



CERTIFIED PREVENTION PROFESSIONAL

APPLICATION REQUIREMENTS



The Prevention Specialist Certification Board of Washington (PSCBW) is a member board of the International Certification & Reciprocity Consortium (IC&RC).

© Copyrighted materials, used with the permission from the IC&RC, all rights reserved.

Application originally approved by the PSCBW Board of Directors, April 15, 2002.
Effective January 7, 2020, rev. 2

Updated February 17, 2025

INTRODUCTION

The Prevention Specialist Certification Board of Washington (PSCBW) developed this **Certified Prevention Professional Candidate Application Packet**.

Our mission is to conduct certification of prevention professionals, to uphold ethical standards and to promote professional development and growth.

The PSCBW was established March 6, 2002, as a Washington State non-profit corporation and is a member board of the International Certification and Reciprocity Consortium (IC&RC). In addition, PSCBW is an IRS tax-exempt professional board 501(c)(6) since May 15, 2010. The PSCBW conducts a peer review process for certification of prevention professionals and for renewals of individuals who have obtained their Certified Prevention Professional credential. Individuals whose certification lapsed may opt to apply for re-certification.

If you need more information, please contact us at:

Prevention Specialist Certification Board of Washington

Contact: Sigrid Gauger, BA, CPP

Email: smgpscbw@gmail.com

Address: Prevention Specialist Certification Board of Washington (PSCBW)

PO Box 217

Clarkston, WA 99403

Website: <https://pscbw.com>

APPLICATION DIRECTIONS

Applicant: Keep this section for your reference.

A completed application with fees must be submitted prior to examination placement. Upon approval of the CPP Application by the PSCBW Board, the Testing Committee Chair registers the respective applicant with the IC&RC for testing. Upon registration, the applicant will work directly with the testing company to select a testing date.

General Description of Application Requirements

❖ Prevention Experience:

- **Verification of at least 2,000 hours** (approximately 1 year full time) prevention-related experience. A minimum of 50% of these hours must be substance use prevention-specific experience. The balance may be other types of general behavioral health prevention, such as suicide prevention, HIV prevention and bullying prevention.
- **Supervision: Of those 2,000 hours**, a minimum of 120 hours of supervised experience must be in the six (6) Prevention Domains (minimum of 10 hours in each). The six Prevention Core Competencies domains are:
 - I. Planning and Evaluation
 - II. Prevention Education and Service Delivery
 - III. Communication
 - IV. Community Organization
 - V. Public Policy and Environmental Change
 - VI. Professional Growth and Responsibility

Prevention experience is defined as paid or volunteer experience working in primary prevention. Primary prevention is defined as interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.¹ Broad prevention experience across a variety of issues is preferred to single-issue experience. Prevention experience can be distributed between individual, family, school and community foci, among behavioral health promotion and universal, selective and indicated prevention categories.

Guidelines for acceptable prevention experience include:

Employment/volunteer experience with an organization that provides prevention services. This includes organizations that define themselves as prevention organizations and those that may not but that provide prevention services in after-school, mentoring, public health and other settings. Several examples of positions and types of work that might be considered include:

- Prevention agency employee, volunteer or intern
- Community coalition work through Drug-Free Communities, Community Prevention & Wellness Initiative (formerly Prevention Redesign Initiative), or schools
- County prevention specialist or intern
- Student assistance specialist/prevention-interventionist or intern
- Public health educator or service-provider, e.g., teenage pregnancy prevention, tobacco prevention, prescription drug abuse prevention, HIV/AIDS prevention, child abuse prevention, domestic abuse prevention, etc.
- After-school program facilitator with programs that include specific prevention components
- Prevention trainer or educator

- Prevention research assistant in a work or work experience capacity (vs. a classroom setting)
 - Prevention policy development or advocacy
 - Employment/volunteer experience with an evidence-based prevention intervention² as defined by CSAP.³
 - Employment/volunteer experience with an organization or intervention addressing specific evidence-based risk and protective factors for behavioral health (i.e., substance abuse and mental health) disorders with specific populations.
 - Employment/volunteer experience with the Washington Division of Behavioral Health and Recovery Prevention Services.
 - Employment/volunteer experience with the Washington Department of Health Tobacco Prevention or Suicide Prevention programs.
 - Employment/volunteer experience at a Community Center, working with at-risk youth in an evidence-based after school program demonstrating positive outcomes.
 - Employment/volunteer experience with a Native American Tribe using culture as a protective factor, e.g., implementing Wellbriety Youth Programs, Daughters/Mothers/Sons/Fathers of Tradition, etc.
- ❖ **Qualitative Evaluation** (Supervised experience in the **six** (6) Prevention Domains.)
- ❖ **General Education** (High school diploma or alternative, such as a GED.)
- ❖ **Prevention Education:** Verification of a **minimum of 120 continuing education hours (CEHs)** of prevention-specific education/training. 60 of the required 120 education hours may be earned within the last ten years. A minimum of 60 hours must be earned within the last three years.
- 14 hours of Drug Education and/or Drug Harm Reduction Education
 - Six (6) hours of Prevention-specific Ethics Education
 - 45 hours of Substance Use Prevention Education
 - 40 hours of General Prevention Education
 - Five (5) hours of General Prevention Education in Equity Education
- ❖ **Code of Ethical Conduct for Prevention Professionals:** Commitment to professional code of ethics through a signed statement.
- ❖ **Criminal History Background Check** obtained within one (1) year prior to the date of application to be reviewed and approved by the PSCBW.
- ❖ **International Certification and Reciprocity Consortium (IC&RC) Prevention Credentialing Examination:** Upon submission and approval of a completed application the candidate will be registered by PSCBW with IC&RC for testing and must achieve a passing score as established by the IC&RC on the Prevention Credentialing Examination.
- The IC&RC Prevention Specialist Examination is computer-based and taken in-person at one of several sites available throughout WA who provide proctoring that are approved by the IC&RC.

Fee Schedule

The Prevention Specialist Certification Board of Washington (PSCBW) approved the following fee structure:

CPP CERTIFICATION CATEGORIES	FEES
Initial Certification: For initial application and IC&RC Prevention Specialist (PS) Certification Exam	\$275
Retake Fee for PS Certification Exam: Must be completed within one year of Initial CPP Application submission.	\$125
CPP Renewal Fee: Required every two years to maintain certification.	\$150
CPP Recertification Fee: Part of the requirements for those whose CPP has lapsed and are interested in reapplying for certification.	\$175

PSCBW strives to keep the fees as low as possible; however, the fees must cover necessary costs. These costs include:

- Application processing
- IC&RC Testing Fees
- Credentialing annual membership fees to the International Certification & Reciprocity Consortium.

Fees are subject to change: Please refer to the current fee schedule on our website www.pscbw.com.

Prevention Education Prerequisites

Directions:

- ❖ Make as many copies of the form as you need.
- ❖ Indicate the name/title of the educational course/event/training that you attended.
- ❖ Include the date(s), location (e.g., city, school), and number of clock hours, educational course hours, training/event hours awarded.
- ❖ Total the hours for each educational prerequisite section.
- ❖ Include accurate documentation for each educational course/training/event that you list in this application.
 - Include as many hours and documentation as possible for each category. Additional documented hours beyond the minimum are encouraged.
 - Include photocopies of transcripts and certificates of completion/ participation/ attendance with your application. If you submit college transcripts, please use a highlighter pen to indicate the applicable course(s) and provide a syllabus and a brief course description. If the applicant does not have a certificate/transcript, the applicant must contact the college/university to provide this information.
 - Include brief descriptions of educational courses/training/events. This can include syllabus, list of objectives, or a published overview of the event with delineated learning goals. This information serves only to provide further information for the PSCBW. The course description, syllabus, etc. can NOT be substituted as documentation of actual attendance in lieu of a transcript, certificate or official letter on letterhead from the agency that has provided the event.
 - Attendance at one-day or multi-days conferences must be documented by individual keynotes/workshops attended. These are documented on the Conference CEHs Categorization Worksheet. Required documentation must be an official conference certificate or letter on letterhead from the host agency, conference program that lists the individual keynotes/workshops, course content descriptions, number of continuing education hours and presenter(s) names.
- ❖ Document the minimum educational prerequisites of **120 clock hours** in prevention-specific education. **60 hours of the required 120 education hours may be earned within the last ten years. The remaining 60 hours must be earned within the last three years.** Specifically, the 120 hours must reflect education/training as follows:
 - **14 hours of Drug Education and/or Drug Harm Reduction Education** (e.g., pharmacology, classification of drugs, potential for abuse/addiction, effects of drugs on the brain/body, current drug trends, addiction theory, signs and symptoms of addiction, addiction and the family, etc.)
 - **6 hours of Prevention-specific Ethics Education**
 - **45 hours of Substance Use Prevention Education** (e.g., training in evidence-based prevention strategies and programs, prevention curriculum training, planning and evaluation of prevention interventions, substance abuse in older adults, substance abuse in veterans, coordinating and/or implementing prevention activities, social marketing, community organizing, coalition development, environmental prevention strategies, etc. if specific to ATOD prevention)
 - **40 hours of General Prevention Education** (e.g., cultural competency, behavioral health promotion, suicide prevention, HIV/AIDS prevention, community mobilization, media messages, social marketing, public policy, communication, professional growth and responsibility, etc. not specific to ATOD prevention) To convert college credit hours into clock hours please see the key on your transcript or consult your university or college where the credits were earned.

5 hours of General Prevention Education, Equity

PSCBW's understanding of Equity is as follows:

Equity is the fair and just allocation of community resources, access and opportunities in such a way that all persons have what they need to succeed, grow, contribute and be represented in all parts of society. Equity refers not to providing identical resources to everyone but affording access and distribution of resources and opportunities based on each person's needs.

Prevention Experience Guidelines

Prevention experience is defined as paid or volunteer experience working in primary prevention. Primary prevention is defined as interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.⁴ Broad prevention experience across a variety of issues is preferred to single-issue experience. Prevention experience can be distributed between individual, family, school and community foci and among behavioral health promotion and universal, selective and indicated prevention. Guidelines for acceptable prevention experience include:

- Employment/volunteer experience with an organization that provides prevention services. This includes organizations that define themselves as prevention organizations and those that may not, but that provide prevention services in after-school, mentoring, public health and other settings. Some examples of positions and types of work that might be considered include:
 - Prevention agency employee, volunteer or intern
 - Community coalition work through Drug-Free Communities, Community Prevention & Wellness Initiative (formerly Prevention Redesign Initiative), or schools
 - County prevention specialist or intern
 - Student assistance specialist/prevention-interventionist or intern
 - Public health educator or service-provider, e.g., teenage pregnancy prevention, tobacco prevention, prescription drug abuse prevention, HIV/AIDS prevention, child abuse prevention, domestic abuse prevention, etc.
 - After-school program facilitator with programs that include specific prevention components
 - Prevention trainer or educator
 - Prevention research assistant in a work or work experience capacity (vs. a classroom setting)
 - Prevention policy development or advocacy
- Employment/volunteer experience with an evidence-based prevention intervention⁵ as defined by CSAP.⁶
- Employment/volunteer experience with an organization or intervention addressing specific evidence-based risk and protective factors for behavioral health (i.e., substance abuse and mental health) disorders with specific populations.
- Employment/volunteer experience with the Washington Division of Behavioral Health and Recovery Prevention Services.
- Employment/volunteer experience with the Washington Department of Health Tobacco Prevention or Suicide Prevention programs.
- Employment/volunteer experience at a Community Center, working with at-risk youth in an evidence-based after school program demonstrating positive outcomes.
- Employment/volunteer experience with an American Indian Tribe using culture as a protective factor, e.g., implementing Wellbriety Youth Programs, Daughters/Mothers/Sons/Fathers of Tradition, etc.

NOTE: The required Prevention Experience Questionnaire must be completed and uploaded to the applicant's personal folder on the secure PSCBW Google Drive.

FOOTNOTES

- 1 National Research Council and Institute of Medicine. (2009). **Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities** (O'Connell, M.E., Boat, T., & Warner, K.E., Eds.). Washington, CD: National Academies Press.
- 2 Included in a federal registry of evidence-based interventions, reported in peer-reviewed journals with positive effects on intended outcomes, or documented effectiveness supported by other sources of information and the consensus judgment of informed experts as described in the following guidelines, all of which must be met: 1) based on a theory of change documented in a logic model; 2) similar in content and structure to interventions that appear in registries and/or peer-reviewed journals; 3) supported by documentation of effectiveness; and 4) reviewed and deemed appropriate by a panel of informed prevention experts.
- 3 Substance Abuse and Mental Health Services Administration, center for Substance Abuse Prevention. (2011). **Identifying and selecting evidence-based interventions: Revised guidance document for the Strategic Prevention Framework State Incentive Grant Program** (HHS Publication No. (SMA) 09-4205). Rockville, MV: Author.
- 4 National Research Council and Institute of Medicine. (2009). **Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities** (O'Connell, M.E., Boat, T., & Warner, K.E., Eds.). Washington, CD: National Academies Press.
- 5 Included in a federal registry of evidence-based interventions, reported in peer-reviewed journals with positive effects on intended outcomes, or documented effectiveness supported by other sources of information and the consensus judgment of informed experts as described in the following guidelines, all of which must be met: 1) based on a theory of change documented in a logic model; 2) similar in content and structure to interventions that appear in registries and/or peer-reviewed journals; 3) supported by documentation of effectiveness; and 4) reviewed and deemed appropriate by a panel of informed prevention experts.
- 6 Substance Abuse and Mental Health Services Administration, center for Substance Abuse Prevention. (2011). **Identifying and selecting evidence-based interventions: Revised guidance document for the Strategic Prevention Framework State Incentive Grant Program** (HHS Publication No. (SMA)09-4205). Rockville, MV: Author.

The two references listed in the Footnotes are available for download on the PSCBW website, pscbw.com .

The IC&RC Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists - © IC&RC

Applicant: Keep this section for your reference.

The International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists© (also referred to as the International Prevention Specialists Certification Examination), is a valid, computer-based examination which is the property of the International Certification and Reciprocity Consortium (IC&RC). The examination contains 150 multiple-choice questions covering the IC&RC Prevention Domains.© The Six Prevention Domains are a description of the core competencies of a prevention professional based upon a national role delineation study. The questions on the IC&RC Prevention Specialist Examination were developed from the tasks identified in the 2013 Prevention Specialist Job Analysis.

For more information and guidance, refer to the PSCBW website, www.pscbw.com, which lists the **Rhode Island Prevention Specialist Certification Study Guide for the Certification Examination**.

PREREQUISITES:

To qualify for this examination, you must submit a completed application to the PSCBW. Upon approval of your CPP application, PSCBW registers you with IC&RC for testing. Thereafter, the respective applicant works directly with the testing company to arrange a date/time for taking the computer-based Prevention Specialist Examination. **The exam will be conducted in-person at an approved testing facility that can proctor the applicant while completing the exam.**

PASSING THE TEST:

According to the PSCBW policy, the date you are considered a CPP is the date you pass the Prevention Specialist examination.

SPECIAL TESTING PROCEDURES:

If you require specialized testing procedures, please indicate the type of accommodation you desire. PSCBW will work with the IC&RC and the respective testing company to make reasonable accommodations for individuals with documented disabilities prohibiting standardized testing methodologies.

INSTRUCTIONS:

Complete the examination registration form and submit it with your complete application.

EXAM PREPARATION:

Refer to the "Bibliography of Selected Resources" on pages 15-16 and on the PSCBW website, www.pscbw.com.

Bibliography of Selected Resources

As a service to our candidates, the PSCBW is making exam preparation resources available. While these resources cannot guarantee success in passing this exam, it can provide needed resources to assist you in your preparation. More information is available on the PSCBW website at www.pscbw.com

The following list is not comprehensive; however, these resources may assist the applicant in providing background information to prepare for the IC&RC International Certification Examination for Alcohol, Tobacco and Other Drug Abuse Prevention Specialists.

IC&RC Prevention Specialist Reference List

- Academy for Educational Development. (2005). *Facilitating Meetings: A Guide for Community Planning Groups*. ***
- 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. ***

▪ **CADCA Anti-Drug Coalitions of America**

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> **Revised June 2013**

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.
 - Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues and Ethics in the Helping Professions* (8th ed.). Belmont: Brooks/Cole
 - National Institute of Drug Abuse. (2008). *Drugs, Brains, and Behavior-The Science of Addiction.* ***
 - 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. ***
 - Substance Abuse and Mental Health Services Administration. (2005). *Focus on Prevention.* ***
 - White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction.* ***

*** Documents available in pdf versions on the PSCBW website.

Application Submission Process

The application submission and review process has been updated to an electronic format. Prior to submitting your completed Initial CPP Certification Application, you must submit an [Intent to Apply for Initial CPP Certification](#) form found on the PSCBW website. Select the checkbox at the bottom of the form for Intent to Apply for Initial CPP Certification, then click Submit.

Once the PSCBW receives this form, a personal folder will be created in the Board's secure Google Drive. The primary personal folder will include subfolders where the individual forms of the application will be uploaded. Instructions are included as well. A link to the personal folder will be emailed to you once it is created.

Once you have uploaded all required documents for Initial CPP Certification to your personal folder, you must notify the Board that your completed application is ready to be reviewed. The Board's review process could take between one to two months to process your application. Further documentation and/or clarification may be requested if any gaps are identified. This may result in a delay in processing your application.

Expiration Dates & CPP Renewals

Since we have transitioned to expiration dates being on birth dates, the first CPP certification period is calculated from the initial date of certification (date when passed the IC&RC exam) and their birth date in the third year. For example, when an Initial CPP applicant has passed their exam on 2/21/2023, and their birth date is 12/14, their expiration date will be on 12/14/2025. This initial certification period is for only 22 months. Certification periods are a maximum of three years. If the expiration date would be on 12/14/2026, the certification period would exceed the three-year maximum. All subsequent renewal expiration dates will fall on birth dates every three years.

The renewal process is designed to assist the CPP in maintaining and expanding competence. CPP credential holders are expected to submit their renewal materials at least 90 days prior to their expiration date.

The renewal process follows the same steps as applying for Initial CPP certification. It begins with submitting an Intent to Apply for CPP Renewal. A new personal folder with subfolders for CPP Renewal will be created on the secure PSCBW Google Drive. Applicants will receive an email with the link that gives them direct access to their primary folder. Instructions are included. Once all required documents have been uploaded and the applicant sends notification that their folder is complete, the review process begins.

It is the responsibility of the CPP to contact the Board with any changes such as name, mailing address, email address and phone number. Lack of communication with the PSCBW about such changes could delay the renewal process. A Change of Contact Information form is available on the Contact Us page on the PSCBW website, pscwb.com.

Required Forms and Documents to Submit

- Initial CPP Application Registration Form
- Initial CPP Application Checklist
- Prevention Experience Form (2000 hours minimum)
- Prevention Experience Questionnaire
- Supervised Experiential Learning Forms
- Initial CPP Record of Prevention Education Prerequisites CEHs Completion
- IC&RC Prevention Specialist Exam Registration Form
- Initial CPP Certification Fee Online Payment Receipt
- Signed Code of Ethical Conduct for Prevention Professionals (All pages)
- Current Criminal History Background Check
- Conference CEHs Categorization Worksheets (if applicable)

All forms are on the PSCBW website at <https://www.pscbw.com/forms-list>.

Criminal History Background Check

Applicant: Keep this section for your records.

Directions: The applicant shall acquire a **Criminal History Background Check** from their local Police Department, Sheriff's Office or State Patrol. If such a Criminal History Background Check has occurred within the past year prior to the date the application is submitted, the applicant may forward a copy of that criminal history background check from another institution (such as a school or state approved treatment agency). The fees for the Criminal History Background Check may vary from community to community (typically ranging from \$25 to \$45). It is available through the WA State Patrol online at <https://watch.wsp.wa.gov> and shall be the responsibility of the applicant to acquire. The Criminal History Background Check results should be included with the candidate portfolio at the time of submission. **A complete application includes a current Criminal History Background Check.**

The applicant shall not construe their certification through PSCBW as meeting all criminal history background check requirements of other institutions. Each institution must make decisions based upon their own requirements and procedures.

Applicants with convictions involving violence against others or sexual abuse or child abuse or the substantive equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Washington under a different statutory name or number, shall be refused certification, until such time as their record becomes expunged, or in contested cases, until the decision is reversed by the board upon appeal. This will apply to convictions occurring in another jurisdiction or in Washington State under a different statutory name or number.

Examples of disqualifying offenses include but are not limited to:

- | | |
|--|--|
| A. Aggravated Murder | T. Incest |
| B. Murder | U. Child Neglect in the First Degree |
| C. Kidnapping in the First Degree | V. Endangering the Welfare of a Minor |
| D. Rape in the Third Degree | W. Using Child in Display of Sexually Explicit Conduct |
| E. Rape in the Second Degree | X. Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child |
| F. Rape in the First Degree | Y. Paying for Viewing Sexual Conduct Involving a Child |
| G. Sodomy in the Third Degree | Z. Arson in the First Degree |
| H. Sodomy in the Second Degree | AA. Prostitution |
| I. Sodomy in the First Degree | BB. Promoting Prostitution |
| J. Unlawful Sexual Penetration in the Second Degree | CC. Compelling Prostitution |
| K. Unlawful Sexual Penetration in the First Degree | DD. Sadomasochistic Abuse or Sexual Conduct in Live Show |
| L. Sexual Abuse in the Third Degree | EE. Furnishing Obscene Materials to Minors |
| M. Sexual Abuse in the Second Degree | FF. Sending Obscene Materials to Minors |
| N. Sexual Abuse in the First Degree | GG. Exhibiting an Obscene Performance to a Minor |
| O. Contributing to the Sexual Delinquency of a Minor | HH. Displaying Obscene Materials to Minors |
| P. Sexual Misconduct | II. Disseminating Obscene Materials |
| Q. Accosting for Deviant Purposes | JJ. Publicly Displaying Nudity or Sex for Advertising Purposes |
| R. Public Indecency | KK. Distribution of Controlled Substances to Minors |
| S. Bigamy | LL. Manufacture or Delivery of Controlled Substances to Minor or Student |

Disqualification and Appeals:

Should a Criminal History Background Check produce a conviction on any of the above stated crimes, certification shall be withheld. The applicant may file an appeal. To find out more about the appeals procedure, refer to the PSCBW website, pscbw.com.



Code of Ethical Conduct for Prevention Professionals

Adapted from the Prevention Think Tank, Inc.
(Revised November 2017)

Preamble

The Prevention Code of Ethical Conduct principles are models of exemplary professional behavior. These principles 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. Prevention professionals shall adhere to the same principles of professionalism online as they would offline. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles shall not be regarded as limitations or restrictions, but as goals toward which prevention professionals shall constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

Principle 1: Nondiscrimination

A prevention professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or disability. A prevention professional shall broaden their understanding and acceptance of cultural and individual differences, and in doing so, render services and provide information sensitive to those differences. Prevention professionals should comply with all local, state and federal laws related to nondiscrimination.

Principle 2: Competency 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 shall be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention professional shall recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each prevention professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention professional shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention professional shall clearly notify the requesting person/organization of the gap in services available.

- D. Ideally, prevention professionals shall be supervised by competent senior prevention professionals. When this is not possible, prevention professionals shall seek peer supervision or mentoring from other competent prevention professionals.
- E. When a prevention professional has knowledge of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.
- F. A prevention professional shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.

Incompetence includes, but is not limited to:

1. A substantial lack of knowledge or ability to fulfill professional obligations within the scope of the substance misuse prevention profession.
 2. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.
- G. Prevention professionals shall not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
 - H. Prevention professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Principle 3: Integrity

To maintain and broaden public confidence, prevention professionals shall perform all responsibilities with the highest sense of integrity. Personal gain and advantage shall 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 shall be presented fairly and accurately. Each professional shall document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention professionals shall 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, a prevention professional shall be supportive of assistance or treatment.
- D. Prevention professionals shall not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.
- E. Prevention professionals shall cooperate with the Ethics Committee of the Prevention Specialist Certification Board of Washington.
- F. If a prevention professional is found to have committed an ethical violation by another discipline or jurisdiction, the prevention professional must immediately report the violation to the Ethics Committee of the Prevention Specialist Certification Board of Washington.
- G. Prevention professionals must report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
- H. Prevention professionals must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

- I. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed. Failing to cooperate with a board investigation in any material respect.
- J. Applicants for prevention certification, renewal and recertification, are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to make a determination on their application.
- K. Prevention professionals must not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice, such as:
 - a. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
 - b. Acting in such a manner as to present a danger to public health or safety.
 - c. Failing to comply with a term, condition or limitation on a certification.
 - d. Suspension, revocation, probation or other restrictions on any professional certification imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - e. Being impaired by any illegal or controlled substance while providing professional services and/or representing the prevention profession.
 - f. Using any professional identification or advertising with false, fraudulent, misleading or deceptive information.
 - g. Prevention professionals should comply with all local, state and federal laws.

In addition, prevention professionals...

- L. Do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of program participants.
- M. Do not charge excessive fees for services.
- N. Disclose any fees to participants at the beginning of services.
- O. Do not enter into personal financial arrangements with direct program recipients.
- P. Represent facts truthfully to participants and funders.
- Q. Do not personally accept a private fee or any other gift or gratuity for professional work.
- R. Prevention professionals uphold the law and have high morals in both professional and personal conduct.

Principle 4: Nature of Services

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

- A.** Services shall be provided in a way that preserves the protective factors inherent in each culture and individual.
- B.** Prevention professionals shall 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, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- D.** Prevention professionals should adhere to the same principles of professionalism outlined in the Code of Ethical Conduct for Prevention Professionals online as they would offline. With this in mind, the following are additional guidelines regarding the use of social media:
 - a.** It is the responsibility of the prevention professional to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 - b.** Prevention professionals should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees do not identify themselves as connected to their agency on their personal website.

Prevention professionals must be aware of their influential position and avoid exploiting the trust and dependency of direct program recipients, employees, and supervisees. They make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. If such relationships cannot be avoided, appropriate professional precautions are taken. Examples of dual relationships include business or close personal relationships with direct recipients, employees, or their family members.

- E.** Prevention professionals should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

Principle 5: 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 the confidentiality regulations relevant to their prevention specialty. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publicly shall be distributed only in ways that protect the confidentiality of individual participants.

Principle 6: Ethical Obligations for Community and Society

According to their consciences, prevention professionals shall be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness shall guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals shall adopt a personal and professional stance that promotes health.

Prevention professionals shall be aware of their local and national regulations regarding lobbying and the laws and funding guidelines.

Statement of Understanding

I have thoroughly read and understand the PSCBW Code of Ethical Conduct for Prevention Professionals. I will, to the best of my ability, adhere to and honor this Code in my professional and personal transactions within the community at large in the practice of substance misuse prevention. I agree with the authority of the PSCBW.

I understand that allegations of ethical misconduct reported to PSCBW before, during or after application for CPP certification is made will be investigated by PSCBW and could result in the nullification of my application or denial or revocation of certification and trust to practice. PSCBW may also report the findings of their investigation to the International Certification and Reciprocity Consortium (IC&RC). I also attest that there have not been any complaints filed against me that could be viewed as unethical during my proceeding certification period.

Signature

Date

Applicant Name (Printed): _____