Initial CPP Application Registration Form

Date: _____ Full Legal Name: _____ Birthdate (m/d): _____

Previous/Maiden/Other Name: _____

Preferred Name for Communicating: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Other state (Please specify): ____ Phone: _____ ☐ Cell ☐ Home ☐ Office Phone: _____

Email: _____

To apply for Initial CPP Certification through the PSCBW, it is required that you live and/or work at least 51% of the time in Washington State. Do you meet this requirement? ☐ Yes ☐ No

If "Yes", please enclose proof of current residency or employment, such as a copy of your WA State Driver's License, a utility bill, a paycheck stub or an employee photo identification.

Current Employer: _____

Office Address: _____

Position/Title: _____

How do you wish to be contacted: ☐ Phone   ☐ Text   ☐ Email   ☐ Mail

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Applicant's Statement of Understanding for CPP Credentialing:

I hereby apply for certification in Washington State as a Certified Prevention Professional (CPP). I understand that the application fee in non-refundable.

I have read and understand the Code of Ethical Conduct for Prevention Professionals as prescribed by the Prevention Specialist Certification Board of Washington. I subscribe to and commit myself to honor this Code in all my professional and personal transactions within the community at large in the practice of substance misuse prevention. Any violation of this Code of Ethical Conduct may result in revocation of this certification and trust to practice.

I give the Prevention Specialist Certification Board of Washington my permission to request and receive all records and/or information relating to this application. I understand this includes, but not limited to, verbal or written contacts with my employer(s), academic and training institutions, and/or other persons or organizations having pertinent information. This constitutes my waiver of privacy that may otherwise exist in respect to the disclosure of such information.

I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I understand that intentionally false or misleading statements within this application will result in my being declared ineligible for certification.

_____   _____

Applicant's Signature   Date