

SUPERVISION DOCUMENTATION

Form V-A
Rev. Jan 2020

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.

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

Additional comments or information that is pertinent:

Signature _____ Date _____

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

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: _____