

CPP Renewal Application Checklist

| Applicant Name: | - | CPP #: | DOB (m/d): | |
|--|---|----------------------------|-----------------------------|--------------------|
| Mailing Address: | | | | |
| City: | County: | State: WA 7 | Zip: | |
| Phone: | ☐ Cell ☐ Home ☐ | Office Phone Number | : | Ext: |
| Required Documents to Up | load to Personal Folder o | n Google Drive | | |
| CPP Renewal ApplicaCurrent WA Driver's LCPP Renewal Fee Or | |)) | | |
| Prevention Education Cont | inuing Education Hours (C | CEHs) Minimum Requir | ements (60 hours) | |
| Prevention-Specific Et Substance Use Preve General Prevention Ed General Prevention Ed | nd/or Harm Reduction Educ thics Education (6 hours) ntion Education (22 hours) ducation (22 hours) ducation – Equity (5 hours) ewal Record of CEHs Compl | · , , | on of all attendance v | verification |
| Code of Ethical Conduct fo | r Prevention Professional | <u>s</u> | | |
| Code of Ethical Conde | uct for Prevention Profession e, signed and dated. | nals document to indicate | agreement and com | mitment to the |
| Current Criminal History Ba | ackground Check | | | |
| Enclosed results of Cridate). | minal History Background Ch | neck (current or completed | d within one year prior | to the application |
| Submission of Completed | CPP Renewal Application | | | |
| | n to PSCBW that all uploads iate the PSCBW review of all | | e completed to <u>smgps</u> | cbw@gmail.com |
| I attest that I have completed have been uploaded to my p | | | | mation. They |
| Applicant Signature | | Date Signed | | |