



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) 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 or email iowaBC@gmail.com (**student-issued 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 online or with a check. **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.

A practice exam is available and may be paid for via IC&RC's website at 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 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,



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

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 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)

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 (<u>non-refundable</u>)	\$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.

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

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Capacity Primer: Building Membership, Structure and Leadership. (2010). Retrieved from <http://www.cadca.org/resources/detail/capacity-primer>

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Iowa Board of Certification

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