

## Associate Prevention Professional (APP) Application: Prevention Education Prerequisites

### Record of Continuing Education Hours (CEHs) Completion

1. Please photocopy or print this blank form if you need additional pages.
2. Please list a **minimum of 35 hours** of Drug Pharmacology and/or Harm Reductions and Substance Use Prevention Education AND a **minimum of 35** hours of General Prevention Education for a **minimum of 70** total hours.
3. Attach proof of attendance (i.e. transcripts with course description, certificates and/or One-Day or Multi-Day conference keynote/workshops attended).
4. Keep a copy of this completed form and attachments for your records.

<b>NAME:</b>					<b>DATE SUBMITTED:</b>		
<b>Title of Training/Other Event Where CEUs Were Obtained</b>	<b>Dates &amp; Locations of Training/Events</b>	<b>Attendance Verification</b> C: Certificate O: Official Letter T: Transcript	<b>Substance Use Prevention Education</b> (Minimum of 35 Hours)	<b>General Prevention Education</b> (Minimum of 35 Hours)	<b>TOTAL Hours</b>		
<b>TOTAL:</b> (This page)							

**Associate Prevention Professional (APP) Application: Prevention Education Prerequisites**



**Record of Continuing Education Units – Page 2 (If needed)**

Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		DATE SUBMITTED:				
Title of Training/Other Event Where CEUs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate O: Official Letter T: Transcript	Drug and/or ATOD Prevention Education (Minimum of 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours	
<b>TOTALS:</b> (This page)						



**Associate Prevention Professional (APP) Application: Prevention Education Prerequisites**



**Record of Continuing Education Units – Page 3 (If needed)**

Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		DATE SUBMITTED:			
Title of Training/Other Event Where CEUs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate O: Official Letter T: Transcript	Substance Use Prevention Education (Minimum of 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours
<b>TOTALS:</b> (This page)					

**Associate Prevention Professional (APP) Application: Prevention Education Prerequisites**



**Record of Continuing Education Units – Summary Page**

<b>NAME:</b>			<b>DATE SUBMITTED:</b>	
<b>PAGES</b>	<b>Substance Use Prevention Education Hours</b> (Minimum 35 Hours)	<b>General Prevention Education Hours</b> (Minimum 35 Hours)	<b>TOTAL HOURS</b>	
Totals from Page 1				
Totals From Page 2 (If applicable)				
Totals from Page 3 (If applicable)				
<b>GRAND TOTALS</b> (All Pages)				

I attest that I have completed the APP Prevention Education Prerequisites and attached attendance verification 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_