

CPP Renewal Application

Record of Continuing Education Units (CEHs) Completion – Updated 2/17/2025



Please list a minimum of five (5) hours in Drug Pharmacology and/or Harm Reduction Education, a minimum of six (6) hours in Ethics Prevention-Specific Education, a minimum of 22 hours of Substance Use Prevention Education hours, a minimum of 22 hours in General Prevention Education and a minimum of five (5) hours in General Prevention Education - Equity. The total of all the minimum required hours equals the minimum of 60 hours in a three (3) year certification period.

NOTE: All of the minimum 60 hours must have been completed within the last three (3) years. Attach a proof of attendance (i.e., certificate, official letter verifying attendance on agency letterhead, official transcripts with course content descriptions and number of credits for each education event. Keep a copy of this completed form and attachments for your records.

Name:		CPP Number:		Exp. Date:		Date Submitted:			
#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C: Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention-Specific Education 6 CEHs	Substance Use Prevention Education 22 CEHs	General Prevention Education 22 CEHs	General Prevention Education Equity 5 CEHs	Row Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
PAGE 1 SUBTOTALS									

Record of Continuing Education Units (CEHs) Prerequisites Completion – Page 2 (if applicable)



Use this page to continue to list additional training/other events.

#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C: Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention-Specific Education 6 CEHs	Substance Use Prevention Education 22 CEHs	General Prevention Education 22 CEHs	General Prevention Education Equity 5 CEHs	Row Total
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
PAGE 2 SUBTOTALS									

Record of Continuing Education Units (CEHs) Prerequisites Completion – Page 3 (if applicable)



Use this page to continue to list additional training/other events.

#	Title of Training/Event Where CEHs Were Obtained	Dates & Location	Attendance Verification C: Certificate O: Official Letter T: Transcript	Drug Pharmacology and/or Harm Reduction Education 5 CEHs	Ethics Prevention-Specific Education 6 CEHs	Substance Use Prevention Education 22 CEHs	General Prevention Education 22 CEHs	General Prevention Education Equity 5 CEHs	Row Total
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
PAGE 3 SUBTOTALS									

Initial Prevention Professional (CPP) Prevention Educational Prerequisites Hours

Record of Continuing Education Units (CEHs) Prerequisites Completion - Summary Page

NAME:		Date Submitted:				
PAGES	Drug Pharmacology and/or Harm Reduction Education (5 CEHs)	Ethics Prevention-Specific Education Hours (6 CEHs)	Substance Use Prevention Education Hours 22 CEHs)	General Prevention Education Hours (22 CEHs)	General Prevention Education Hours Equity (22 CEHs)	Row Totals
Totals from Page 1						
Totals From Page 2 (If applicable)						
Totals from Page 3 (If applicable)						
Subtotals From All Pages						

I attest that I have completed all required Prevention Educational Prerequisite CEHs and completed the 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:** _____