

Initial CPP Application Submission Checklist

To assist you in submitting a completed application, please use this Application Checklist and upload it to the corresponding subfolder.

| Applicant Name: | |
|---|--|
| Applicant Application Required Documents: | |
| Applicant Registration Form completed in full, including applicant Proof of current residency and employment in Washington. Applicant's current, official photo identification. Initial CPP Application Fee Payment Online Receipt | it signature. |
| Verification of Prevention Experience: | |
| 2000 hours minimum documented prevention experience. 10 hours minimum in Planning and Evaluation (Domain I) 10 hours minimum in Prevention Education & Service Delivery (10 hours minimum in Communication (Domain III) 10 hours minimum in Community Organizing (Domain IV) 10 hours minimum in Public Policy & Environmental Change (Domain IV) 10 hours minimum in Professional Growth & Responsibility (Domain IV) 120 hours minimum in Supervised Experiential Learning (signed) | omain V) nain VI) |
| Verification of Experiential Learning: | |
| Supervised Experiential Learning Form(s) completed by evaluat Prevention Core Competencies Six (6) Domains Checklists com | |
| Prevention Educational Prerequisite CEHs Completion Form: | (Minimum total of 120 CEHs) |
| Drug Pharmacology and/or Harm Reduction Education (14 hour Prevention-Specific Ethics Education (6 hours) Substance Use Prevention Education (45 hours) General Prevention Education (40 hours) General Prevention Education – Equity (5 hours) Completed Initial CPP Record of Prerequeisite CEH's Completi | on Form & submission of attendance verification documentation. |
| Code of Ethical Conduct for Prevention Professionals: | |
| Code of Ethical Conduct for Prevention Professionals document the Code, signed and dated. | to indicate agreement and commitment to the principles of |
| Current Criminal History Background Check | |
| Enclosed results of Criminal History Background Check (current or | completed within one year prior to the application date). |
| Submission of Completed CPP Recertification Application | |
| Sends email notification to PSCBW that all uploads of required documen notification will initiate the PSCBW review of all submitted documen | |
| I attest that I have completed all required Initial CPP Certification App information. They have been uploaded to my personal folder on the | |
| Applicant Signature | Date Signed |