



CPP Recertification Application Registration Form

Full Legal Name: _____ Former CPP #: _____ 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: _____

Preferred Email: _____

To apply for CPP Recertification 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 paycheck stub or an employee photo identification.

Current Employer: _____

Office Address: _____

Position/Title: _____

How do you wish to be contacted regarding your application: Phone Text Email Mail

Applicant's Statement of Understanding for CPP Credentialing:

I hereby apply for recertification in Washington State as a Certified Prevention Professional (CPP). I understand that the application fee is 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 and will be reported to the International Certification and Reciprocity Consortium (IC&RC).

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 privilege 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 Signature

Date