



West Virginia Certification Board for Addiction and Prevention  
Professionals

436 12<sup>th</sup> Street, Suite C

Dunbar, WV 25064

304-768-2942

304-768-1562

**PREVENTION SPECIALIST**

**Application Form**

WEST VIRGINIA CERTIFICATION BOARD  
FOR ADDICTION AND PREVENTION PROFESSIONALS  
APPLICATION FOR PREVENTION SPECIALIST CERTIFICATION

**THE ENTIRE APPLICATION MUST BE TYPED AND THE ORIGINAL  
AND ONE COPY MUST BE SUBMITTED.**

**A. FEE:**

I understand that the application process requires pre-payment of the **NON-REFUNDABLE** application fee. I have enclosed a check, postal money order or cashier's check, or paid by Paypal. I wish to be considered as an applicant for certification as:

- Prevention Specialist I \$75.00  
(IC&RC/AODA Reciprocal Credential)
  
- Prevention Specialist II \$75.00  
(IC&RC/AODA Reciprocal Credential)

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SIGNATURE

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DATE

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SOCIAL SECURITY NUMBER

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PRINT YOUR NAME HERE

**WEST VIRGINIA CERTIFICATION BOARD**  
**FOR ADDICTION AND PREVENTION PROFESSIONALS**  
APPLICATION FOR PREVENTION SPECIALIST CERTIFICATION  
**IT IS MANDATORY TO LIST AN EMAIL ADDRESS**

**DEMOGRAPHIC DATA**

Submit a photocopy of a government-issued photo ID with this application. This same photo ID must be brought to the testing center. You will not be admitted to test unless the name by which you were pre-registered by WVCBAPP matches the name on the ID.

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                      MIDDLE                      FIRST                      Maiden Name (if applicable)

PREFERRED ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX    APT. NUMBER/SUITE  
  
  CITY    STATE    ZIP CODE

ALTERNATE ADDRESS: \_\_\_\_\_  
  STREET, P.O. BOX    APT. NUMBER/SUITE  
  
  CITY    STATE    ZIP CODE

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS NAME OR AGENCY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

GENDER: ( ) FEMALE                      ( ) MALE                      ( ) Prefer not to answer

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_  
(OPTIONAL. USED FOR STATISTICAL PURPOSES ONLY)

ARE YOU IN PRIVATE PRACTICE? ( ) YES    ( ) NO

HIGHEST ACADEMIC DEGREE: \_\_\_\_\_ FIELD OF STUDY: \_\_\_\_\_

LICENSES: ( ) SOCIAL WORK ( ) COUNSELING ( ) MEDICINE  
                    ( ) PSYCHOLOGY ( ) NURSING  
                    ( ) OTHER \_\_\_\_\_

FIRST YEAR OF EMPLOYMENT IN THE ADDICTION/PREVENTION FIELD: \_\_\_\_\_

ADDICTION CREDENTIALS: ( ) ADC ( ) AADC ( ) CCJP ( ) PR ( ) CS

**B. FEES**

I understand that the application procedures require prepayment of the non-refundable application fees. I have enclosed my check and wish to be considered as an applicant for certification as:

- Prevention Specialist I \$ 75.00
- Prevention Specialist II \$ 75.00
- Additional Fees:
- Computer Based Test (CBT) \$ 200.00
- PS I to PS II Upgrade \$ 25.00

**C. PLEASE ATTACH A COMPLETE, TYPEWRITTEN RESUME**

**D. REQUIREMENTS**

(Please refer to your Certification Manual Sections III, IV & V for specific criteria for both levels of certification and definitions)

List present or most recent employment first, then from past employment select only those work experiences which you feel most fit the description of qualifying experience as described in the Certification Manual. Full-time equivalent is based on a minimum of 35 hours/week One **may not** earn more than one year of experience in one year.

**1. Work Experience**

a) **Work experience specific to prevention**

If prevention experience represents only a portion or a percentage of your full-time job, then please report only the prevention portion under this category. You may report the remaining portion under general work experience.

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Paid position ( ) Volunteer position ( )

Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment: Beginning: \_\_\_\_\_ and Ending: \_\_\_\_\_

(Give a date, if you are no longer with the employer)

Was this a fulltime position? ( )Yes ( )No

If not, how many hours/week was your prevention work? \_\_\_\_\_

COPY THIS PAGE IF NEEDED TO COMPLETE  
YOUR PREVENTION SPECIFIC WORK EXPERIENCE

**b) General Work experience**

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Paid position ( ) Volunteer position ( )

Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe job responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment: Beginning: \_\_\_\_\_ and Ending: \_\_\_\_\_

(Give a date, if you are no longer with the employer)

Was this a fulltime position? ( )Yes ( )No

If not, how many hours/week was your prevention work? \_\_\_\_\_

COPY THIS PAGE IF NEEDED TO COMPLETE  
YOUR GENERAL WORK EXPERIENCE

**2. Formal Education (See Sections III & IV of PS Manual)**

College/University	Degree Earned	Hours Completed	Major/Minor

Total time in attendance      Years \_\_\_\_\_      Months \_\_\_\_\_

**3 Education - Training (See Sections III & IV of PS Manual)**

Only list that for which you have attached documentation.

PSI-At least 300 contact hours must be documented (one college credit hour represents 15 contact hours). At least 180 contact hours must be prevention specific as indicated in the course/training title or documented supportive materials. It is the applicant's responsibility to provide written documentation/verification of all education listed in this section. Contact or credit hours listed without such accompanying verification will not be considered. No more than 12 hours of CEUs will be credited for any 24-hour period.

PSII-At least 360 contact hours must be documented (one college credit hour represents 15 contact hours). At least 240 contact hours must be prevention specific as indicated in the course/training title or documented supportive materials. It is the applicant's responsibility to provide written documentation/verification of all education listed in this section. Contact or credit hours listed without such accompanying verification will not be considered. No more than 12 hours of CEUs will be credited for any 24-hour period.

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Title: \_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Hours: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Title: \_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Hours: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Title: \_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Hours: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Title: \_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Hours: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Hours: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Sheets may be attached if necessary \_\_\_\_\_

Please convert credit hours to contact hours. One college credit hour represents 15 contact hours.

**Total Prevention Education Hours** \_\_\_\_\_

**Total Education Hours** \_\_\_\_\_

#### 4. Supervised Practical Experience

Please list specific activities that demonstrate knowledge and skills from the domains as outlined in Section VII of the PS Manual. PS I requires 180 contact hours with at least 12 hours in the content areas of the domains. PSII requires 360 contact hours with at least 24 hours in the content areas of the domains. Please refer to Section III & IV of the PS Manual. The supervisor MUST hold the PSII credential.

1. Planning & Evaluation Total Hours: \_\_\_\_\_

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2. Prevention Education & Service Delivery Total Hours: \_\_\_\_\_

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3. Communication Total Hours: \_\_\_\_\_

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4. Community Organization Total Hours: \_\_\_\_\_

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5. Public Policy and Environmental Change Total Hours: \_\_\_\_\_

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6. Professional Growth and Responsibility Total Hours: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name Printed, Including Certification/License  
Prevention Application Revised 07-05-22

### Additional Information

List any activities that you believe are relevant to this application, including awards, certificates or memberships in professional organizations.

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**5. Certification of Truth**

I hereby certify that the statements contained in this application and supporting documents for consideration of my application for certification as a

\_\_\_\_\_Prevention Specialist I      \_\_\_\_\_Pevention Specialist II

are, to the best of my knowledge, true and correct.

I further certify that I have read and will subscribe to and abide by the Prevention Professional Code of Ethics and I understand and authorize the board to conduct such other inquiries or interviews as they deem necessary.

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Signature of Applicant Date

STATE OF WEST VIRGINIA

COUNTY OF \_\_\_\_\_, TO-WIT:

Subscribed and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

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Notary Public

# Prevention Code of Ethical Conduct

## Preamble

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.

## Principles

### *I. Non-Discrimination*

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

### *II. Competence*

Prevention professionals 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.

- a. Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.
- b. Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.
- c. Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- d. Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.

- e. When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory or other appropriate bodies.
- f. Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.

### *III. Integrity*

To maintain and broaden public confidence, prevention professionals 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. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.
- b. Prevention professionals 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, prevention professionals should be supportive of assistance or treatment.
- d. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

### *IV. Nature of Services*

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

- a. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- b. Prevention professionals 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, prevention professionals shall report the evidence to the appropriate agency.

### *V. Confidentiality*

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Prevention professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

### *VI. Ethical Obligations for Community and Society*

According to their consciences, prevention professionals 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 professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

I have read and understand the Prevention Code of Ethical Principles. I will, to the best of my ability, adhere to and honor this Code in my professional and personal dealings.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Did you remember:

- Signed, Notarized original application
- One complete copy of your original application
- Typed resume
- Application fee
- Documentation of education (certificates, etc.)
- All required signatures
- Photocopy of your government issued I.D.
- Send to:

WVCBAPP  
436 12<sup>th</sup> Street STE C  
Dunbar, WV 25064