



Protecting the Citizens  
of Florida

## Prevention

### This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

*Define Yourself  
as a Professional  
through Certification.*



*Protecting the Citizens  
of Florida*

**Prevention**

## Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals performing work in the related fields of addictions, prevention, criminal justice, mental health, and behavioral health.

In order to obtain a prevention credential in the State of Florida, you must:

1. Meet specific competency and ethical conduct requirements;
2. Possess minimum work and supervision experience requirements;
3. Possess minimum education and training requirements;
4. Pass written exam; and
5. Complete minimum continuing education credits annually to maintain a current knowledge base.

## Mission

To protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

## Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and certification cards are the property of the FCB and must be surrendered upon Board request.

## Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at [www.flcertificationboard.org](http://www.flcertificationboard.org). Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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## Introduction

Prevention Professionals fill a unique role among health and human services professionals in providing quality care to consumers. The Florida Certification Board (FCB) has designed a credentialing system that will evaluate each applicant's competency and grant recognition to those professionals who meet the specified minimum standards. In creating this process, the FCB examined credentialing systems of other states, gathered input from state and national groups, and incorporated the most appropriate elements to form the basis of this system.

The FCB recognizes that Prevention Professionals work in a wide range of disciplines and have diverse educational and experiential backgrounds. The FCB's certification process identifies and defines the core functions, responsibilities, knowledge, and skill areas required of Prevention Professionals regardless of work setting, approach, and educational or professional training. This process does not endorse any one particular philosophy, treatment modality or service delivery approach. We encourage and require the development of professional skills and competencies for all Prevention Professionals.

## Purpose

The purpose of a certification system for Prevention is to:

1. Assure the public a minimum level of competency for quality services by Prevention Professionals.
2. Give professional recognition to qualified Prevention Professionals through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Prevention Professionals.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

## Definition of a Prevention Professional

The FCB offers 2 levels of Prevention Certification:

**Certified Prevention Professional (CPP)** credential is for those who possess advanced prevention-related competency. A CPP can provide services across the spectrum of targeted behaviors, including but not limited to: addictions, delinquency, teen pregnancy, suicide and drop-out prevention.

**Certified Prevention Specialist (CPS)** credential is the entry-level prevention certification. The CPS is also the reciprocal credential for those coming into Florida through the IC&RC.

## Certification Standards

The Certified Prevention Professional (CPP) designation is for those persons who possess advanced prevention-related competency. For the purposes of this credential, prevention is defined as providing prevention services for individuals, families and communities across the spectrum of targeted behaviors, including but not limited to substance abuse, delinquency, teen pregnancy, suicide, and school drop-out. The CPP will be able to provide services to individuals across the life-span including children, youth, adolescents, adults and elders. This can include work in community coalitions.

CPP Standards	
<b>Education and Experience (Option A)</b>	<p>Bachelor's degree or higher in a <b>related</b> field AND 6,000 hours of prevention-related service experience</p> <p>Related Fields:</p> <ul style="list-style-type: none"> <li>• Social Work</li> <li>• Nursing</li> <li>• Counseling</li> <li>• Psychology</li> <li>• Sociology</li> <li>• Child Development</li> <li>• Political Science</li> <li>• Education</li> <li>• Health Promotion</li> <li>• Criminology</li> <li>• Public Health</li> <li>• Rehabilitative Services</li> <li>• Divinity/Pastoral Counseling</li> <li>• Socio-Cultural Anthropology</li> <li>• Leisure Services</li> </ul>
<b>Education and Experience (Option B)</b>	<p>Bachelor's degree or higher in an <b>unrelated</b> field AND 18 college credit hours in related topics AND 6,000 hours of prevention-related service experience</p>
<b>Supervision/ Mentoring</b>	<p>180 hours: must include a minimum of 20 hours per performance domain. The remaining 60 hours may be in any of the performance domains.</p>
<b>Education/ Training</b>	<p>150 hours: 115 hours are specified, the remaining 35 hours may be spread among any of the performance domains. Must have been received within the last 10 years.</p>
<b>Written Exam</b>	<ul style="list-style-type: none"> <li>• CPP Exam</li> <li>• IC&amp;RC Prevention Exam (only if reciprocity is desired)</li> </ul>
<b>Renewal</b>	<p>20 CEUs annually</p>

<b>CPS Standards</b>	
<b>Degree</b>	High School Diploma/GED or higher
<b>Experience</b>	2,000 hours of prevention-related service experience
<b>Supervision</b>	120 hours: must include a minimum of 8 hours per performance domain
<b>Training</b>	100 hours: must include a minimum of 8 hours per performance domain and 6 hours of prevention-specific ethics The remaining 54 hours may be spread among any of the performance domains
<b>Written Exam</b>	<ul style="list-style-type: none"> <li>• Must pass written exam</li> <li>• IC&amp;RC Prevention Exam (only if reciprocity is desired)</li> </ul>
<b>Renewal</b>	10 CEUs annually

# Part I The Certification Process

## *Easy to follow Instructions.*

### **Your Personal Road Map to Certification**

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

### **Please contact The Florida Certification Board if you have any questions along the way:**

1715 South Gadsden Street  
Tallahassee, FL 32301

(850) 222-6314 *office*

(850) 222-6247 *fax*

***[www.flcertificationboard.org](http://www.flcertificationboard.org)***



## **TIPS** *for Success!*

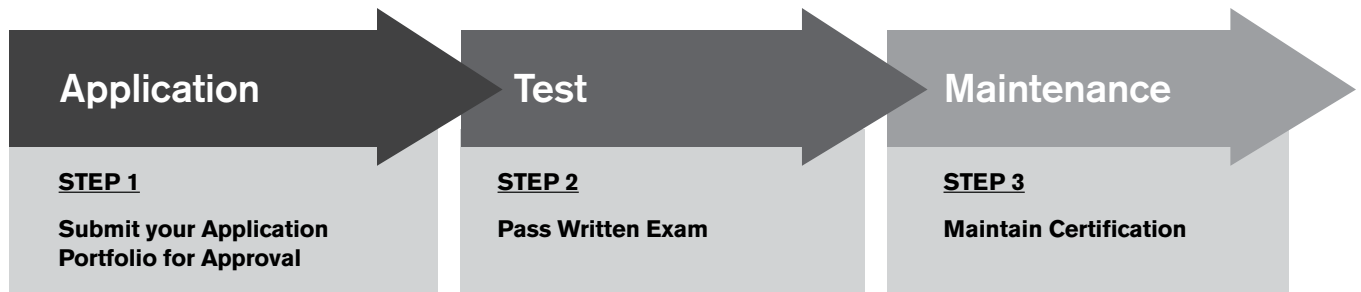
**You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.**

- Transcripts must come from an accredited college/university. An official transcript must be mailed directly from the educational institution to the FCB.
- Provide each person who completes mandatory forms on your behalf with:
  - A pre-addressed, stamped envelope (addressed to the FCB)
  - The required forms
  - A requested due date to mail the required form(s) to the FCB
- Photocopy entire completed application portfolio before submitting

# PART I *The Certification Process and Critical Timeframes*

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## The Certification Process



### Guidelines for Certification

1. **All applications must be legible.** Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.
2. All education, work experience, and training must be completed **prior** to applying for certification.
3. All education, work experience, supervision and training must include **supporting documentation** that can be verified or it will not be counted as eligible.
4. Candidates must pay a one-time **\$150 certification fee** with the application portfolio. This fee is non-refundable and non-transferable.
5. Once the application is complete, **make a copy of the entire application packet**, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.
6. Applicants are encouraged to begin a file to **organize and store** all certification related correspondence, certificates, letters of verification, etc.



### CRITICAL TIMEFRAMES

**Applicants have one year in which to complete** the certification process. This includes taking and passing the written exam, and the completion and approval of the Application Portfolio.

The one-year time frame begins once the **completed application is received** in the FCB office. Upon initial review, applicants will be informed of their out-of-time-date.

Applicants will receive a reminder that they are in danger of running out of time **three to six months prior** to their out-of-time date. Once time has run out, final notification will be sent that includes the steps necessary for continuing the process.

## PART I *Application Portfolio*

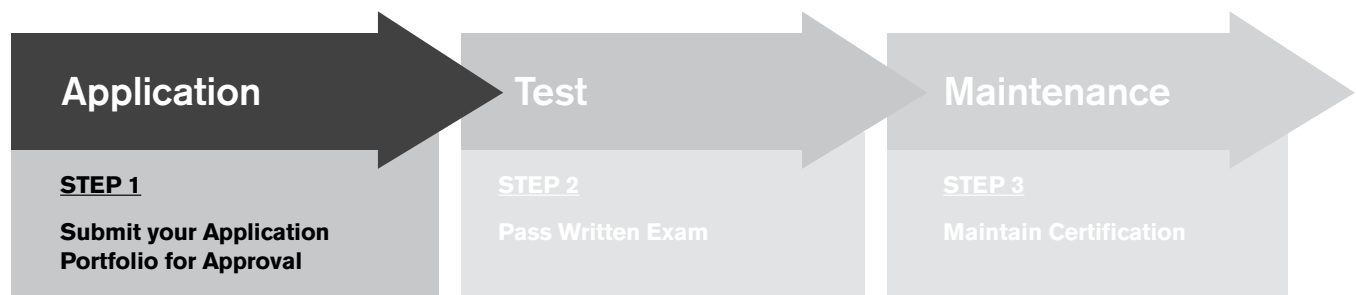
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In order to continue the process, an applicant will need to send a written statement along with the \$150 out-of-time fee. This will allow **another year in which to complete the process**. Applicants must, however, comply with any new guidelines that may be in place at that time (degree, exams, education, etc.).

**If an applicant allows two years to pass** without completing the certification process, the applicant must begin the certification process over, including payment of the certification fee, and must meet the requirements that are in place at that time.

### APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant's competency in the knowledge and skills specifically related to the functions of a Certified Prevention Professional.



#### **The Application Portfolio consists of:**

1. Application for Certification in Prevention
2. Work Verification Form
3. Training Verification Form
4. Supervision Verification Form

**Each form is included in this manual;** forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation. Additional information will be used only to further evaluate an applicant and will be held confidential.

## PART I *Application Portfolio (continued)*

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The next sections provide detailed information on how to complete each mandatory form.

### 1) APPLICATION

Please carefully fill out each section of the Prevention application form.

Section 1: Demographic Information

Section 4: Voluntary Demographic Information

Section 2: Educational Background

Section 5: Assurance and Release

Section 3: Background Information

Section 6: Code of Ethics

- This application must be completed in its entirety.
- Partial, incomplete, or illegible applications will be returned to the applicant.
- All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
- Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.



**The FCB may refuse to issue a credential** to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

### INCARCERATED OR CONVICTED APPLICANTS

*The Prevention application form* requires applicants to indicate whether or not the applicant has ever been convicted of a felony. If the applicant indicates “yes” in this section of the application, applicants must provide the FCB with any and all information concerning any arrest(s), convictions, indictments, suspensions, or revocations.

An applicant will not be considered for certification until such time that they have completed and are no longer under the jurisdiction of the county, state or federal criminal justice system, including but not limited to supervised or unsupervised probation.

Drug and/or alcohol work experience earned during incarceration may not be used to meet the work experience requirement.

## PART I *The Work Verification Form*

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### 2) WORK VERIFICATION FORM

#### REQUIRED WORK EXPERIENCE

**Work experience is defined as** the hours the applicant has spent providing prevention services.

CPP Requirements	CPS Requirements
<p><b>The number of hours of required work experience depends</b> on the applicant's educational background:</p> <ul style="list-style-type: none"><li>• Applicants holding a minimum of a Bachelor's Degree in a related field must document <b>at least 6,000 hours</b> of work experience</li><li>• Applicants holding a minimum of a Bachelors Degree in a non-related field must document <b>at least 6,000 hours</b> of work experience AND 18 college credit hours in related topics (must provide official transcript from college or university)</li></ul> <p>Related fields are: social work, nursing, counseling, psychology, sociology, child development, political science, education, health promotion, criminology/criminal justice, public health, rehabilitative services, divinity/pastoral counseling, socio-cultural anthropology, or leisure services.</p>	<p>2,000 hours of prevention-related service experience</p>

***ALL work experience must be gained prior to applying for certification.***

#### CALCULATING WORK EXPERIENCE HOURS

**Work experience hours are calculated as follows:**

- 1-year of full-time employment at 40-hours per week, equals 2,080 hours.
- If the applicant worked fewer than 40-hours per week, actual work hours must be calculated on an hour-for-hour basis.

## PART I *The Work Verification Form (continued)*

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### DOCUMENTING WORK EXPERIENCE

The Work Verification Form is used to document the applicant's prior work experience in the field of prevention. This form is to be completed by the applicant's employer's personnel officer or designee.

**The applicant must provide the *Work Verification Form*** to the employer's personnel officer or designee for completion and signature. This form MAY NOT be signed by a relative or spouse.

**If multiple agencies need to verify work experience**, the applicant must make copies of the Work Verification Form for each individual employer to complete.

The applicant must ensure that his or her name is written on the Work Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio. The personnel office must complete the form and mail it directly to the FCB. The FCB will **NOT** accept work verification provided by the applicant.



**The personnel office should mail the completed form to:**

The Florida Certification Board, 1715 South Gadsden Street,  
Tallahassee, Florida 32301

## PART I *The Training Verification Form*

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### 3) THE TRAINING VERIFICATION FORM

The Training Verification Form is used to document completion of required training prior to applying for certification. This form is completed by the applicant.

#### REQUIRED TRAINING

CPP Requirements	CPS Requirements
<p>Applicants must document at least 150 total clock hours of training as outlined below:</p> <p><b>115 hours are specified, the remaining 35 hours may be spread among any of the performance domains.</b></p> <ul style="list-style-type: none"><li>• 18 total hours of ethics: 6 of the 18 must be prevention-specific</li><li>• 26 total hours of prevention theory and practice</li><li>• 5 hours in human growth and development</li><li>• 16 total hours in leadership, supervision, administration, and/or consultation</li><li>• 50 total hours in prevention problem areas. Applicants must document a minimum of 5 hours of training in at least 5 of the following specified problem areas: <i>Child Abuse/Neglect, Addictions, Mental Health, Delinquency/Crime, Teen Pregnancy, Homelessness, Injury Prevention, Family Conflict, Chronic Disease, Violence, Elder Abuse/Neglect, School Drop-out, Suicide, Sexual Violence/Domestic Violence, Gambling and Gangs</i></li></ul> <p>Note: For problem areas that are not age specific, training may focus on issues throughout the lifespan.</p> <p><b>All training must be complete <u>prior</u> to applying for certification.</b></p> <p><b>Training requirements may be met</b> through multiple strategies including, but not limited to seminars, conferences, workshops, and in-service trainings. Coursework completed as part of your formal degree is also eligible to meet training requirements.</p>	<p>Applicants must document at least <b>100 total clock hours:</b></p> <ul style="list-style-type: none"><li>• 8 hours per performance domain</li><li>• 6 hours of prevention-specific ethics</li></ul> <p>The remaining 54 hours may be spread among any of the performance domains</p>

#### **Unacceptable Training:**

1. **Any training that can not be supported** and/or verified by appropriate documentation will not be approved.
2. **Practicums and internships** are not acceptable for training requirement credit hours, but may be submitted to document minimum work experience when the practicum/internship occurs on-site (not in the college classroom).

## PART I *The Training Verification Form (continued)*

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Examples of eligible course content are listed under each performance domain. This list is not exhaustive; any course that builds knowledge and skill necessary to perform a job task in a given domain is eligible for training credit.

### **Planning & Evaluation**

- Needs Assessment
- Grant Writing
- Data Collection Methods
- Program Evaluation
- Program Planning
- Epidemiology
- Prevention Research
- Planning for Outcomes

### **Education & Skill Development**

- Human Development
- Public Speaking
- Prevention Methods
- Facilitating Behavior Change
- Risk and Protective Factors
- Prevention Frameworks
- Any course in preventing a specific problem behavior

### **Community Organization**

- Community Mobilization
- Working with Volunteers
- Networking
- Creating Coalitions
- Capacity Building
- National Guard Coalition Academy

### **Public & Organizational Policy**

- Advocating for Change
- Social Marketing
- Managing the Media
- Prevention-Focused Policies
- Drug-Free Workplace
- Social Norms

### **Professional Growth & Responsibility**

- Prevention Ethics
- Cultural Competence
- Rules and Regulations
- Record Keeping in Prevention
- Conflict Resolution
- Stress Management

### **Leadership (CPP Level Only)**

- Supervision for Prevention
- Leadership Styles
- Program Management
- Group Facilitation
- Strategic Planning

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### **Calculating Training Credit Hours**

The required number of hours refers to actual time spent in coursework, training, conferences or other educational event. Training credit hours are calculated as follows:

1. Professional training, seminars, in-services, workshops, etc. are calculated on an hour-per-hour basis. Breaks, including lunch, are not included when calculating the number of training credit hours. For example, a one-day training that starts at 8:00 am, breaks at noon for lunch, resumes at 1:00 pm and ends at 3:00 pm is eligible for 6 training credit hours.
2. One college semester credit equals 15 training credit hours. A three credit semester course equals 45 training credit hours.
3. One college quarter credit equals 10 training credit hours. A three credit quarter course equals 30 training credit hours.

## PART I *The Training Verification Form (continued)*

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### DOCUMENTING TRAINING REQUIREMENTS

All candidates must document training requirements on the Training Verification Form.

1. **Supporting documentation must be provided** for each entry on the form.
2. **Supporting documentation must include** the following content:
  - Applicant's Name,
  - Course Title,
  - Sponsor/Provider,
  - Delivery Date(s),
  - Number of hours, and
  - The provider/trainer/agency head's signature. If the provider's signature is unavailable, the documentation must be on the provider's official letterhead and/or include the official logo.
3. **Supporting documentation** must be organized so it appears in the same order as each entry on the *Training Verification Form*.
4. **All educational hours** must have been completed within 10-years prior to the date of certification application.
5. **If one course covers multiple topics**, the course must be listed individually for each requirement that it meets. A separate copy of the supporting documentation must be provided for each separate entry.

## PART I *The Supervision Verification Form*

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### 4) SUPERVISION VERIFICATION FORM

The Supervision Verification Form is used to document the applicant's direct supervision hours. This form is to be completed by the applicant's supervisor.

**The applicant must provide the Supervision Verification Form** to his or her current or previous supervisor. This form **MAY NOT** be signed by a relative or spouse.

**If multiple agencies need to verify supervision**, the applicant must make copies of the Supervision Verification Form for each individual supervisor to complete.

#### REQUIRED SUPERVISION

Supervision can take place in individual or group sessions and may include direct observation or consulting. Sessions may be face-to-face or via distance technologies (telephone, web-based, etc.).

CPP Requirements	CPS Requirements
Applicants are required to have a <b>minimum of 180 hours</b> of direct supervision. At least 20 hours of supervision must be documented in each of the 6 performance domains.	Applicants are required to have a <b>minimum of 120 hours</b> of direct supervision. At least 8 hours of supervision must be documented in each of the 5 performance domains.

#### DOCUMENTING SUPERVISION

The applicant must provide the Supervision Verification Form to his or her supervisor for completion. The supervisor must complete the form and mail it directly to the FCB. The FCB will **NOT** accept supervision verification provided by the applicant.

The applicant must ensure that his or her name is written on the Supervision Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio.

**The Supervision Verification Form must be mailed to:**

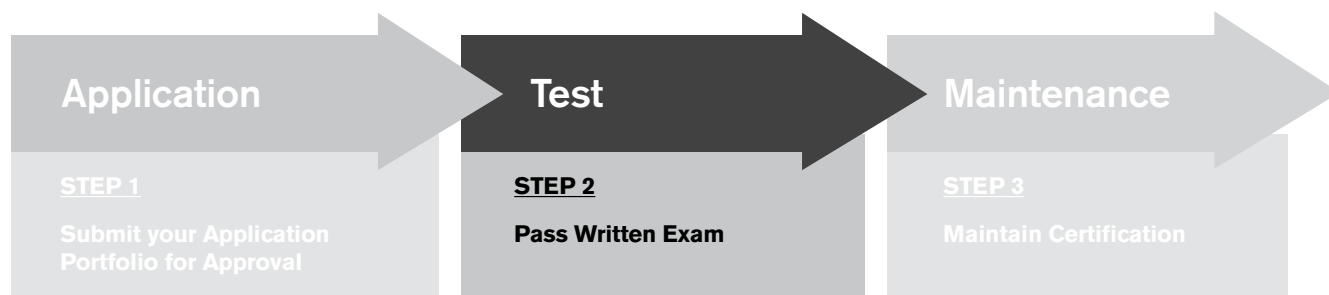
The Florida Certification Board  
1715 South Gadsden Street  
Tallahassee, Florida 32301

## PART I *Written Examination*

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### WRITTEN EXAMINATION

The exam consists of 150 multiple-choice questions.



Applicants must submit a completed Application Portfolio **prior** to registering for the test. All requests to sit for the exam must be made in writing and accompanied by the appropriate fees.

Applicant may only register after Application Portfolio has been approved.

Approval notice includes information to register for the test; test registration does NOT happen automatically.

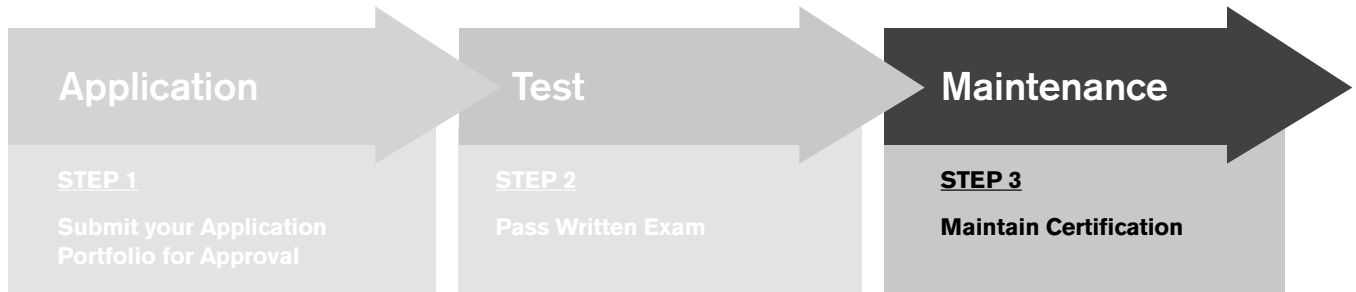
**Once you have passed the written exam you will be awarded the Prevention credential.**

## PART I *Credential Maintenance*

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### CREDENTIAL MAINTENANCE

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.



#### CONTINUING EDUCATION UNITS (CEUs)

CPP Requirements	CPS Requirements
20 CEUs annually	10 CEUs annually

#### **Eligible CEU providers are:**

- Approved by FCB
- Approved by other ICRC/AODA certification boards,
- Accredited institutions of higher learning, or
- Approved by other licensing and member boards such as DBPR, Nursing Board, Department of Children and Families, Licensed Clinical Social Workers, etc.

**CEUs do not have to be earned via face-to-face instruction.** Applicants may submit coursework completed through home study programs, distance learning or Internet courses offered by FCB approved providers.

**The FCB approved CEU providers** are listed on the FCB website at [www.flcertificationboard.org/Training\\_FCB-Approved-Providers.cfm](http://www.flcertificationboard.org/Training_FCB-Approved-Providers.cfm)

## PART I *Credential Maintenance (continued)*

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### CEU AUDIT

**The FCB uses a random computer-generated audit system** to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each Certified Professional can expect to be audited at least once every four years. Once audited, an individual's name is not removed from the pool.

**Once certified**, please keep all CEU paperwork for a minimum of two (2) years in case of an audit.

**When audited**, the individual must submit documentation supporting the mandatory 20 CEUs earned during the renewal period (June through June of the previous year).

### RENEWAL

**Certification must be renewed no later than June 30 of each year.**

**To renew a certification, the certified individual must:**

1. Pay the renewal fee no later than June 30 of each year.
2. Complete required hours of continuing education throughout the renewal period.
3. Submit documentation of continuing education, if audited.
4. Payment received after June 30 will automatically result in the Certified Professional being placed on inactive status.

**A certification validation card** is the official documentation that the Certified Professional has renewed certification. The card will be mailed after fees have been received and CEUs validated.

## PART I *Inactive Status*

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### **INACTIVE STATUS**

**A CPP may be placed on inactive status in one of two ways.**

**The two ways to be placed on inactive status are:**

1. Failure to pay annual renewal fees and submit required CEUs by the June 30 deadline will automatically result in an inactive certification. If this occurs, the Certified Professional will receive notification that his or her certification is inactive. The notification will include the steps necessary to reinstate the certification.
2. A Certified Professional may choose to place their certification on inactive status for a maximum of three years. A written request must be sent if this option is taken.

**To reinstate an inactive certification,** the individual must submit:

- a written request for reinstatement to the FCB,
- proof of current CEUs,
- a renewal fee, and
- a \$200 reinstatement fee.

**A Certified Professional may remain on inactive status** for a maximum period of three years. If certification is not reinstated by the end of the 3 years, the certification process must be started over according to any new requirements that are in place at that time.

**DURING THE INACTIVE PERIOD,  
THE PREVENTION CREDENTIAL MAY NOT BE USED.**

# PART I *Appeals Process*

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## APPEALS PROCESS

**When an applicant is denied certification**, questions the result of the application portfolio review, questions examination results, or is subject to an action by the FCB or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

**An inquiry** is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

**The applicant may appeal** the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

### THE APPEAL HEARING

**All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.**

**Upon receipt of the applicant's request** for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

**A hearing will be scheduled** within 20 business days after receipt of the applicant's request for an appeal hearing.

**The FCB's Executive Director** will send, by certified mail, a notice of the hearing to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

**The appealing party will be informed** of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.

## Part II Application Portfolio

# Your Application Portfolio Forms.

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

- **Application**
- **Training Verification Form**

The beige forms must be completed by others and mailed to the FCB. These forms include:

- **Work Verification Form**

*Provide this form to your current or former employer and ask them to complete the form and mail it directly to the FCB.*

- **Supervision Verification Form**

*Provide this form to your current or previous supervisor and ask them to complete the form and mail it directly to the FCB.*

**Florida Certification Board**  
1715 S. Gadsden Street  
Tallahassee, FL 32301



## TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

- Application for Certification in Prevention
- Training Verification Form

The following form must be completed and mailed to the FCB by the supervisor:

- Supervision Verification Form

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

- Work Verification Form

# Prevention Application

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.

**Florida Certification Board**  
**1715 S. Gadsden Street Tallahassee, FL 32301 | 850-222-6314 Phone 850-222-6247 Fax**

*I am applying for certification as a:*    **CPP**    **CPS**

**Section 1 - Demographic Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle/Maiden Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work Fax \_\_\_\_\_

Please use the following address for correspondence:    Home    Work

**Section 2 - Educational Background**

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Received:    Diploma    GED    None   Highest grade completed \_\_\_\_\_

Is the name on your transcript the same as on this application?    Yes    No \_\_\_\_\_  
*If your answer is no, please list the name on your transcript here.*

**Postsecondary Education:** List all technical or trade schools, community college, college or university, correspondence, or other institution from which you have received a diploma and/or degree.

School Name	Location of School (City/State)	Degree Type	Date Degree Earned

Indicate any other licenses or certifications you hold:    LPN    RN    LCSW    ACSW    LMFT    LMHC

Other(s) \_\_\_\_\_

I acknowledge that I have a minimum of a bachelor's degree in:    a **related** field    an **unrelated** field

# Prevention Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.

### Section 3 - Background Information

Have you ever been convicted of a felony or first degree misdemeanor?  No  Yes

If the answer is "yes", what were the charges? \_\_\_\_\_

Where (state/county/city) did the incident occur? \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first degree misdemeanor?  No  Yes

If the answer is "yes", what were the charges? \_\_\_\_\_

Where (state/county/city) did the incident occur? \_\_\_\_\_

Date of court ruling: \_\_\_\_\_

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?  No  Yes

If the answer is "yes", what were the charges? \_\_\_\_\_

Where (state/county/city) did the incident occur? \_\_\_\_\_

Date of court ruling: \_\_\_\_\_

**If you have answered "yes" to any of the questions above, please include official background report indicating all sanctions have been satisfied.**

### Section 4 - Voluntary Demographic Information

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail or refuse certification to any individual because of race, color, religion, national origin, marital status, or handicap.

I prefer NOT to provide the FCB with my demographic information.

Date of Birth \_\_\_\_\_ Gender:  Female  Male Race \_\_\_\_\_

**Black (non-Hispanic Origin)**

Persons having origins in any of the black racial groups of Africa.

**Native American**

Persons having origins in any of the original native tribes of the Americas and Alaska.

**Hispanic**

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

**Asian or Pacific Islander**

Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

**White (non-Hispanic origin)**

Persons having origins in any of the groups from Europe, North Africa, or the Middle East.

**Multi-racial/Multi-ethnic**

Persons having any origins from any of the described races and/or ethnicities.

## Assurance and Release Form

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The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

"I give my permission for the FCB and its staff to investigate my background as it relates to statements contained in this application for Prevention. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification."

"I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board."

"I further agree to hold the FCB, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying."

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Acknowledgement of the FCB Code of Ethics

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The FCB Code of Ethics can be downloaded at [www.FloridaCertificationBoard/Ethics.cfm](http://www.FloridaCertificationBoard/Ethics.cfm)

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. Your initials and signature are required in this section.

**By affixing my initials and signature below...**

**"I acknowledge that** I have received a copy of FCB's most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto."

*Initial Here*

\_\_\_\_\_

**"I further acknowledge that** I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB's Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics."

*Initial Here*

\_\_\_\_\_

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please clearly print your name as you would like it to appear on your Certification Certificate. There is a \$15.00 reprinting fee for any error not made by the FCB Office.**

# Training Verification Form for Prevention

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You must document training hours according to the directions below. Please reproduce this form as necessary.

**Directions:**

1. Complete the following form and use it as a cover sheet to all supporting documentation.
2. Please attach certificates/transcripts/course descriptions in the same order as the trainings are listed below.

Title of Training	Sponsor & Location	Topic/ Domain	Date	No. of Hours	FCB Use

# Work Verification Form

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Hello. The applicant named below is applying for certification with the Florida Certification Board.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

Applicant's Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Applicant's Date(s) of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Hours Worked per Week: \_\_\_\_\_

Average # of hours per week spent performing prevention duties: \_\_\_\_\_

Please provide a detailed description of the position's job duties:

*You may attach a copy of the position description in lieu of describing the job duties, if applicable.*

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*"By my signature I acknowledge that the above material is true, to the best of my knowledge."*

\_\_\_\_\_  
Personnel Officer/Designee's Signature

\_\_\_\_\_  
Date

# CPS Supervision Verification Form

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Hello. The applicant named below is applying for certification with the Florida Certification Board.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

## Part I: Supervisor Information

**Please do not complete this form if you are in any way related to the applicant.**

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Professional license(s), certificate(s) or degree(s) you hold (attach copies):

_____	_____
_____	_____
_____	_____
_____	_____

I provided supervision to this applicant from: \_\_\_\_\_ to \_\_\_\_\_

The applicant's position was:     Full Time     Part Time

If part time, hours per week: \_\_\_\_\_

*Form continued on the back of this page.*

## CPS Supervision Verification Form (continued)

Applicants must have completed a minimum of 120 hours of direct supervision with at least 8 hours in each of the 5 performance domains. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct observation of work.

The "Number of Hours" refers to the actual time you spent providing face-to-face supervision to the applicant related specifically to each skill area listed. Supervision may occur via face-to-face contact or distance methods such as telephone, e-mail, etc.

### Part II: Supervision Hours

Practice Domain	# of Hours
<b>Planning and Evaluation</b> – The identification and use of appropriate sources of data to document community needs; selecting prevention strategies to meet those needs; implementing and documenting selected strategies; and measuring the effectiveness of implemented prevention strategies in meeting community needs.	
<b>Education and Skill Development</b> – Developing opportunities and experiences for individuals that advance the life skills (such as decision making, goal setting, coping skills, communication and problem solving) necessary for personal development and health promotion.	
<b>Community Organization</b> – The entire process of developing relationships, identifying issues, mobilizing around those issues, and maintaining an enduring organization that can address community needs.	
<b>Public Policy and Environmental Change</b> – Working to decrease the social and health consequences of specific problem behaviors by changing social norms and advocating for the adoption of public laws, policies and practices that create and support healthy individuals, families and communities.	
<b>Professional Growth and Responsibility</b> – The obligations of a prevention professional to obtain the requisite knowledge and skills for competent practice, adhere to accepted ethical and behavioral standards of conduct and maintain continuing professional growth and development.	
<b>Total Hours</b>	

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

\_\_\_\_\_  
(Name of Applicant)

*"By my signature I acknowledge that, to the best of my knowledge, the above material is true."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CPP Supervision Verification Form

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Hello. The applicant named below is applying for certification with the Florida Certification Board.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

## Part I: Supervisor Information

**Please do not complete this form if you are in any way related to the applicant.**

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Professional license(s), certificate(s) or degree(s) you hold (attach copies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I provided supervision to this applicant from: \_\_\_\_\_ to \_\_\_\_\_

The applicant's position was:     Full Time     Part Time

If part time, hours per week: \_\_\_\_\_

*Form continued on the back of this page.*

## CPP Supervision Verification Form (continued)

Applicants must have completed a minimum of 180 hours of direct supervision with at least 20 hours in each of the 6 performance domains. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct observation of work.

The "Number of Hours" refers to the actual time you spent providing face-to-face supervision to the applicant related specifically to each skill area listed. Supervision may occur via face-to-face contact or distance methods such as telephone, e-mail, etc.

### Part II: Supervision Hours

Practice Domain	# of Hours
<b>Planning and Evaluation</b> – The identification and use of appropriate sources of data to document community needs; selecting prevention strategies to meet those needs; implementing and documenting selected strategies; and measuring the effectiveness of implemented prevention strategies in meeting community needs.	
<b>Education and Skill Development</b> – Developing opportunities and experiences for individuals that advance the life skills (such as decision making, goal setting, coping skills, communication and problem solving) necessary for personal development and health promotion.	
<b>Community Organization</b> – The entire process of developing relationships, identifying issues, mobilizing around those issues, and maintaining an enduring organization that can address community needs.	
<b>Public Policy and Environmental Change</b> – Working to decrease the social and health consequences of specific problem behaviors by changing social norms and advocating for the adoption of public laws, policies and practices that create and support healthy individuals, families and communities.	
<b>Professional Growth and Responsibility</b> – The obligations of a prevention professional to obtain the requisite knowledge and skills for competent practice, adhere to accepted ethical and behavioral standards of conduct and maintain continuing professional growth and development.	
<b>Leadership</b> – The capacity to establish direction and to influence and align others toward a common goal, motivating and committing them to action and making them responsible for their performance. This domain includes supervision, administration and leadership.	
<b>Total Hours</b>	

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

\_\_\_\_\_  
(Name of Applicant)

*"By my signature I acknowledge that, to the best of my knowledge, the above material is true."*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Protecting the Citizens  
of Florida*

**Prevention**

1715 South Gadsden Street, Tallahassee, FL 32301  
(850) 222-6314 | (850) 222-6247 fax  
[www.flcertificationboard.org](http://www.flcertificationboard.org)