Initial APP Application Submission Checklist

To assist you in submitting a completed application, please use this Application Checklist and include it with your application.

Applicant Name: _____

Applicant Registration Form:

☐ Applicant Registration Form completed in full, including applicant signature.
☐ Proof of current residency and employment in Washington
☐ Photocopy of applicant's current, official photo identification

Verification of Prevention Experience:

☐ 500 hours minimum of documented prevention experience with verifying signature of supervisors

Prevention Educational Prerequisites (Education/Training Hours with Attached Documentation):

Total of 70 hours: 35 hours may be earned for continuing education completed within the last 10 years. A minimum of 35 hours of continuing education must be earned within the last two years.

☐ Substance Use Prevention Education (minimum of 35 hours)
☐ General Prevention Education (minimum of 35 hours)

Code of Ethical Conduct for Prevention Professionals:

☐ The applicant signed and dated the form to indicate agreement to the principles of the Code of Ethical Conduct.

Criminal History Background Check:

☐ Enclosed results of Criminal History Background Check (current or completed within one year prior to the date when the applicant sends the notification that their personal folder with all required documentation has been uploaded and is ready for the review process to begin.

NOTE: PSCBW will review and check for both violent and/or sexual offenses that may prohibit award of this credential.

Submittal of completed APP Certification Application: Email notification to the PSCBW that you have uploaded all required documents to smgpscbw@gmail.com. This notification will initiate the PSCBW review of all submitted documents.

I attest that I have completed all required Initial APP application documents with accurate and up-to-date information. They have been uploaded to my personal folder on the PSCBW Google Drive for submission and review.

_____   _____

Applicant Signature   **Date**