



Kentucky Certification Board for  
Prevention Professionals, Inc.  
(KCBPP)

Portfolio  
Credentialing Criteria

*CERTIFIED PREVENTION SPECIALIST*

Rev. December 2023

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# *Certification*

## **Kentucky Prevention Credentialing History**

The development of the credentialing process for Kentucky Prevention Specialists officially began at the 1991 Kentucky School of Alcohol and Drug Studies with the formation of an *Ad Hoc* Committee. This *Ad Hoc* Committee was formed as a result of interest and support on the part of prevention specialists in Kentucky, the Division of Substance Abuse, the Kentucky Prevention Network and the Kentucky Chemical Dependency Counselors Professional Certification Board, Inc. (KCDCPCB). Representatives from these organizations met for approximately two years discussing national trends and reviewing the work that had been completed by a number of other states and their processes for credentialing. In February of 1993, the *Ad Hoc* Committee voted to pursue a prevention credential in Kentucky. The *Ad Hoc* Committee on Prevention Credentialing aligned itself with the KCDCPCB Governing Board and operated according to the By-Laws of this Board.

A Prevention Competency Review Board (PCRB) was established to set the criteria and standards for a Prevention Specialist in Kentucky. Representatives for this Board were sought from mental health centers, Regional Prevention Centers, the Kentucky Prevention Network and Title IV funded programs. The PCRB\* reviewed applications and administered the international examination. In 1994, to accommodate the addition of prevention certification, the Board name was changed to the Kentucky Certification Board of Chemical Dependency Professionals, Inc. (KCBCDP) which included counselor and prevention certification.

In 1998 the KCBCDP divided. The Chemical Dependency Counselors became Kentucky State licensed and Prevention Specialists became the Kentucky Certification Board for Prevention Professionals (KCBPP). This Board is recognized as the official certification body for Prevention Specialists by the Department of Behavioral Health Developmental and Intellectual Disabilities, Prevention and Promotion Branch and the International Certification and Reciprocity Consortium, Inc. (IC&RC). In 2007 the KCBPP officially adopted IC&RC's newly revised five Prevention Domains and in 2013 changed to the current six IC&RC domains. At the same time Kentucky adopted the title Prevention Specialist as required by IC&RC. IC&RC grants reciprocity to Prevention Specialists on an international level. For more information on credentialing, please contact:

**Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP)**  
[kcbpp@yahoo.com](mailto:kcbpp@yahoo.com)

\*Having completed its task, the Prevention Competency Review Board was officially dissolved in 1997.

## **Certification**

Certification is a process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications. Such qualifications (may) include:

- Graduation from an accredited or approved program
- Acceptable performance on a qualifying written examination
- Completion of a specified amount of work experience

Certification identifies specialists who have the skills and knowledge needed to provide services in the field of prevention. Certification ensures professional preparation and promotes continuing education for the prevention specialist.

## **Benefits of Certification**

- Assures consumers and employers of the validity and quality of services offered, thereby protecting the public
- Attests to the individual's knowledge and skills deemed essential to the field of practice as delineated by the profession
- Assures employers and the public that certified persons expand skills and knowledge with continuing education and training
- Assists employers (to) identify qualified practitioners
- Recognizes an individual's commitment to professional standards
- Delineates an individual's scope of practice
- Provides recognition of individual practitioners
- Facilitates geographic mobility of qualified practitioners

# *Prevention*

## **Definition of Prevention**

Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles and by reducing risk factors that contribute to alcohol, tobacco and other drug misuse.

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## **Definition of a Prevention Specialist**

The certified Alcohol, Tobacco and other Drug (ATOD) prevention specialist is an individual who demonstrates competence, knowledge, and skill related to ATOD issues and who provides services that build capacities of individuals and systems to promote healthy environments, lifestyles, and behaviors.

*Competencies of a  
Prevention  
Specialist*



## IC&RC Domains

### Domain 1: Planning and Evaluation

- A. Conduct a community-level needs assessment
  - 1. Community characteristics
  - 2. Problem identification
  - 3. Community readiness assessment
  - 4. Community resources and resource gaps
  - 5. Basic terms in epidemiology
- B. Determine priorities based on comprehensive community assessment.
  - 1. Focus population
  - 2. Problem prioritization strategies
  - 3. Shared risk and protective factors among physical health, substance use/misuse/misuse, and other behavioral health disorders
- C. Conduct information gathering and data review/interpretation
  - 1. Information gathering techniques
  - 2. Data literacy
- D. Utilize prevention theory
  - 1. Health disparities
  - 2. Social determinants of health and mental health
  - 3. Continuum of care
  - 4. Risk and Protective Factors Theory
  - 5. Public health approach
  - 6. Theory of Change
  - 7. Human developmental theories
- E. Develop a comprehensive prevention plan
  - 1. Logic models as a planning and evaluation tool
  - 2. Evidence-based prevention interventions
  - 3. Work plans
  - 4. Sustainability strategies
- F. Identify prevention program evaluation strategies.
  - 1. Evaluation instruments/models
  - 2. Validity and reliability of evaluation instruments/models
  - 3. Interpretation and application
- G. Conduct evaluation activities and identify opportunities to improve outcomes.
  - 1. Program fidelity assessment
  - 2. Adaptation evaluation
  - 3. Process and outcomes
- H. Utilize strategies to enhance sustainability of prevention program outcomes.
  - 1. Community capacity building

2. Grant research and writing
3. Data reporting
4. Community ownership
5. Resource assessment and development

## **Domain 2: Prevention Education and Service Delivery**

- A. Coordinate prevention activities
  1. Group processes
  2. Training techniques
  3. Interagency dynamics/power relationships/reciprocity
  4. Sustainable relationships and alliances
  5. Engagement strategies
  6. Existing community structures and norms
  7. Involvement of diverse populations
  8. Equitable access
- B. Implement prevention education and skill development activities
  1. Learning styles, instructional strategies, and presentation methods
  2. Curriculum training
- C. Utilize strategies for maintaining program fidelity
  1. Principles of and guidelines for fidelity and adaptation
  2. Instructional materials modification
  3. Core component maintenance

## **Domain 3: Communication**

- A. Demonstrate methods for promoting the science of prevention
  1. Interactions and strategies with the media and public
  2. Media literacy, media advocacy, and social marketing
- B. Utilize marketing techniques for prevention programs
  1. Effective marketing strategies and impact
  2. Communication models
- C. Apply principles of effective listening
  1. Active listening
  2. Interviewing techniques
- D. Apply principles of public speaking
  1. Logical presentation, organization, and key points
  2. Storytelling, use of examples, and building rapport
  3. Strategies to promote discussion
  4. Visual aids and other presentation resources
- E. Employ effective facilitation skills.

1. Audience characteristics
  2. Meeting agenda and action items
  3. Professional behaviors and communication skills
  4. Safe/inclusive spaces and conflict management
  5. Time management
- F. Demonstrate interpersonal communication competency.
1. Written and interpersonal communication skills
  2. Networking and community outreach

#### **Domain 4: Community Organization**

- A. Identify community demographics and norms
- B. Utilize strategies to recruit and engage a diverse group of stakeholders
  1. Community sector representation and perspectives
  2. Current and emerging community leaders/influencers
- C. Utilize strategies to build community ownership and provide technical assistance
  1. Community engagement strategies
  2. Capacity-building strategies
  3. Roles in community ownership
  4. Shared leadership
  5. Patterns of group and organizational communication
  6. strategies for empowering community members
  7. Advocacy strategies
  8. Training and mentoring community members
  9. Coalition development and sustainability
  10. Strategic planning activities
  11. Education resources for community members
- D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers
  1. Formal agreements
  2. Referrals
- E. Integrate prevention strategies into physical and behavioral health planning and activities
  1. Global behavioral health systems and their strategic goals
  2. Prevention participation in related health initiatives
  3. Behavioral health epidemiology
  4. Spectrum of behavioral health services

#### **Domain 5: Public Policy and Environmental Change**

- A. Utilize strategies and resources to promote environmental change

1. Evidence-based environmental strategies and policies
  2. Education of decision makers
- B. Demonstrate advocacy skills in public health promotion and prevention
1. Political processes
  2. Difference between lobbying and advocacy
  3. Public policy development and advocacy for healthy and safe communities
  4. Change agents and policy makers
  5. Negotiations
  6. Social justice

## **Domain 6: Professional Growth and Responsibility**

- A. Demonstrate adherence to legal, professional, and ethical principles
1. Prevention Code of Ethics
  2. Ethical use of funds
  3. Conflicts of interest
  4. Confidentiality
  5. Mandated abuse and neglect reporting
  6. Recipient rights and informed consent
  7. Copyright laws and reference procedures
  8. Strategies to ensure the safety of program participants
  9. Prevention professional scope of practice
  10. Ethical fundraising
  11. Ethical use of social media and technology
- B. Incorporate cultural responsiveness and health equity into prevention processes
1. Culturally responsive organizational structures
  2. Focus population inclusion
- C. Demonstrate healthy behaviors and self-care
1. Community resources that support health and well-being
  2. Healthy living strategies and wellness promotion
  3. Conflict resolution and stress management strategies
  4. Seeking and utilizing support from peers
  5. Recognition of personal limitations
- D. Recognize importance of participation in professional associations
1. Professional associations and organizations related to behavioral health
  2. Networking and relationship building
- E. Demonstrate knowledge of the science of substance use/misuse disorders
1. Biases, beliefs, and cultural assumptions related to substance use/misuse
  2. Signs, symptoms, and progressive stages of substance use/misuse disorders
  3. Family dynamics

4. Effects of drugs on the brain and the body
  5. Prevention within a recovery-oriented system of care
  6. Co-occurring disorders
  7. Brief intervention and referral
  8. Harm reduction
- F. Demonstrate knowledge of mental, emotional, and behavioral health issues
1. Effects of mental, emotional, and behavioral health on the family
  2. Biases, beliefs, and cultural assumptions related to mental health
  3. Signs and symptoms of behavioral health conditions/disorders
  4. Trauma-informed lens
- G. Prepare and maintain reports, records, and documents
1. Fiscal responsibility
  2. Grant compliance
  3. Best practices in documentation

# Kentucky Prevention Specialist Code of Ethics

I DO AFFIRM

## **I. Non-Discrimination**

A Prevention Specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, sexual identity, economic condition, or physical, medical or mental disability. A Prevention Specialist should broaden his/her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

## **II. Competence**

A Prevention Specialist shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and perform professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the specialist's life.

- a.** Professionals should be diligent in performing responsibilities. Diligence includes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- b.** Due care requires a specialist to plan and supervise adequately any professional activity for which he or she is responsible.
- c.** A Prevention Specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each specialist is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- d.** When a Prevention Specialist is aware of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

### **III. Integrity**

To maintain and broaden public confidence, Prevention Specialists should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate the deceit or subordination of principle.

- a.** Personal gain and advantage should not subordinate service and the public-trust. All information should be presented fairly and accurately. Each specialist should document and assign credit to all contributing sources used in published material or public statements.
- b.** Prevention Specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- c.** A Prevention Specialist should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

### **IV. Nature of Services**

Above all, Prevention Specialists shall do no harm to service recipients. Practices shall be respectful and non-exploitive. Services should protect the recipient from harm and the Specialist and the profession from censure.

- a.** Where there is evidence of child or other abuse, the Prevention Specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- b.** Where there is evidence of impairment in a colleague or a service recipient, a Prevention Specialist should be supportive of assistance or treatment.
- c.** A Prevention Specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/herself.

### **V. Confidentiality**

Confidential information acquired during service delivery shall be safeguarded from disclosure, including, but not limited to, verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

## **VI. Ethical Obligations for Community and Society**

According to their conscience, Prevention Specialists should be proactive on public policy and legislative issues. The public welfare and an individual's right to services and personal wellness should guide the Prevention Specialist's efforts.

I have read and understand the Code of Ethical Conduct for Prevention Specialists. I will, to the best of my ability, adhere to and honor this Code in professional and personal dealings.

The Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) shall not discriminate against applicants for certification on the basis of gender, age, race, national origin, creed or sexual orientation.



# *Portfolio Requirements and Process*

# Certification Requirements

## Requirements for the Kentucky Certification for Prevention Specialists include:

- Bachelor's Degree
- Completed Portfolio
- A passing score on the IC&RC/AODA Prevention Specialist examination.
- Completion of 2000 hours of verified prevention work experience. This work experience must be within the past 10 years.
- One hundred and twenty (120) hours of direct supervised work experience with at least 10 hours of direct supervision in each domain.
- One hundred fifty (150) clock hours of training within the past 10 years (**100 hours Prevention specific** {of the 100 prevention specific hours a maximum of **20 hours may be emotional/behavioral/mental health [EBM] trainings** } and **50 hours must be ATOD specific**) with a minimum of 12 hours in each domain. These 150 hours must include 6 hours of Prevention Ethics training. A maximum of 40 hours of on-line ATOD/Prevention training will be accepted for initial certification. Additionally, a maximum of 40 hours of "in-house" training will be accepted for initial certification. "In-house training is defined as "by employee for employee". The same course or workshop will not be used more than once for certification documentation if taken within a two-year period. All training must have been attended within the past 10 years.
- One Supervisor Evaluation
- Signed Kentucky Prevention Specialist Code of Ethics
- Applicants must live or work in KY for 51% of the year

**NOTE: One credit hour per graduate semester equals 15 clock hours;  
One credit hour per quarter equals 10 clock hours;**

# Definitions of Requirements

## **I. Experience**

In order to qualify for Prevention Specialist Certification, applicants in Kentucky must have (prior to applying) 2000 hours of work experience in the field of prevention. This experience must be within the past ten years. Volunteer prevention work experience may be eligible if it was under the direct supervision of a Certified Prevention Specialist. All 2000 hours of work experience must be verified during the portfolio phase of the certification process.

## **II. Education**

All applicants must have a bachelor's degree. Applicants must have the educational institution send an official transcript directly to the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) office.

## **III. Training**

All applicants must have 150 clock hours of training all of which must have been attended within the past ten years. One hundred (100) clock hours must be Prevention Specific of which up to 20 hours may be emotional, behavioral or mental health trainings and fifty (50) of the hours must be ATOD Specific. All applicants are required to have at least 12 hours of training in each domain. Applicants must receive 6 hours of Prevention Ethics trainings which are inclusive of the total 150 hours of training. Training can come from a variety of sources, including, but not limited to, college courses, workshops, in-services, conferences and seminars. All trainings must be validated by copies of certificates of attendance or a trainer's form/letter verifying attendance. The certificate/or trainer's form must include name of training, location, date and hours of attendance and name of the presenter. A maximum of 40 hours of on-line interactive training events conducted by an accredited source where the content is relevant to ATOD prevention will be accepted if the justification and validation meet the above stated requirements. All on-line courses must include a copy of the course description. Additionally, a maximum of 40 hours of "in-house" training will be accepted for initial certification. "In-house training is defined as "by employee for employee". The same course or workshop will not be used more than once for certification documentation if taken within a two-year period. Any college courses from

the initial bachelor's degree may be used for the training requirement only if they are ATOD prevention specific courses. Training credit will be given on college courses taken after the initial bachelor's degree. All bachelor's degree or graduate level college courses must be validated by submission of an official transcript and a course description. KCBPP approved trainings will automatically be accepted. Applicants are obligated to justify domain designation and ATOD specificity for all trainings submitted with their portfolios. Again, there is a maximum of 20 hours within the 100 prevention specific hours that can be emotional, behavioral or mental health focused.

#### **IV. Examination**

All applicants are required to successfully pass the International Certification Reciprocity Consortium/ Alcohol & Other Drug Abuse (IC&RC/AODA) Prevention Specialist examination.

**Examination:** The computer based multiple-choice examination is based on knowledge of the prevention field and the domains. The test was designed by the IC&RC/AODA. The Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) offers the test on demand once the applicant application has been approved and the exam fee has been paid. The exam can be taken at various locations in the state. Once an applicant's portfolio has been accepted, the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) will notify the applicant with examination registration instructions and how to access study resources on-line.

#### **V. Evaluation**

All applicants must obtain a Supervisor Evaluation.

**Supervisor Evaluation:** The supervisor evaluation is a recommendation based upon observation of the applicant's work in the field of prevention. A supervisor must be a CPS observing and providing direction of an individual's work in ATOD prevention. The individual may not receive supervision from a subordinate within the same organization. The supervising CPS must verify that the applicant has received a total of 120 hour of supervision with a minimum of 10 hours in each domain. For a list of CPS's and suggestions for distance supervision, contact the KCBPP business manager.

## **VI. Kentucky Prevention Specialist Code of Ethics**

All applicants must read, sign and date the Kentucky Prevention Specialist Code of Ethics.

**Code of Ethics:** Standards by which a profession makes known to its members and the general public the ethical principles that guide the specialist work. A code of ethics defines the values and responsibilities inherent in that profession.

**Prevention Code of Ethics:** The Kentucky Prevention Specialist Code of Ethics guides how a Certified Prevention Specialist will conduct professional and personal behavior in regard to: Non-Discrimination, Competence, Integrity, Nature of Services, Confidentiality and Ethical Obligations for Community and Society.

**Signature:** The applicant's signature on the Prevention Specialist Code of Ethics is the applicant's agreement to adhere to the Code.

## **VII. Application Deadline**

The completed portfolio must be entered into the Kentucky Prevention Certification Submission System (KPCSS) by December 31 to ensure review at the January meeting and entered into the KPCSS by June 30 to ensure review at the July meeting as the Board only reviews applications two times annually.

## **VIII. Appeal Procedure**

There is an appeal process should the certification application be denied. Refer to pages 31-32.

## Application Process

This manual has been designed to assist applicants in completing their portfolio. Information needed for the portfolio consists of: job description, prevention work history, education and prevention training, supervised experience in prevention, prevention supervisor evaluation, and a signed Kentucky Prevention Specialist Code of Ethics. Individuals seeking prevention certification must meet eligibility requirements prior to application. Certification is predicated on competency and experience in the field of Prevention. The portfolio documents competence of knowledge and skills and validation of work experience in the domains of a Prevention Specialist. The Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) determines if an applicant has met all requirements and is eligible to sit for the prevention specialist examination.

It is the applicant's responsibility to ensure that the supervisor evaluation is submitted directly to the board prior to the deadline through the KPCSS. **Applicants should make copies of all forms as the board is unable to make copies for applicants.** Portfolios must be complete before the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) performs a review. A complete portfolio consists of:

- Application Forms
- Supervisor Evaluation
- Official Transcript
- Verification of Training
- Signed Prevention Specialist Code of Ethics
- Payment of Fees

### STEPS TO CERTIFICATION

1. Access the Kentucky Prevention Certification Submission System (KPCSS) through the KCBPP website to submit your application.
2. The \$80.00 non-refundable application and review fee can be paid via the KPCSS PayPal link or a check sent to the to Kentucky Certification Board for Prevention Professionals, Inc. Office.
3. Applicant must request their official transcript from the educational institution they attended and have the institution send it a directly to the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) office. The supervisor evaluation form must be submitted by the supervisor in the KPCSS.

4. The completed portfolio must be entered into the Kentucky Prevention Certification Submission System (KPCSS) by December 31 to ensure review at the January meeting and entered into the KPCSS by June 30 to ensure review at the July meeting as the Board only reviews applications two times annually.
5. If the portfolio has been accepted, the applicant will be notified of examination registration instructions and how to access online study resources. If the board is unable to accept the portfolio as submitted, the applicant will receive detailed notification of deficiencies. Applicant may reapply and submit portfolio and the \$25 re-review fee or appeal the decision following the appeal procedure.
6. Applicants must submit the non-refundable \$160.00 examination fee within 60 days upon receipt of notice of eligibility to sit for the exam. Exam must be taken within one year of original portfolio approval notification date or resubmission of portfolio with all applicable fees will be required. Failure to submit exam fee within the 60-day time frame will require a \$50 late fee that must be submitted within 30 days of second notification or a new application with all applicable fees will be required.
7. The exam must be successfully completed within two years of portfolio approval notification date or resubmission of the portfolio with all applicable fees will be required. If an applicant fails the IC&RC exam 4 times: In order to be approved to retake the IC&RC exam a fifth time, the applicant will have one year to complete 12 additional training hours in each domain on which a score of 60% or lower was recorded. The one year will begin on the date of the last failed exam.
8. Upon successful completion of the IC&RC/AODA Prevention Specialist examination, the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) awards certification with all rights, privileges, and responsibilities of a Kentucky Certified Prevention Specialist. The applicant is notified of the board's decision to award certification.
9. The applicant must submit a \$80.00 certificate fee to complete their initial certification within 60 days of being notified they have successfully passed the exam. Upon receipt of this fee, the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) will assign a certification number and a certificate. Applicants will then be recognized as a Certified Prevention Specialist and will have the right to use the initials CPS in their title.
10. Certification is valid for two years. Certification renewal is bi-annual.

## Renewal of Certification

Recertification of Prevention Specialists is required every two years. There is a fee of \$80.00 due on the certification date. In order to maintain professional growth a maximum of 40 hours of continuing education specific to the field of ATOD prevention is required every two years. Continuing education includes skill development and information dealing with the domains listed in the certification manual. All sources of continuing education must have been completed within 2 years of the last certification date.

Applicants must complete the Recertification Form that documents and justifies the 40 hours of continuing education and submit copies of certificates of attendance/letter verifying attendance for each training through the KPCSS.

There is a one-cycle grace period. There is an additional \$30.00 fee for a late submission. Subsequent recertification date is two years from the original certification date.

The following sources for continuing education have been approved:

**Source A – ATOD Prevention Related Workshops, Academic Courses or Seminars – (25 HOURS MINIMUM) with a maximum of 20 hours of on-line training, a maximum of 10 hours “in-house training and a maximum of 10 hours of ATOD TX and/or emotional, behavioral or mental health trainings.**

Training can come from a variety of sources including college courses, workshops, in-service conferences, and seminars. All training must be validated by certificates or letter from the presenter. Certificates/letters must contain the name of training, location, date, hours of attendance and name of the presenter. For college courses include transcript and course outline. Specify topics and number of hours that apply to prevention. On-line interactive training events conducted by an accredited source where the content is relevant to ATOD prevention will be accepted if the justification and validation meet the above stated requirements. All on-line courses must include a copy of the course description. A maximum of 20 hours on-line training will be accepted for recertification and a maximum of 10 hours of “in-house training. In-house is defined as “by employees for employees”. A maximum of 10 hours of ATOD treatment or emotional, behavioral or mental health training hours are allowed. The same course or workshop will not be used more than once for certification documentation if taken within a two-year period.

**Source B – Teaching/Training – 10 Hours Maximum**



Teaching or training must be verified by a supervisor or a letter from the agency that requested the training. The letter must contain the title of the training, location, dates training occurred, and number of actual training hours and the name of the person requesting the training. The training must be on the level of Training of Trainers, Statewide, National, or International Workshops/Trainings.

**Source C – Professional Reading – 3 Hours Maximum**

Prevention research or related information in books or journals intended for prevention or other professional audiences are acceptable for professional reading. Pamphlets, booklets, videos, and brochures intended for general audiences are **not** acceptable. Pertinent information for documentation includes title, author, date, publisher, and a summary explaining relevance to KCBPP domains. Include date(s) you read the material and list total clock hours of reading (3 maximum).

**Source D – Writing – 10 Hours Maximum**

Published material written for a national professional publication specific for the field of prevention is accepted. A copy of the published article must be submitted with the recertification form.

**Source E – ATOD Prevention Board Service – 10 Hours Maximum**

Board service involves serving on a board where the emphasis is on the field of **prevention**. Board service will be recognized when attendance at meetings are verified by the signature of the Chair or Vice-Chair of Board.

**Source F – Supervision of a CPS candidate outside of your agency – 10 Hours Maximum.** Providing supervision to a CPS candidate outside of your own agency requires the completion of the supervisory log that is included on the recertification documentation sheet under source F.

## **Inactive Status**

The Certified Prevention Specialist (CPS) has the option to allow his/her certification to go into inactive status. The CPS can remain inactive for up to five years. There is an annual \$20.00 fee to maintain inactive status. The inactive status request must be submitted within six (6) months of the expiration date of recertification. In order to re-activate certification, the CPS must submit the following: proof of inactive status fee payment (\$20 for each inactive year); 40 hours of qualified prevention training within the past 24 months; and the \$80.00 recertification fee. This recertification application must be submitted through the Kentucky Prevention Certification Submission System no later than the date of inactive status expiration. During the inactive status, the CPS may not use their credential. After five years of inactive status, certification will lapse and the person must go through the entire certification process to regain CPS status.

# *Grievance Procedures*

# Grievance Procedures

## I. Denial or Revocation of Certification

A. The Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) retains the right to deny certification or recertification to any applicant for:

1. Demonstration of substantial weakness in the prevention knowledge base or competencies described in the Standards in the Certification Manual.
2. Employment of fraud or deception in applying for certification.
3. Conviction of a felony.
4. Practice as a prevention specialist under a false or assumed name, or the impersonation of another prevention specialist of a like or different name.
5. Use of any mood-altering chemical substance to such an extent as to interfere with the competent performance of his or her duties.
6. Misrepresentation of one's specialist credentials.
7. Failure to adhere to the Kentucky Prevention Specialist Code of Ethics.

B. Should the application and/or any Supervisor Evaluation Form reveal possible grounds for refusal or revocation, the Governing Board will proceed as follows:

1. Should the Governing Board decide, on the basis of competency, that the applicant is eligible for certification or recertification, but finds sufficient information documented to warrant refusal on the grounds cited in Section I, A, the Governing Board must inform the applicant of this decision and the grounds on which it was made. The applicant must also be informed that he or she can reapply for certification in one (1) year, but may face refusal on the same grounds as indicated above unless the applicant can provide documented information to show that such grounds have been remedied.
2. Should the Governing Board decide, on the basis of competency, that the applicant is ineligible for certification or recertification, the Governing

Board will provide the applicant with a detailed and itemized list of the reasons for ineligibility. (The procedure for appealing this refusal follows this section.)

3. Should the Governing Board decide, on the basis of competency, that the applicant is eligible for certification, but finds documented information providing possible grounds for refusal, the Governing Board may move forward in recommending certification on the basis that there is not sufficient evidence for refusal. The Governing Board must enter into the applicant's written record the information submitted and the results of the decision made by the Governing Board. The Governing Board must also issue, to the applicant, a statement to the effect that the only basis for reviewing this issue in the future would be to determine whether or not the applicant had employed fraud or deception in applying for the initial certificate.
- C. Any individual may make a complaint about a prevention specialist on any of the grounds listed in Section I, A. Such a complaint must be made in writing directly to the Chairperson of the Governing Board. The following procedures would be followed in response to such a complaint.
1. Within twenty (20) working days of receipt of the complaint, letters signed by the Chairperson of the Governing Board will be sent by certified return requested mail to the complainant and prevention specialist involved, indicating receipt of the complaint.
  2. A date, time and site for a hearing to be conducted by the Grievance Review Committee of the Governing Board will be scheduled within 60 to 90 days and prior to the next Governing Board meeting. The complainant will be given in writing a 30-day notice of the date, time and site of the hearing.
  3. The non-appearance (without good cause) of the complainant or complainant's representative will be grounds for canceling the hearing.
  4. The non-appearance (without good cause) of the prevention specialist against whom the complaint is being filed will not prevent such a hearing. This prevention specialist may appear in person or may present his or her answer to the complaint, in writing, to the Grievance Review Committee.

5. The Grievance Review Committee will make recommendations to the Governing Board regarding revocation of certification based on the findings of the hearing.
  6. The Governing Board will make the final decision regarding the revocation of certification. The nature of this decision will be communicated to the prevention specialist involved and to the complainant, in writing, within one (1) week after the hearing.
- D.** Both complainant and prevention specialist will be guaranteed the following rights of due process, as part of the hearing procedure:
1. The right to counsel.
  2. The right to present evidence.
  3. The right to call witnesses.
  4. The right to cross-examine witnesses.
  5. The right to face the accuser.
  6. The right to participate in procedural matters.
    - a. Additional time to accumulate evidence or to have reasonable access to counsel may be granted to a prevention specialist upon receipt of a request stating why the time allotted is particularly insufficient.
    - b. All hearings are open to the public.
    - c. If the prevention specialist (appellant) chooses not to attend the hearing, the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) must be so notified in writing.
    - d. All hearing procedures will be tape recorded and available at minimal cost, upon request.

**E.** Certification after Refusal or Revocation

1. Revocation. After one (1) year from the date of revocation, an application for certification may be submitted. Such an application will follow the procedure set for the initial certification.
2. Refusal. Applicant may reapply and submit appropriate fee(s).

## **II. Appeal Procedures**

- A. The Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) has developed a procedure for the applicant and the Board to follow should an applicant, whose application has been denied or revoked, wish to appeal the decision of the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP).
- B. An applicant's appeal should be based on significant relevant information, not previously submitted in the initial application, recertification application or revocation hearings. This may have been due to oversight, misinterpretation, or a change in circumstances, and therefore pertinent to reconsideration. Additional work experience or education and training gained after the initial date of application will not be considered.
- C. The applicant may initiate an appeal by submitting a letter requesting reconsideration of denial or revocation to the Chairperson of the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP), at its offices within thirty (30) days of receipt of the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) certified letter denying or revoking certification.
- D. Within twenty (20) working days of receipt of the letter of appeal, a letter signed by the Chairperson will be sent by certified mail and will recognize the receipt of the appeal, and advise that the applicant will be notified of the date, time and site of the meeting of the Grievance Committee.
- E. Within 60-90 days of issuing the aforementioned letter, the appellant will receive a certified letter:
  1. Notifying the appellant of the date, time and site of the meeting of the Grievance Review Committee; at least thirty (30) days notice of the hearing must be given.

2. If the appellant chooses not to attend the hearing, the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) must be so notified, in writing, within ten (10) working days preceding the hearing.
- F.** In order to arrive at a recommendation on the appeal for the Board, a Grievance Review Committee, appointed by the Governing Board, will utilize the following procedure:
1. The chairperson or representative of the original review committee will provide input on the committee's original recommendation and interpretation of the information. This person will not vote on the final recommendation by the Grievance Review Committee.
  2. The appellant will be heard if he or she chooses to attend. The rights of due process as outlined in Section I, D will be honored.
  3. The Governing Board will consider the appeal at its regularly scheduled meeting which immediately follows the meeting of the Grievance Review Committee. At a closed session of the Board meeting, the following will occur:
    - a. The Chairperson of the Grievance Review Committee shall present the findings and recommendations of the committee.
    - b. The Governing Board shall deliberate and render one of the following decisions:
      - 1) Defer - if the Board requires clarification of or additional, information. Clarification or additional information may be obtained through a letter or personal interview.
      - 2) Reaffirm denial or revocation.
      - 3) Award certification.
    - c. The decision of the Governing Board is final.



## **GLOSSARY**

|                             |  |
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| <b>Applicant</b>            | Any person who has applied for certification to the Kentucky Certification Board for Prevention Professionals, Inc. (KCBPP) to be credentialed as a prevention specialist or to renew his/her certification. |
| <b>Assessment</b>           | The process of collecting information for the purpose of evaluation to determine appropriate services.   |
| <b>ATOD</b>                 | An acronym that stands for Alcohol, Tobacco and other Drugs.   |
| <b>Certification</b>        | The process by which an individual is granted recognition as one who has fulfilled specific requirements and may practice in a field.  |
| <b>Certification Period</b> | Specific date in which the certification is in effect.   |
| <b>Competency</b>           | The ability to perform particular duties or tasks.   |
| <b>Complainant</b>          | A party who makes a complaint in a legal action or proceeding usually dealing with the Kentucky Prevention Code of Ethics.   |
| <b>Credentialing</b>        | The formal process of recognition of professional or technical competence.   |
| <b>Documentation</b>        | The provision of documents in substantiation of training, experience, and education.   |
| <b>Knowledge</b>            | The acquisition of what is or can be known by an individual such as facts or ideas acquired by study, investigation, observation or experience.  |
| <b>Misconduct</b>           | A deliberate violation of a standard of behavior.  |
| <b>Portfolio</b>            | The documentation of knowledge, skill, education, training and evaluations by supervisors.   |

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| <b>Prevention</b>            | Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles and by reducing risks contributing to alcohol, tobacco and other drug misuse and other related items. |
| <b>Prevention Specialist</b> | The Certified ATOD Prevention Specialist is an individual who has demonstrated competence, knowledge and skill related to ATOD issues and who provides services that build capacities of individuals and systems to promote healthy environments, lifestyles and behaviors.                      |
| <b>Reciprocity</b>           | A recognition by two or more states of the validity of licenses or privileges granted by the other are acceptable as meeting the criteria of its own certification.  |
| <b>Revocation</b>            | The removal of certification.  |
| <b>Skill</b>                 | Skill is the ability to use one's knowledge effectively in execution or performance.   |
| <b>Standards</b>             | A standard is an accepted measure of quantity and quality.   |
| <b>Supervision</b>           | Providing observation of and direction to the applicant's work in ATOD prevention.   |
| <b>Supervising CPS</b>       | A CPS in good standing who is not a subordinate of the candidate.  |