at any time by texting ***ibc4me at 33222.***

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

Congratulations on taking the first step toward certification!

Sincerely,

*Debbie Gilbert*

Debbie Gilbert, MPA  
Executive Director



**ADVANCED PREVENTION SPECIALIST**  
**Form 01-ACPS: Applicant Information**  
**(All spaces on this form must be completed)**

**Name** (exactly as it appears on your DL) \_\_\_\_\_

Other last names you have used: \_\_\_\_\_

**Home Address** (exactly as it appears on your DL) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ 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** 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.

The \$400.00 non-refundable fee is due with this application (includes application review, one exam fee and 2-year certification fee).

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

Applicant Name \_\_\_\_\_

**Form 02-ACPS: 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 03-ACPS: EDUCATION RESUME**

**INSTRUCTIONS:**

1. List below all formal educational programs/colleges attended. **Do NOT include workshops/trainings attended – these are to be listed on Form 04.**
2. Supply an **official copy** of ALL your college transcripts. **We will only review transcripts that are sent directly from the institution to IBC via U.S. Mail.**
3. To help us locate your transcripts when they arrive, please list any other last names you used when attending school: \_\_\_\_\_

Institution	Major	Degree	Date Completed

Applicant Name \_\_\_\_\_

**Form 04-ACPS: PROFESSIONAL CLOCK HOUR DOCUMENTATION**

List your trainings below, indicating the number of hours for each. You must submit a COPY of your certificate of completion for each training listed below – do not send your original certificate. Make additional copies of this form as needed. **DO NOT LIST COLLEGE COURSEWORK ON THIS FORM.** Definitions of the categories can be found in the Prevention Specialist 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-ACPS: 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-ACPS: 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/Job Title \_\_\_\_\_

Hours worked per week \_\_\_\_\_

Exact Dates of Experience: From \_\_\_\_\_ to \_\_\_\_\_

Total Experience Time: Years \_\_\_\_\_ Months \_\_\_\_\_

Direct Supervisor's Name & Email \_\_\_\_\_

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

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-ACPS: 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 COMAIN
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 07-ACPS: APPLICANT STATEMENT**

On this form, or on a separate sheet, describe:

1. Your philosophy and definition of prevention
2. Methods and approaches to prevention programming

Please limit this discussion to 300 words.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant Name \_\_\_\_\_

**Form 08-ACPS: Demonstration of Experience Providing Advanced Level Prevention 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-ACPS: 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-ACPS: 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**

Application Review, test fee, 2 years certification ( <b><u>non-refundable</u></b> )	\$400.00
Test Fee (if repeating the exam more than once)	\$140.00
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

1. Academy for Educational Development. (2005). *Facilitating Meetings: A Guide for Community Planning Groups*. Retrieved from [http://www.cdc.gov/hiv/topics/cba/resources/guidelines/Facilitating%20Meetings%20version\\_2005.pdf](http://www.cdc.gov/hiv/topics/cba/resources/guidelines/Facilitating%20Meetings%20version_2005.pdf).
2. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No Ordinary Commodity. Research and Public Policy* (2nd ed.). Oxford: Oxford University Press.
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](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>.  
*Capacity Primer: Building Membership, Structure and Leadership*. (2010). Retrieved from <http://www.cadca.org/resources/detail/capacity-primer>  
*Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan*. (2012). Retrieved from <http://www.cadca.org/resources/detail/cultural-competence>  
*Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation*. (2010). Retrieved from <http://www.cadca.org/resources/detail/evaluation-primer>  
*Implementation Primer: Putting Your Plan into Action*. (2012). Retrieved from <http://www.cadca.org/resources/detail/implementation-primer>  
*Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans*. (2010). Retrieved from <http://www.cadca.org/resources/detail/planning-primer>  
*Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities*. (2012). Retrieved from <http://www.cadca.org/resources/detail/sustainability-primer>
6. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Beyond the Basics Series*. Retrieved from <http://www.cadca.org/resources/series/Beyond+the+Basics>  
*People Power: Mobilizing Communities for Policy Change*. (2012). Retrieved from <http://www.cadca.org/resources/detail/people-power-mobilizing-communities-policy-change>  
*Telling the Coalition Story: Comprehensive Communication Strategies*, (2009). Retrieved from <http://www.cadca.org/resources/detail/telling-coalition-story-comprehensive-communication-strategies>  
*The Coalition Impact: Environmental Prevention Strategies*. (2009). Retrieved from <http://www.cadca.org/resources/detail/coalition-impact-environmental-prevention-strategies>
7. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. (2010). *Research Support for Comprehensive Community Interventions to Reduce Youth Alcohol, Tobacco and Drug Use and Abuse*. Retrieved from <http://www.cadca.org/resources/detail/research-support-comprehensive-community-interventions>.
8. Compton, M. (2010). *Clinical Manual of Prevention in Mental Health*. Washington, DC: American Psychiatric Publishing, Inc.
9. Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues and Ethics in the Helping Professions* (8th ed.). Belmont: Brooks/Cole.

10. National Institute of Drug Abuse. (2008). *Drugs, Brains, and Behavior-The Science of Addiction*. Retrieved from <http://www.drugabuse.gov/publications/science-addiction>.
  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](http://books.nap.edu/openbook.php?record_id=12480).
  12. Substance Abuse and Mental Health Services Administration. (2005). *Focus on Prevention*. Retrieved from <http://store.samhsa.gov/product/Focus-on-Prevention/SMA10-4120>.
- White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction* (2nd ed.). Bloomington: Lighthouse Institute.