

# SUPERVISION DOCUMENTATION

**Form V-A**  
**Rev. Jan 2017**

Applicant Name \_\_\_\_\_

By signing here, upon passing of the IC&RC examination, I agree for the KCBPP to release my contact information to others applying for certification who might want to contact me regarding the need for prevention certification. \_\_\_\_\_ Date: \_\_\_\_\_

KCBPP requires that applicants be supervised for a minimum of 120 hours. Said supervisor must have a CPS.

Supervising CPS: \_\_\_\_\_

Agency \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

CPS Certificate Number: \_\_\_\_\_

Dates of Supervision: Start \_\_\_\_\_ End \_\_\_\_\_

Hours of Supervision: Verification of a total of One Hundred Twenty (120) hours of supervision with a minimum of Ten (10) hours in each domain is required.

<b>Domain</b>	<b>Hours of Supervision</b>
Planning and Evaluation	
Prevention Education and Service Delivery	
Communication	
Community Organization	
Public Policy and Environmental Change	
Professional Growth and Responsibility	
<b>Total Hours (120 Hours Required)</b>	

Additional comments or information that is pertinent:

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**The KCBPP requests supervisors review completed portfolios for accuracy, completeness and clarification of justifications in each domain.**