

CERTIFIED PREVENTION SPECIALIST
Recertification Form (Effective 01-24-17)

Name _____ Certificate Number _____

Mailing Address: _____

City _____ State _____ Zip Code _____

W Phone _____ H Phone _____ Email _____

You must have a total of 40 hours verified ATOD prevention related continuing education hours every two years from the following sources. Applicants are required to have at least 25 hours from Source A. **However, a maximum of 20 on-line training hours and a maximum of 10 in-house training hours will be accepted from Source A. A maximum of ten (10) hours of the continuing education can be ATOD treatment or Mental, Emotional or Behavioral Health (MEB) based trainings. The same course or workshop will not be accepted more than once for recertification documentation if taken within a two-year period.**

List number of hours for each source:

<u>Number of Hours</u>	<u>Source</u>	<u>Minimum/Maximum</u>
_____ Source A	ATOD Prevention Related Workshops, Academic Courses, Seminars	25 hrs. minimum
	_____ 20 hours max on-line	
	_____ 10 hours max. in-house	
	_____ 10 hour max ATOD Treatment and/or Mental, Emotional or Behavioral Health	
_____ Source B	ATOD Prevention Related Teaching/Training	10 hrs. maximum
_____ Source C	ATOD Prevention Related Professional Reading	3 hrs. maximum
_____ Source D	ATOD Prevention Related Writing for Professional Publication	10 hrs. maximum
_____ Source E	ATOD Prevention Board Service	10 hr. maximum
_____ Source F	Supervising a CPS candidate outside of your agency	10 hr. maximum

Total Number of Hours: _____

I hereby certify that I have completed these continuing education/training hours and live or work in KY at least 51% of the year.

_____ **Signature of Certified Prevention Specialist**

By signing here _____, I agree for KCBPP to release my contact information to others applying for certification who might want to contact me regarding the need for supervision.

Send completed form with \$75.00 fee to: KCBPP 219 Old Towne Road, Louisville, KY 40214-4370

Source A: Prevention Related Workshops, Academic Courses, Seminars (**Minimum of 25 Hours**). However, a maximum of 20 on-line training hours, a maximum of 10 in-house training hours and a maximum of 10 hours of ATOD TX and/or Mental, Emotional or Behavioral Health (MEB) trainings are allowed.

(Attach **copies** of certificates or letter from trainer. Required information on certificate or letter includes date of event, number of hours, location, and name of presenter.) The following trainings are preapproved and do not require justifications: KPN, NPN, CADCA, Prevention Academy, SAPST, Prevention Enhancement site trainings, State prevention branch substance abuse specific trainings, SAMHSA Prevention Track and PRI prevention trainings. KY School prevention designated trainings listed in brochure do not need justification. All other trainings including other courses taken at KY School without prevention designation must be justified. Make additional copies of this form as needed.

Name of Workshop	Dates Attended	Sponsor/Trainer	Total Clock Hours
This Workshop/Training is related to prevention domain #____ because:			

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Source B: Prevention Related Teaching/Training (Maximum of 10 Hours)
 (TOT, Presenter at State, Regional, National, International Conferences, Workshops or Training). A letter which verifies presentation may be attached in lieu of supervisor or agency signature.

Title of Training	Location (city/state)	Dates Attended	Total Clock Hours	Supervisor or Agency Signature

Source C: Professional Prevention Related Reading (Maximum of 3 Hours)
 (Pertinent information will include title, author, date published, content or a brief summary of what was read.)

Title of Book, Journal, Article	Publisher	Total Clock Hours
Pertinent Information in Publication:		

Title of Book, Journal, Article	Publisher	Total Clock Hours
Pertinent Information in Publication:		

Source D: Prevention Related Writing for a Professional Publication

(Maximum of 10 Hours). Attach a copy of your published article.

Article Title	Journal/Volume No	Date Published	Number Hours Claimed

Source E: ATOD Prevention Related Board Services (Maximum of 10 hours)

Name of Board	Signature of Board Chair <u>Verifying Hours Attended</u>	Number of Hours of Services	Dates Attended

Source F: Supervising a CPS candidate outside of your agency (Maximum 10 hrs)

Supervisory Log - Name of CPS Candidate Supervised: _____

[illegible]