



Dear Prevention Specialist 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 permitted 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 the non-refundable fee, with every form complete. If you're unable to complete your application within that one-year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

**Note: your application will not be reviewed until the \$400.00 fee is received.** Application materials will be reviewed within 10 business days of receipt in the IBC office. Following review of the full application, you will be notified if anything further is needed; if the application is complete, you will be notified that we are pre-registering you for the exam; you will then have one year from that date to pass the exam. If you are unable to pass the exam within that year timeframe, you will need to submit a new fully completed application along with the full non-refundable fee.

To efficiently move through the application process, please follow these steps:

- Review the CPS Handbook (available on the website at [www.iowabc.org](http://www.iowabc.org)) which contains all the details about certification, recertification, IBC's Code of Ethics, etc.
- 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/emailed transcripts will not be accepted or reviewed**)
- Complete the application 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. Be sure your completed application includes:
  - Completed and signed/dated Forms 01, 02, 03, 04, 05, 06, 07, 10 (**be sure your name and home address on Form 01 is exactly as it appears on your DL or the test site may not allow you to test**)
  - Copies of certificates of completion (do not send originals)
  - An official written job description
  - **Non-refundable** fee of \$400.00 which 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. **Applications will only be reviewed once the fee is received.**

There are a couple of free study guides available to help you prepare for the exam – you can find them on our website at [www.iowabc.org](http://www.iowabc.org).

A practice exam is available and may be paid for via IC&RC's website at [www.internationalcredentialing.org](http://www.internationalcredentialing.org). 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 emailed to you and you may then begin using the initials "CPS" according to the validation dates shown on your certificate. If you wish to have a printed certificate mailed to you, be sure to include the \$10.00 Printed Certificate fee with your application.

Should you fail the exam, the \$140.00 test fee will need to be paid in order to test again. Exams may be taken every 90 days. If you fail the exam 4 times, a remedial action plan will need to be put into place before being allowed to test again (see the CPS Handbook).

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 mailed or 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 to keep you informed of information relevant to your certification. 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.

To stay up-to-date with certification information make sure to 'like' us on Facebook.

You are welcome to call our office with any questions at 515-965-5509.

Sincerely,

A handwritten signature in blue ink, appearing to read "Katie Hentges", with a long horizontal flourish extending to the right.

Katie Hentges  
Executive Director

**CERTIFIED PREVENTION SPECIALIST**  
**Form 01-PS: 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 drivers license)** \_\_\_\_\_

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

**Current Home Address (if different from above):** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**Current Place of Employment:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Email: \_\_\_\_\_

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

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

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

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

I have given my supervisor's evaluation form to (review the handbook to be sure your supervisor meets requirements)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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

**Please check one:** I am paying by: Check \_\_\_\_ Cash \_\_\_\_ Online \_\_\_\_

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

### Form 02-PS: ASSURANCES AND RELEASES

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 give my permission to IBC to communicate with my employer(s) regarding the contents and status of my application.

I understand that false or misleading statements or omissions may 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 and understand that by signing this form I agree to report any potential code violations by myself or others, and I agree to cooperate in any ethics investigation I may be a part of. 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.

I certify that I have not had a professional license/certification/professional credential denied, revoked or suspended, nor have been sanctioned or disciplined by this or any other certifying or licensing professional board of authority, public or private. If any of these events have occurred prior to signing this form, I have self-reported that information, in writing, with this application.

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.

\_\_\_\_\_  
Signature (Must be handwritten, not electronic)

\_\_\_\_\_  
Date

**Iowa Board of Certification**

2600 Grand Ave, Ste 114 \* Des Moines, IA 50312 \* 515-965-5509 \* [info@iowabc.org](mailto:info@iowabc.org)

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

### Form 03-PS: EDUCATION RESUME

**INSTRUCTIONS:**

1. List below **all** formal educational programs/colleges attended. DO NOT include workshops or trainings attended – these are to be listed on Form 04.
2. Contact ALL colleges/universities you have attended and request that they send us your transcript.  
*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-PS: PROFESSIONAL CLOCK HOUR DOCUMENTATION**

List your trainings below, indicating the **number of hours** each training counts in the applicable category. Note that IBC may count your trainings in a different category than you do. You must submit a **COPY** of your certificate of completion for each training below – do not send your original certificate. **Make additional copies of this form as needed; every training needs to be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON 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 \_\_\_\_\_

**Iowa Board of Certification**2600 Grand Ave, Ste 114 \* Des Moines, IA 50312 \* 515-965-5509 \* [info@iowabc.org](mailto:info@iowabc.org)

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

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

List your trainings below, indicating the number of hours each training counts in the applicable category. Note that IBC may count your trainings in a different category than you do. You must submit a **COPY** of your certificate of completion for each training below – do not send your original certificate. **Make additional copies of this form as needed; every training needs to be listed on this form. DO NOT LIST COLLEGE COURSEWORK ON 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 05-PS: PROFESSIONAL EXPERIENCE RESUME**

**INSTRUCTIONS:** Use this form to describe your experience as peer recovery specialist. Use one copy of this form for *each relevant position*. You may include relevant practicum and/or volunteer experience. **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 \_\_\_\_\_ (mo/day/yr) to \_\_\_\_\_ (mo/day/yr)

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

Direct Supervisor's Name \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

*Supervision needs to be provided by the organization's documented and qualified supervisory staff as per their job description.*

\* \* \* \* \*

**Supervisor Attestation:** *I have reviewed this completed form and attest that all information on this form is accurate. By signing below, I am indicating that I have supervised and recommend this applicant as a Peer Recovery Specialist and attest that he/she is an employee in good standing with our agency.*

\_\_\_\_\_  
Supervisor's Signature  
(Original signature—not typed)

\_\_\_\_\_  
Date

**Note to Supervisor:** Do not sign this form until it is completed by the applicant. If you are aware of any ethical violations of this applicant, it is your responsibility to report this to IBC.



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

**Form 06-PS: DOCUMENTATION OF PERFORMANCE DOMAIN EXPERIENCE****INSTRUCTIONS:** On this form, document at least *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 Hours \_\_\_\_\_

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

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
(Original signature—not typed)**Iowa Board of Certification**2600 Grand Ave, Ste 114 \* Des Moines, IA 50312 \* 515-965-5509 \* [info@iowabc.org](mailto:info@iowabc.org)

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

**Form 07-PS: APPLICANT STATEMENT**

On this form describe:

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

Please limit this discussion to 300 words.

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

**Form 10-PS: 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  
2600 Grand Ave, Ste 114  
Des Moines, IA 50312

Supervisor's Name \_\_\_\_\_

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

I recommend this applicant as a Prevention Specialist and attest that the information on this form is accurate.

Signature \_\_\_\_\_  
(Original signature—not typed)

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 (holding at least 2 credentials with IBC)	\$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 (holding at least 2 credentials with IBC)	\$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

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).

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.

Benard, B. (2004). *Resiliency: What We Have Learned* (1st ed.). San Francisco: WestED.

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).

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>

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>

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>.

Compton, M. (2010). *Clinical Manual of Prevention in Mental Health*. Washington, DC: American Psychiatric Publishing, Inc.

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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).

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.