

## **Application Packet**

Credentialed Prevention  
Professional (CPP)

Credentialed Prevention Specialist  
(CPS)



**Office of Addiction  
Services and Supports**

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Return only the forms (**in bold**) with your application documentation. Application instructions may be retained for your reference throughout the credentialing process.

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**PURPOSE OF THE CPP AND CPS CREDENTIALS**

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The New York State Office of Addiction Services and Supports (OASAS) is committed to enhancing the quality of services in New York State through the professional development of the substance use disorder (SUD) workforce. To ensure that prevention practitioners who provide services in SUD programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues the Credentialed Prevention Professional (CPP) and Credentialed Prevention Specialist (CPS) to individuals who meet specific eligibility requirements and pass an appropriate examination.

OASAS defines "Prevention" as a proactive, evidenced-based process utilizing effective programs and strategies to prevent or reduce SUD, and gambling in individuals, families, and communities. The OASAS Prevention Framework is grounded on research that SUD is preventable and that prevention is the most cost-effective element in the continuum of SUD services. Practitioner experience and research have shown that to accomplish SUD prevention goals, prevention professionals must work with individuals, families, schools and their communities to identify and reduce the risk factors and increase the protective factors that are predictive of SUD in communities. Research has shown that effective community prevention systems use multiple strategies that operate across multiple domains, requiring prevention professionals to support strong community prevention coalitions. Based on data-driven planning, evidence-based programs and strategies must be selected and implemented to achieve risk and protective factors to change outcomes and thus realize the following statewide goals:

- To reduce the prevalence of SUD and problem gambling in the NYS population.
- To delay the initiation of SUD and gambling behaviors among youth as long as possible.
- To decrease the negative health, social and economic consequences and costs associated with SUD and problem gambling.
- To prevent the escalation of SUD and gambling behaviors to levels requiring treatment through early identification, brief intervention and referral.

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**CREDENTIALING PROCESS**

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To become a CPP or CPS in New York State, you must: (1) meet specific competency and ethical conduct requirements; (2) meet specific work experience requirements; (3) meet minimum education and training requirements; (4) successfully complete a criminal background check review; and (5) pass the International Certification and Reciprocity Consortium (ICRC) examination for Prevention Specialist.

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**Application**

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Upon receipt by the OASAS Credentialing Unit, your application will be reviewed to ensure that the minimum eligibility requirements have been satisfied. Based on the findings of this review, your application will be determined to be either incomplete or approved. Applications are reviewed in the order they are received, and it may take an extended time to process due to the high volume received.

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**Incomplete Applications**

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If your application is determined to be incomplete, you will be mailed a CPP/CPS Application Review Summary identifying noted deficiencies. If you are unable to address the identified deficiencies by the end of the five-year period, your application will not be approved and you will not be issued a CPP/CPS Credential. To be considered for a CPP/CPS in the future, you would be required to submit a new application, associated documentation, and an additional \$100 Application Processing Fee.

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**Minimum Qualifications**

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To apply to become a CPP or CPS, you must:

- be at least 18 years of age;
- CPS applicants must have earned at least (1) a High School Diploma (obtained from institutions recognized by the New York State Department of Education or its equivalent) or (2) a High School Equivalency diploma (HSE);
- CPP applicants must have earned at least a Bachelor's Degree;
- be proficient in English including the ability to speak, write, comprehend orally and read at a minimum level necessary to perform as a credentialed prevention professional;
- live or work in New York State at least 51 percent of the time during the five-year application period;

CREDENTIALING PROCESS (Continued)

**Examination**

The IC&RC Prevention Specialist exam is offered on a weekly basis. Eligibility for the exam may be met by satisfactorily completing the following requirements:

- CPP/CPS - Satisfactory completion of 120 CPS educational hours (see page 18 of this application). A CPP/CPS certificate **will not** be issued until satisfactory completion of the 2,000 (CPS) or 4,000 (CPP) work experience hours, additional 150 hours educational hours (CPP), the submission of appropriate evaluations of competency and ethical conduct, and successful completion of the Criminal Background Check (CBC) process.

-- OR --

- CPS - Satisfactory completion of 120 educational hours, 2,000 work experience hours and the submission of the appropriate evaluations of competency and ethical conduct. A CPS certificate will be issued to those candidates who successfully complete the examination and the criminal background check.
- CPP - Satisfactory completion of 250 educational hours, 4,000 work experience hours and the submission of the appropriate evaluations of competency and ethical conduct. A CPP certificate will be issued to those candidates who successfully complete the examination and the criminal background check.

**Note:** If you currently hold a CPS certificate, you may be eligible to receive a CPP certificate without having to pass another ICRC Prevention exam. Contact the Credentialing Unit at [Credentialing@oasas.ny.gov](mailto:Credentialing@oasas.ny.gov) for information about the CPP Upgrade requirements and fees.

**FEE SCHEDULE**

All fees are **non-refundable, regardless of the results of your criminal background check**. Fees **must** be in the form of a **certified check or money order** made payable to NYS OASAS. Personal checks will **not** be accepted, will be returned, and will delay processing of your application. Please do not send cash.

**\$100 Application Processing Fee**

**\$170 Computer Based Examination Fee** -- Do not send examination fees until your application has been approved and you have been notified that you are exam eligible.

**\$ 50/100 CPS Upgrade Fee** – A \$50 Upgrade Fee will be charged for upgrades completed within the first year of issuance of the CPS, and \$100 for any time thereafter.

**\$ 25 Failure to Update Contact Information Fine**

**You do not need to send \$100 every time you submit additional documentation for review. The \$100 application fee covers administrative services provided during the five-year period that your application is active.**

**GENERAL APPLICATION INSTRUCTIONS**

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These instructions are intended to guide you in completing your application to become a CPP/CPS. Please **read** the following information **before** preparing your application.

- Make a copy of the Application Packet to use as a working draft **before** preparing your application. After completing the working draft, enter the final information onto the original application.
- **Please print clearly.**
- **Make a copy of the completed application, including all of the documentation and attachments, for your records. The application and all accompanying documents will become the property of OASAS and will not be returned.** This will be very important should your application expire before you fulfill all the requirements as you would then be required to submit a new application and all associated documentation.

Submit the completed original application and required documentation. Attach the **non-refundable** \$100 Application Processing Fee to the completed Part A of this application. The Application Processing Fee must be payable to "NYS OASAS" and in the form of a **certified check** or **money order**. **Personal checks or cash will not be accepted, will be returned, and will delay processing of your application. Applications received without payment will not be reviewed.**

Please mail your application to:

NYS OASAS  
Attn: Credentialing Unit  
1450 Western Avenue  
Albany, New York 12203-3526

## PART A – APPLICATION SUMMARY CHECKLIST

**Please remember to:**

- Complete Part A - Application Summary Form.
- Enter your **full, 9-digit** Social Security Number on Part A.
- Sign and date on the reverse side of the Part A form (must be within one year of the postmark date).
- Carefully review, initial, sign and date the Canon of Ethical Principles, and Misconduct Attestation on pages 7-9 of this application.
- Review, sign and date the NYS Justice Center Code of Conduct on pages 10-11 of this application.
- Attach the \$100 Application Processing Fee in the form of a **certified check** or **money order**, payable to NYS OASAS, to Part A.
  - **Personal checks cannot be accepted, will be returned and will delay processing of your application.**
- Attach a copy of your highest level of completed education (diploma or transcript).

**Failure to return any of the above documentation will delay processing of your application.**

To maintain the accuracy of the Credentialing database, **please report** all changes in your postal address, e-mail address, telephone number, and/or your name, in writing and **within ten business days**, by e-mail to [credentialing@oasas.ny.gov](mailto:credentialing@oasas.ny.gov) or by postal service to:

NYS OASAS  
ATTN: Credentialing Unit  
1450 Western Avenue  
Albany NY 12203

You may also update your information using the Addictions Professionals Information Change Form located on the OASAS website at:

<https://webapps.oasas.ny.gov/credentialingverification/verification/changeContact.cfm>

**Failure to comply with this requirement may result in the expiration of the application, or imposition of penalties or other remedial actions, and a \$25 Failure to Update Contact Information Fine, as provided in Part 853.**

**PART A – APPLICATION SUMMARY FORM**

**Important Note:** Documentation submitted without a fully completed Part A will not be processed, will be returned, and delay the review of your application.

<b>PART A - APPLICATION SUMMARY</b>		<b>APPLICATION TYPE (Check One) [ ] CPP [ ] CPS</b>	
<b>PERSONAL INFORMATION – PLEASE PRINT CLEARLY</b>			
LAST NAME: _____		FIRST NAME: _____ MIDDLE INITIAL: _____	
IF YOU HAVE EVER BEEN KNOWN BY ANY OTHER NAME(S), PLEASE PROVIDE: _____			
SOCIAL SECURITY NUMBER: _____ <small>Full Social Security Number is Required</small>		DATE OF BIRTH: _____ <small>Month Day Year</small>	
MAILING ADDRESS: _____ <small>Street Address Apt. #</small>			
_____ <small>City/Town/Village</small>		_____ <small>State</small>	_____ <small>Zip Code</small>
		_____ <small>County of Residence</small>	
HOME TELEPHONE NUMBER: ( ) _____		CELL PHONE NUMBER: ( ) _____	
E-MAIL ADDRESS: _____		GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	
(PLEASE USE NON-WORK EMAIL ADDRESS)			
<b>*FAILURE TO NOTIFY OASAS OF ANY ADDRESS CHANGE MAY RESULT IN EXPIRATION OF CREDENTIAL AND/OR IMPOSITION OF A FINE</b>			
<b>DEMOGRAPHIC INFORMATION - OPTIONAL</b>			
<b>Ethnicity:</b>		<b>Gender:</b>	
<input type="checkbox"/> White (Non Hispanic)		<input type="checkbox"/> Female	
<input type="checkbox"/> Black (Non Hispanic)		<input type="checkbox"/> Male	
<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Nonbinary	
<input type="checkbox"/> Native American		<input type="checkbox"/> Transgender	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Do Not Wish to Disclose	
<input type="checkbox"/> Other: _____			
		<b>Military Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>If applicable, I would identify myself as a person:</b>	
		<input type="checkbox"/> in recovery from addiction(s).	
		<input type="checkbox"/> recovering from the effects of addiction(s) in my family.	
<b>EDUCATIONAL INFORMATION -- ATTACH PROOF OF HIGHEST LEVEL COMPLETED</b>			
<input type="checkbox"/> GED/HSE <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree			
<b>PROFESSIONAL INFORMATION -- ATTACH PROOF</b>			
<input type="checkbox"/> CASAC <input type="checkbox"/> CPCG <input type="checkbox"/> Certified Public Health Administrator <input type="checkbox"/> Licensed or Certified Teacher <input type="checkbox"/> Health Educator <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Certified Rehabilitation Counselor <input type="checkbox"/> Certified Health Education Specialist <input type="checkbox"/> Licensed Creative Arts Therapist	<input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Licensed Master Social Worker (including Limited Permit LP-LMSW) <input type="checkbox"/> Licensed Mental Health Counselor (including Limited Permit LP-LMHC) <input type="checkbox"/> Registered Professional Nurse <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Physician <input type="checkbox"/> Registered Occupational Therapist		<input type="checkbox"/> Licensed Creative Arts Therapist <input type="checkbox"/> Licensed Marriage and Family Therapist <input type="checkbox"/> Licensed Nurse Practitioner <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Licensed Psychoanalyst <input type="checkbox"/> Therapeutic Recreation Specialist <input type="checkbox"/> Certified Addiction Recovery Coach <input type="checkbox"/> Certified Recovery Peer Advocate <input type="checkbox"/> Certified by National Board for Certified Counselors

**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

**PART A – APPLICATION SUMMARY FORM (Continued)**

**EMPLOYMENT INFORMATION (Please Print Clearly)**

JOB TITLE: \_\_\_\_\_ WORK TELEPHONE NO.: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_

OASAS CERTIFICATE NUMBER: \_\_\_\_\_ WORK UNIT/FACILITY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Street City/Town/Village State Zip Code

**AFFIRMATIONS AND CERTIFICATIONS – PLEASE PRINT CLEARLY**

HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU AS THE HOLDER OF ANY LICENSE OR CERTIFICATION ISSUED BY NEW YORK STATE OR ANY OTHER STATE OR FEDERAL AGENCY?  Yes  No

If "Yes", complete the following:

Date of Disciplinary Action	License or Certification	Type of Action Taken
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I attest that the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

I understand that if the information submitted contains a false statement, my application to become a CPP or CPS may be denied. If the application is approved and later determined to contain materials that were false or misleading, OASAS has the authority to duly annul, suspend, limit, or revoke the credential issued.\*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE\*\*

Any CPP or CPS Applicant who engages in any acts identified as misconduct by the Part 853 Regulation governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reactivation, Revocation, Fines, and Annulment.

\* **OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.** A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information and, with intent to defraud the State or any political subdivision thereof, he/she offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become part of the records of such public office of public servant.

\*\* **Part A must be dated within one year prior to submission.** Applications which are not signed and dated will be returned and will delay processing of your Application.

Personal information provided to OASAS is protected under the New York State Public Officer's Law, Personal Privacy Protection Law, Article 6A, and may only be disclosed with written consent, a court-ordered subpoena or subject to other provisions of such law.

**Remember to include the Application Processing Fee of \$100 in the form of a money order or certified check. Personal checks are not accepted and will delay processing of your application.**



**CANON OF ETHICAL PRINCIPLES**

LAST NAME: _____	FIRST NAME: _____	MI: _____	CPP/CPS # _____
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Please initial each of the following items indicating that you have carefully read, understood and agree to abide by the Part 853 Regulation governing the Credentialing of Addictions Professionals. The attestation on page 3 of 3 must be signed and dated. **Failure to return these pages will delay the processing of your application.**

The CPP and CPS must:

- \_\_\_\_\_ (1) Recognize that the profession is founded on national standards of competence which promote the best interest of society, the service recipient, the professional and the profession as a whole.
- \_\_\_\_\_ (2) Do no harm to service recipients. Practices must be respectful and non-exploitative. Services must protect the recipients from harm and the professional and the profession from censure.
- \_\_\_\_\_ (3) Maintain an objective, non-possessive relationship with those they serve and must not exploit them sexually, financially or emotionally.
- \_\_\_\_\_ (4) Not promote personal gain or profit.
- \_\_\_\_\_ (5) Not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or physical or mental disability. The CPP and CPS must broaden his/her understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.
- \_\_\_\_\_ (6) Observe the profession's technical and ethical standards; strive continually to improve personal competence and quality of service delivery and discharge professional responsibility to the best of his/her ability.
- \_\_\_\_\_ (7) Be diligent in discharging responsibilities by rendering services carefully and promptly by being thorough and by observing applicable technical and ethical standards.
- \_\_\_\_\_ (8) Adequately plan and supervise any professional activity for which he/she is responsible.
- \_\_\_\_\_ (9) Recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her own competencies. The CPP and CPS is responsible for assessing the adequacy of his/her own competence for the responsibility to be assumed.
- \_\_\_\_\_ (10) Report to the appropriate authorities any unethical conduct or practice on the part of any agency or individual providing prevention services when aware of such conduct or practice. The CPP and CPS must not participate in the filing of frivolous ethics complaints or which have a purpose other than to protect the public.
- \_\_\_\_\_ (11) Perform all professional responsibilities with the highest sense of integrity in order to maintain and broaden public confidence. Integrity can accommodate the inadvertent error and the honest difference of opinion, but it cannot accommodate deceit or the subordination of principle.
- \_\_\_\_\_ (12) Not subordinate services and the public trust for personal gain and advantage. Services, including referrals, must be based in the best interest of the recipient(s). All information must be presented fairly and accurately. The CPP and CPS must document and assign credit to all contributing sources used in published material or public statements.
- \_\_\_\_\_ (13) Not misrepresent, either directly or by implication, professional qualifications or affiliations.
- \_\_\_\_\_ (14) Not be associated, directly or indirectly, with any services or products which in any way are misleading or incorrect.
- \_\_\_\_\_ (15) Report any suspected child abuse to the appropriate agency and follow up to ensure appropriate action has been taken.
- \_\_\_\_\_ (16) Be supportive of assistance and treatment where there is evidence of impairment in a colleague or service recipient.
- \_\_\_\_\_ (17) Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for him/herself.

**CONTINUED ON NEXT PAGE**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ CPP/CPS # \_\_\_\_\_

Please initial each of the following items indicating that you have carefully read, understood and agree to abide by the Part 853 Regulation governing the Credentialing of Addictions Professionals. The attestation on page 3 of 3 must be signed and dated. **Failure to return these pages will delay the processing of your application.**

- \_\_\_\_\_ (18) Protect service recipients' rights and ensure confidentiality by adhering to all applicable state and federal laws and regulations. The CPP and CPS must not participate in, or condone, any illegal activity, including the use of illegal chemicals or the possession, sale or distribution of illegal chemicals. The CPP and CPS must not participate in, condone, or be an accessory to dishonesty, fraud, deceit or misrepresentation.
- \_\_\_\_\_ (19) Take the initiative to support, promote and improve the delivery of high-quality services throughout the continuum of care of prevention, treatment and recovery.
- \_\_\_\_\_ (20) Advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use and other drug abuse and addictions and to promote the health and well-being of all human beings.
- \_\_\_\_\_ (21) Actively participate in the public awareness of the effects of alcohol, tobacco and other drug effects, including alcoholism and other addictions and act to assure that all persons, especially the disadvantaged, have access to necessary resources and services.
- \_\_\_\_\_ (22) Not engage in dual relationships as defined in this Part. If a credentialed professional engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the credentialed professional who assumes the full burden of demonstrating that the former service recipient has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- \_\_\_\_\_ (23) Not engage in sexual activities or sexual contact with current or former service recipient (lack of consent is presumed).
- \_\_\_\_\_ (24) Notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment or misconduct which may interfere with treatment effectiveness and place service recipients and others at risk.

**MISCONDUCT**

The following shall constitute misconduct by a CPP/CPS:

- \_\_\_\_\_ (1) Obtaining the credential or designation fraudulently.
- \_\_\_\_\_ (2) Practicing or providing services fraudulently, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion, or otherwise acting contrary to the interests of a service recipient.
- \_\_\_\_\_ (3) Practicing or providing services while under the influence of alcohol and/or other substances.
- \_\_\_\_\_ (4) Violating any term or condition or limitation imposed by the Office on the credentialed professional.
- \_\_\_\_\_ (5) Refusing to provide services to a person, individual, organization or community because of race, creed, color, gender, age, disability, national origin, sexual orientation, or socioeconomic status.
- \_\_\_\_\_ (6) Being convicted of or committing an act constituting a crime under New York state law, federal law, or the law of another jurisdiction which, if committed within New York, would constitute a crime in this state.
- \_\_\_\_\_ (7) Promoting the inappropriate sale of services, goods, property or drugs in such manner as to exploit a service recipient for the financial gain of the certified/credentialed professional or of a third party.
- \_\_\_\_\_ (8) Directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive, any fee, or other consideration to or from a third party for the referral of a service recipient in connection with the performance of addiction services.

**CONTINUED ON NEXT PAGE**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ CPP/CPS # \_\_\_\_\_

Please initial each of the following items indicating that you have carefully read, understood and agree to abide by the Part 853 Regulation governing the Credentialing of Addictions Professionals. The below attestation on this page must be signed and dated. Failure to return these pages will delay the processing of your application.

- \_\_\_\_\_ (9) Entering into a dual relationship with a service recipient or former service recipient that is outside the boundaries of professional conduct.
- \_\_\_\_\_ (10) Engaging in any conduct which would constitute a “reportable incident” as such terms are defined in Part 836 of this Title.
- \_\_\_\_\_ (11) Failure by the applicant or credentialed professional to notify the Office of any disciplinary action taken against him or her as the holder of any other license or certification issued by New York State or any other federal or state authority.
- \_\_\_\_\_ (12) Professional misconduct as the holder of another license or credential.
- \_\_\_\_\_ (13) Unlawful use of the title Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Alcoholism and Substance Abuse Counselor Trainee, Credentialed Prevention Professional, Credentialed Prevention Specialist or Credentialed Problem Gambling Counselor, including use of such title if a credential is inactive, suspended, expired or revoked, or is pending approval of reciprocity.
- \_\_\_\_\_ (14) No person shall use any of the following titles to engage in private practice unless otherwise authorized by law: Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC trainee), Credentialed Prevention Professional (CPP), Credentialed Prevention Specialist (CPS), or Credentialed Problem Gambling Counselor (CPGC).
- \_\_\_\_\_ (15) Knowingly working outside of the scope of practice of the credential as applicable in the work setting.

I, the undersigned applicant, have received as part of this application, and have read, understand, and agree to abide by the Part 853 Regulation governing the Credentialing of Addictions Professionals, which includes the Canon of Ethical Principles, and Misconduct.

I also understand that any questions regarding the interpretation of the Part 853 Regulation (Credentialing of Addiction Professionals), especially as it relates to ethical and professional standards, may be directed to the Credentialing Unit at [credentialing@oasas.ny.gov](mailto:credentialing@oasas.ny.gov) or 1-800-482-9564 (option 5).

Any CPP or CPS who engages in any acts identified as misconduct by the Part 853 Regulation governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reinstatement, Revocation, Fines, and Annulment.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE

**If you suspect an individual has violated the Prevention Canon of Ethical Principles, or Misconduct, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).**

***New York State Justice Center for the Protection of People with Special Needs***

**CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS**

Revised January 21, 2016

**Introduction**

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

**1. Person-Centered Approach**

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

**2. Physical, Emotional and Personal Well-being**

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

**3. Respect, Dignity and Choice**

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

**4. Self-Determination**

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

**5. Relationships**

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

**CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS (continued)**

**6. Advocacy**

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

**7. Personal Health Information and Confidentiality**

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule or regulation.

**8. Non-Discrimination**

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

**9. Integrity, Responsibility and Professional Competency**

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

**10. Reporting Requirement**

As a mandated reporter, I acknowledge my legal obligation under *Social Services Law §491*, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

**CODE OF CONDUCT<sup>1</sup> ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS**

I pledge to prevent abuse, neglect, or harm toward any person with special needs consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

<sup>1</sup>No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the *Taylor Law*.

**PART B – EVALUATION OF ETHICAL CONDUCT**

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**Requirements**

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You must have **two** individuals complete an Evaluation of Ethical Conduct for you. Evaluations must be submitted on the Part B *Evaluation of Competency and Ethical Conduct* form (page 16-17) of this Application Packet.

All evaluators must have **direct knowledge** of your **prevention-related work experience** for a minimum of **six months**, and may **not** be a family member, subordinate, instructor or professor. Evaluators must meet the following qualifications:

- One evaluator **must** be your current Qualified Prevention Supervisor. In the absence of a current Qualified Prevention Supervisor, the evaluator may be your most recent Qualified Prevention Supervisor.

A Qualified Prevention Supervisor means an individual who is:

- a CPP; or
  - an individual licensed, certified or credentialed in a related discipline with a minimum of 2 years of qualifying prevention work experience and has completed a minimum of 30 hours of prevention-specific education. Related disciplines include: CASAC, CPGC, Certified Public Health Administrator (“CPHA”), New York State Education Licensed or Certified Teacher, Health Educator, Guidance Counselor, Rehabilitation Counselor, Social Worker, Licensed Mental Health Practitioner, Registered Nurse, Physician, or counselor certified by the National Board of Certified Counselors, or Certified Health Education Specialist; or
  - an individual approved at the discretion of the Office.
- The remaining evaluation must be completed by an individual who is familiar with your work in providing SUD prevention services.

**Instructions**

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Complete the Applicant Consent to Release Information section of Part B (Evaluation of Competency and Ethical Conduct) form and provide the form to each evaluator.

Request that the evaluator complete the evaluation, discuss the evaluation with you, and return the completed form to you, with any other required documentation. **Evaluations must be signed and dated within one year prior to submission.**

**If you suspect an individual has violated the CPP/CPS Canon of Ethical Principles, or Misconduct, please call the OASAS Credentialing Unit at 1-800-482-9564 (option 5).**

## PART B – EVALUATION OF ETHICAL CONDUCT CHECKLIST

**Please remember to:**

- Make enough copies of the *Evaluation of Ethical Conduct* form for your two evaluators.
  - Part B does **not** need to be submitted at this time to be eligible for the Prevention Examination.
- Complete, sign, and date the “Applicant Consent to Release Information” section of **each** *Evaluation of Ethical Conduct* form and provide the form to each evaluator.
- Only submit evaluations from evaluators who have known you for a minimum of 6 months. Evaluations must be completed by:
  - your current or most recent Qualified Prevention Supervisor
  - one individual familiar with your work as a provider of prevention services.
- Request that each evaluator: (1) complete the entire evaluation; (2) attach a copy of their license or credential or QPS approval letter from OASAS; (3) discuss the evaluation with you; and (4) return the completed form to you, with any other documentation required.
- Include **two** completed Evaluations of Ethical Conduct **and** any other **accompanying documentation**.
- Include a copy of a **current** credential claimed by each evaluator.
- Check to make sure that the Evaluation of Ethical Conduct forms are dated within **one year** prior to submission.

**Please note that OASAS may not intervene in workplace disputes should a supervisor refuse to sign an evaluation form.**

**PART B – EVALUATION OF ETHICAL CONDUCT FORM**

**Applicant Reminder: Make copies of the Evaluation of Ethical Conduct form to provide to both evaluators.**

**APPLICANT TO COMPLETE THIS SECTION - CONSENT TO RELEASE INFORMATION – Please Print Clearly**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SSN #: **XXX-XX-**\_\_\_\_\_

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to NYS OASAS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**EVALUATOR TO COMPLETE FROM THIS POINT FORWARD -- Please Print Clearly and Answer ALL Questions**

**Information and Instructions to Evaluator:** The above-named individual is applying to OASAS to become a CPP or CPS. As part of the application process, the applicant has selected you as one of two persons who is considered competent to judge his/her ethical conduct. **Do not complete the Evaluation of Ethical Conduct unless the above release is signed and dated.** Please return this completed form to the applicant with any other documentation required. If you have any questions related to this form, or to the evaluation process, please contact the OASAS Credentialing Unit at 1-800-482-9564 (option 2).

- Note:**  Yes Evaluator has direct knowledge of the applicant's SUD prevention work experience observed for a minimum of six months. If yes, continue to complete the remainder of this form.
- No Evaluator does not have direct knowledge of the applicant's SUD prevention work experience observed for a minimum of six months Do not proceed any further and please return this form to the applicant.

EVALUATOR NAME: \_\_\_\_\_ WORK SITE PHONE NUMBER: ( ) \_\_\_\_\_

CURRENT PROVIDER/EMPLOYER: \_\_\_\_\_ CURRENT JOB TITLE: \_\_\_\_\_

PHYSICAL WORK ADDRESS: \_\_\_\_\_  
Street City/Town/Village State Zip Code

**EVALUATOR KNOWLEDGE OF APPLICANT -- Check the box that describes your current relationship to the applicant.**

- Current Qualified Prevention Supervisor  Co-Worker  Other: \_\_\_\_\_
- Former Qualified Prevention Supervisor  Former Co-Worker
- Period covered in professional relationship with applicant (six month minimum): \_\_\_\_\_ To \_\_\_\_\_  
(Month/Year) (Month/Year)
- Evaluator's Employer During Professional Relationship: \_\_\_\_\_
- Evaluator's Job Title During Professional Relationship: \_\_\_\_\_
- Applicant's Employer During Professional Relationship: \_\_\_\_\_
- Applicant's Job Title During Professional Relationship: \_\_\_\_\_

**SUPERVISOR CERTIFICATION**

I certify that I am a Qualified Prevention Supervisor by my signature on the following page and as indicated by my status shown below (check all that apply).

- CPP (**attach a copy of current CPP certificate**)
- Licensed, certified or credentialed in a related discipline (CASAC, CPGC, Certified Public Health Administrator ("CPHA"), New York State Education Licensed or Certified Teacher, Health Educator, Guidance Counselor, Rehabilitation Counselor, Social Worker, Licensed Mental Health Practitioner, Registered Nurse, Physician, or counselor certified by the National Board of Certified Counselors, or Certified Health Education Specialist) with **two years** of qualifying prevention work experience and **30 hours** of prevention-specific education and training. (**Attach a copy of current license or certification.**)
- QPS approved at the discretion of the Office (**attach a copy of the QPS approval letter from OASAS**)



**THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY**

**PART B – EVALUATION OF ETHICAL CONDUCT (Continued)**

The CPP and CPS must:

- (1) Recognize that the profession is founded on national standards of competence which promote the best interest of society, the service recipient, the professional and the profession as a whole.
- (2) Do no harm to service recipients. Practices must be respectful and non-exploitative. Services must protect the recipients from harm and the professional and the profession from censure.
- (3) Maintain an objective, non-possessive relationship with those they serve and must not exploit them sexually, financially or emotionally.
- (4) Not promote personal gain or profit.
- (5) Not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or physical or mental disability. The CPP and CPS must broaden his/her understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.
- (6) Observe the profession's technical and ethical standards; strive continually to improve personal competence and quality of service delivery and discharge professional responsibility to the best of his/her ability.
- (7) Be diligent in discharging responsibilities by rendering services carefully and promptly by being thorough and by observing applicable technical and ethical standards.
- (8) Adequately plan and supervise any professional activity for which he/she is responsible.
- (9) Recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her own competencies. The CPP and CPS is responsible for assessing the adequacy of his/her own competence for the responsibility to be assumed.
- (10) Report to the appropriate authorities any unethical conduct or practice on the part of any agency or individual providing prevention services when aware of such conduct or practice. The CPP and CPS must not participate in the filing of frivolous ethics complaints or which have a purpose other than to protect the public.
- (11) Perform all professional responsibilities with the highest sense of integrity in order to maintain and broaden public confidence. Integrity can accommodate the inadvertent error and the honest difference of opinion, but it cannot accommodate deceit or the subordination of principle.
- (12) Not subordinate services and the public trust for personal gain and advantage. Services, including referrals, must be based in the best interest of the recipient(s). All information must be presented fairly and accurately. The CPP and CPS must document and assign credit to all contributing sources used in published material or public statements.
- (13) Not misrepresent, either directly or by implication, professional qualifications or affiliations.
- (14) Not be associated, directly or indirectly, with any services or products which in any way are misleading or incorrect.
- (15) Report any suspected child abuse to the appropriate agency and follow up to ensure appropriate action has been taken.
- (16) Be supportive of assistance and treatment where there is evidence of impairment in a colleague or service recipient.
- (17) Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for him/herself.
- (18) Protect service recipients' rights and ensure confidentiality by adhering to all applicable state and federal laws and regulations. The CPP and CPS must not participate in, or condone, any illegal activity, including the use of illegal chemicals or the possession, sale or distribution of illegal chemicals. The CPP and CPS must not participate in, condone, or be an accessory to dishonesty, fraud, deceit or misrepresentation.
- (19) Take the initiative to support, promote and improve the delivery of high-quality services throughout the continuum of care of prevention, treatment and recovery.
- (20) Advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use and other drug abuse and addictions and to promote the health and well-being of all human beings.
- (21) Actively participate in the public awareness of the effects of alcohol, tobacco and other drug effects, including alcoholism and other addictions and act to assure that all persons, especially the disadvantaged, have access to necessary resources and services.
- (22) Not engage in dual relationships as defined in this Part. If a credentialed professional engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the credentialed professional who assumes the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- (23) Not engage in sexual activities or sexual contact with current or former clients (lack of consent is presumed).
- (24) Notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment or misconduct which may interfere with treatment effectiveness and place service recipients and others at risk.

**EVALUATOR SUMMARY:** Please check one of the following boxes and provide comments below as appropriate.

- I ENDORSE THIS APPLICANT. I am not a relative or a subordinate.** I have no reservations regarding the applicant's ethical conduct. The applicant meets or exceeds ethical standards. To the best of my knowledge, the applicant has no current problem with alcohol, other drugs or any other addictions or conditions which might interfere with his/her ability to perform as a CPP or CPS. I have discussed this endorsement with the applicant.
- I DO NOT ENDORSE THIS APPLICANT.** I have serious reservations about the applicant's ethical conduct or other condition which could interfere with his/her ability to perform as a CPP or CPS. I have discussed these reservations with the applicant.
- I AM UNABLE TO EVALUATE THIS APPLICANT.**

**COMMENTS :**

**EVALUATOR ATTESTATION --** I attest that the information I have provided is true and correct to the best of my knowledge. I have directly observed and provided my best independent judgment of the applicant's work as a **prevention professional**. I have not been influenced by the opinions of any other person. I will not discuss or reveal the content of this evaluation with any person other than the applicant in that I consider it to be confidential and private.

\_\_\_\_\_  
Evaluators Signature

\_\_\_\_\_  
Date \*

\* Must be dated within one year prior to submission of the Part B form. Forms not dated within one year prior to submission cannot be considered.

**PART C – WORK EXPERIENCE**

**Approved Work Experience**

Work experience claimed must:

- include the provision of prevention services based on data-driven planning, evidence-based programs and strategies that reduce risk factors and increase protective factors predictive of substance use disorder (SUD) in communities.
- include a minimum of 120 hours of Supervised Practical Training. Each of the following six performance domains must have been performed for a minimum of 10 hours, under the supervision of a Qualified Prevention Supervisor (QPS):

**Domain 1: Planning and Evaluation**

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

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

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

**Domain 3: Communication**

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

**Domain 4: Community Organization**

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

**PART C – WORK EXPERIENCE (Continued)**

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

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

**Domain 6: Professional Growth and Responsibility**

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

To satisfy the 120 hours of Supervised Practical Training, a **minimum** of 12 hours must have been **face-to-face** with a QPS.

To satisfy the 4,000-hour (CPP) or 2,000 hour (CPS) work experience requirement, a **minimum** of 1,000 hours **must** be gained during the five years **prior** to submission of the Work Experience Verification Record.

You must document a minimum of 4,000 hours (CPP) or 2,000 hours (CPS) of supervised experience in an **approved prevention services work setting**. An approved work setting means:

- It holds a valid OASAS operating certificate and/or is funded by OASAS to provide prevention services.
- It is a program that includes SUD prevention services consistent with OASAS' standards and is licensed and/or operated by another recognized State or Federal authority to include the Indian Health Service and Veterans Administration (e.g., OMH).
- It is a **non-certified setting** which involves **the legal provision of prevention services** and which affords the opportunity to establish proficiency in one or more of the performance domains associated with a credential administered by OASAS and on-site supervision by a QPS meeting the supervisory standards established by OASAS. **Only 50 percent of the required work experience may be obtained in this work setting.**

Work experience may **not** include any experience gained as part of, or required under, participation as a service recipient in a formal problem gambling program or a formal substance use disorder treatment, aftercare program and/or plan.

**PART C – WORK EXPERIENCE**

**Academic Degrees – CPP Only**

Substitution of a master’s (or higher) degree in an **approved human services field** (see below list) for 2000 hours of work experience must be supported by either an academic transcript or a copy of your diploma from an accredited college or institution which **clearly states the approved human services field and graduation date**.

**Examples of approved Human Services Fields include:**

- |                                    |                           |
|------------------------------------|---------------------------|
| Anthropology                       | Human Services            |
| Art/Dance Therapy                  | Music Therapy             |
| Audiology                          | Nursing/Medicine          |
| Child Development/Family Relations | Nutrition                 |
| Community Mental Health            | Occupational Therapy      |
| Chemical Dependence Administration | Pastoral Counseling       |
| Counseling/Guidance                | Physical Therapy          |
| Criminal Justice                   | Psychology                |
| Divinity/Religion/Theology         | Recreational Therapy      |
| Drama Therapy                      | Rehabilitation Counseling |
| Education                          | Social Work               |
| Gerontology                        | Sociology                 |
| Health Administration              | Special Education         |
| Health Education                   | Vocational Counseling     |
| Speech Pathology                   |                           |

**Note:** Other degrees may be considered if at least 50 percent of the coursework is in the Human Services Field.

**It is very important to note the following:**

- Certificates of Advanced Study and Teaching Certificates are **not** considered or comparable to attainment of a degree.
- A **formal internship or formal field placement** may be claimed as work experience **or** education and training, **but not both**. You should calculate the need to claim a formal internship or formal field placement as either work experience or education and training.

**Did you know that all Prevention Practitioners and Applicants are Mandated Reporters?**

It is a Mandated Reporter’s legal duty under the New York State Protection of People with Special Needs Act (the Act) to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons’ Central Register (VPCR).

The Justice Center operates a centralized, statewide toll-free hotline and incident reporting system, known as the Vulnerable Persons Central Register (VPCR), which receives and tracks allegations of abuse and neglect 24 hours a day, 7 days a week.

The Justice Center Hotline number is 1-855-373-2122.

## PART C – WORK EXPERIENCE VERIFICATION CHECKLIST

**Please remember to:**

- Complete Part C Work Experience Verification Record(s) and any other documentation required.
  - Part C does **not** need to be submitted at this time to be eligible for the Prevention Examination.
- Include a copy of at least one current credential or license claimed by your clinical supervisor.
- Include a copy of the employer's operating certificate or license, if applicable.
- Check the applicable work setting.
- Include only those hours worked specific to the provision of SUD prevention services.
- Include total numbers of hours worked in clock hours. **Days/weeks worked will not be accepted.**
- The certification at the bottom page 24 must include the signature of the:
  - Authorized Representative (for paid work experience)
  - or**
  - Qualified Prevention Supervisor (for volunteer/non-paid work experience).

**PART C – WORK EXPERIENCE VERIFICATION FORM (Page 1 of 3)**

**APPLICANT CONSENT TO RELEASE INFORMATION (To Be Completed By Applicant – Please Print Clearly)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SSN #: **XXX-XX-** \_\_\_\_\_

By my signature below, I am authorizing the provider/person identified below to provide information and documentation to the New York State Office of Addiction Services and Supports (OASAS). I attest that the work experience hours claimed were **NOT** gained during the course of or as part of the applicant's participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

\_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR - Must be a Qualified Prevention Supervisor**

This form reflects your knowledge of the applicant's work experience and/or supervised practical training while employed at the work setting indicated. Be sure that the applicant has signed and dated the above "Applicant Consent to Release Information" allowing you to make available to OASAS any and all information regarding his/her work experience needed to meet the CPP/CPS eligibility requirements. Please return this completed form to the applicant with any other documentation. Questions may be directed to the OASAS Credentialing Unit at 1-800-482-9564 (option 2).

PROVIDER/EMPLOYER NAME: \_\_\_\_\_

UNIT WHERE APPLICANT WORKED: \_\_\_\_\_ WORK SITE TELEPHONE NUMBER: (    ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street City/Town/Village State Zip Code

OASAS defines "Prevention" as a proactive, evidenced-based process utilizing effective programs and strategies to prevent or reduce substance use, and gambling in individuals, families, and communities. The OASAS Prevention Framework is grounded on research that substance abuse is preventable and that prevention is the most cost-effective element in the continuum of SUD services. Practitioner experience and research have shown that to accomplish SUD prevention goals, prevention professionals must work with individuals, families, schools and their communities to identify and reduce the risk factors and increase the protective factors that are predictive of SUD in communities. Research has shown that effective community prevention systems use multiple strategies that operate across multiple domains, requiring prevention professionals to support strong community prevention coalitions. Based on data-driven planning, evidence-based programs and strategies must be selected and implemented to achieve risk and protective factor change outcome and thus realize the following statewide goals:

1. To reduce the prevalence of SUD and problem gambling among the NYS population.
2. To delay the initiation of SUD and gambling behaviors among youth as long as possible.
3. To decrease the negative health, social and economic consequences and costs associated with SUD and problem gambling.
4. To prevent the escalation of SUD and gambling behaviors to levels requiring treatment through early identification, brief intervention and referral.

**TYPE OF WORK SETTING – Check Only One:**

- (1) It holds a valid operating certificate of approval issued by OASAS and/or is funded by OASAS or holds a similar license or other approval from another state's alcohol and/or SUD authority for the state in which the agency, facility or program is located which authorizes the provision of SUD prevention services
- (2) It is a program that includes SUD prevention services consistent with OASAS' standards for prevention programs and is licensed and/or operated by another New York State agency or a federally organized/funded program such as Veterans Administration or Indian Health Service.
- (3) It is a non-certified program that involves: (1) the legal provision of SUD prevention and/or problem gambling services; (2) the opportunity to establish proficiency in one or more of the professional competencies associated with a credential administered by OASAS; and (3) on-site supervision by a Qualified Prevention Supervisor meeting the supervisory standards established by OASAS.

**PAGES 1, 2 AND 3 MUST BE COMPLETED**

**PART C – WORK EXPERIENCE VERIFICATION FORM (Page 2 of 3)**

**SUPERVISED PRACTICAL TRAINING/SUPERVISOR CERTIFICATION**

**Work experience must be based on a comprehensive, multi-dimensional prevention services approach which includes six performance domains (areas of professional expertise).** Applicants must document a total of 120 hours of supervised practical training, including a minimum of 10 hours in each domain. **Of the 120 hours, a minimum of 12 hours must be face-to-face with a Qualified Prevention Supervisor.** In each of the following domains enter the total number of hours that the applicant received supervised practical training.

**Domain 1: Planning and Evaluation**

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.

- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

\_\_\_\_\_  
**# HOURS**

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

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.

- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices

\_\_\_\_\_  
**# HOURS**

**Domain 3: Communication**

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.

- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

\_\_\_\_\_  
**# HOURS**

**Domain 4: Community Organization**

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.

- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

\_\_\_\_\_  
**# HOURS**

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

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.

- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

\_\_\_\_\_  
**# HOURS**

**Domain 6: Professional Growth and Responsibility**

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.

- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

\_\_\_\_\_  
**# HOURS**

**Total Supervised Practical Training Hours:** \_\_\_\_\_

**Total Face-to-Face Supervised Practical Training Hours with a Qualified Prevention Supervisor:** \_\_\_\_\_

**PART C – WORK EXPERIENCE VERIFICATION FORM (page 3 of 3)**

**QUALIFIED PREVENTION SUPERVISOR CERTIFICATION:**

The information provided on the work experience of the applicant named on Page 1 is true to the best of my knowledge and belief. The prevention services provided at the work setting indicated are consistent with the definitions and goals outlined. The applicant has demonstrated knowledge of, and the ability to engage in, these professional techniques and activities that ensure a safe level of practice. I attest that the work experience hours claimed were **NOT** gained during the course of or as part of the applicant’s participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

I certify that I am a Qualified Prevention Supervisor as indicated by my status as shown below (check all that apply).

- CPP (attach a copy of current CPP certificate)**
- Licensed, certified or credentialed in a related discipline (CASAC, CPGC, Certified Public Health Administrator (“CPHA”), New York State Education Licensed or Certified Teacher, Health Educator, Guidance Counselor, Rehabilitation Counselor, Social Worker, Licensed Mental Health Practitioner, Registered Nurse, Physician, or counselor certified by the National Board of Certified Counselors, or Certified Health Education Specialist) with **two years** of qualifying prevention work experience and **30 hours** of prevention-specific education and training. **(Attach a copy of current license or certification.)**
- QPS approved at the discretion of the Office. **(Attach a copy of the approval as a QPS from OASAS)**

<b>Name of Applicant’s Supervisor (Please Print):</b> _____	<b>Job Title:</b> _____
_____ <b>Signature of Applicant’s Supervisor</b>	_____ <b>Date</b>
( ) _____	<b>Work Site Telephone Number</b>

**WORK EXPERIENCE (Includes Supervised Practical Training)**

- Is this a paid position?  Yes -- A Human Resources or Payroll Department representative must complete the following section.  
 No -- Your current prevention supervisor as identified above must complete the following section.

Applicant’s Job Title: _____	Dates of Employment: _____ to _____	
	(month/day/year)	(month/day/year)
Total # Clock Hours Actually Worked (excluding holidays, vacation, sick leave, etc.): _____		

**AUTHORIZED REPRESENTATIVE CERTIFICATION:** I have reviewed employment records and certify that the information provided on the work experience hours of the above-named applicant is true to the best of my knowledge and belief. I attest that the work experience hours claimed were not gained during the course of, or as part of, the applicant’s participation as a service recipient in a formal SUD treatment/aftercare program and/or plan.

<b>Name of Authorized Representative (Please Print):</b> _____	<b>Job Title:</b> _____
_____ <b>Signature of Authorized Representative</b>	_____ <b>Date</b>
( ) _____	<b>Work Site Telephone Number</b>

Work experience may **not** include any experience gained as part of, or required under, participation as a service recipient in a formal problem gambling program or a formal alcoholism and/or substance use disorder treatment/aftercare program and/or plan.



**PART D – EDUCATION AND TRAINING**

**CPP and CPS applicants must demonstrate:**

- Knowledge of the variety of models and theories of SUD-related problems.
- Understanding of the value of a comprehensive systems approach to prevention.
- Knowledge of the social, political, economic and cultural context within which SUD exists.
- Knowledge of the importance of family, social networks and community systems in the prevention, treatment, and recovery process.
- Knowledge of the behavioral, psychological, physical health and social effects of SUD on individuals, families and communities.
- Fundamental knowledge of the philosophies, practices and outcomes of the most generally accepted theories and models of prevention, including universal, selected and indicated prevention strategies.
- Fundamental knowledge of the potential for SUD to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with SUD.
- Ability to incorporate the special needs of diverse racial and ethnic cultures and special populations in prevention practice, including their distinct patterns of communication.
- Knowledge of the obligation to adhere to generally accepted ethical and behavioral standards of conduct in the professional relationship.

In addition, CPP applicants must also demonstrate fundamental knowledge of:

- The philosophies, practices, policies and outcomes of the most generally accepted models of treatment, recovery, relapse prevention, and continuing care for SUD-related problems.
- The established diagnostic criteria for SUD and understanding of the variety of prevention services, treatment options, and placement criteria within the continuum of care.
- The various counseling strategies for SUD.

**General Instructions**

OASAS will consider education and training obtained through accredited colleges or universities; governmental agencies; professional organizations; training institutes; or in-service training programs.

CPP applicants may claim a maximum of 30 clock hours for documented participation in conferences by professional organizations. CPS applicants may claim a maximum of 12 clock hours for documented participation in conferences by professional organizations.

There is no limit on the number of clock hours completed through distance learning. However, OASAS will only consider distance learning course work completed through the following entities:

- accredited colleges or universities;
- National Addiction Technology Transfer Center-approved distance education sponsors (<https://attcnetwork.org/>); and
- OASAS-certified education and training providers.

A formal internship or formal field placement may be claimed as education and training **based on the academic credit associated with completion, not the number of hours served in the field.**

**NOTE:** A formal internship field placement may be claimed as CPP work experience OR education and/or training, but not both.

**PART D – EDUCATION AND TRAINING - CPP**

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**Minimum Requirements for CPP**

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You must document completion of education and training consisting of a minimum of 250 clock hours in the field of SUD prevention. All education and training being claimed **must** be in the form of an academic transcript or certificate of completion which includes your name; the name of the educational institution or provider; title of the course/training; date of completion; and number of clock hours associated with completion of the course/training.

**SECTION I – 85 Clock Hours Related to Knowledge of Alcoholism and Substance Abuse at all Age Levels and Among People of Diverse Backgrounds and Cultures**

**A minimum of 4 hours in this section MUST be related to tobacco use and nicotine dependence.  
A minimum of 15 hours in this section MUST be related to the area of cultural competence.**

Examples of appropriate education and training in this Section include:

- Basic Knowledge: Physical and Pharmacological Effects
- Diversity of Intervention and Treatment Approaches
- Knowledge of 12 Step and Mutual Aid Groups
- Cultural Diversity
- Special Populations

**SECTION II – 60 Prevention Specific Clock Hours Related to the Performance Domains (Areas of Professional Expertise)**

Examples of appropriate education and training in this Section include:

- Planning and Evaluation
- Prevention Education and Service Delivery
- Communication
- Community Organization
- Public Policy and Environmental Change
- Professional Growth and Responsibility

**SECTION III – 45 Clock Hours Related to Professional Development and Ethical Responsibilities**

**A minimum of 2 hours in this section MUST include Child Abuse and Maltreatment: Mandated Reporter training.  
A minimum of 15 hours in this section MUST be in the area of Ethics specific to Prevention Professionals.**

Examples of other appropriate education and training in this Section include:

- Leadership Skills
- Computer Literacy/Resources (ex: Data Entry)
- Mandated Reporter Training
- Ethics Specific to Prevention Professionals

**SECTION IV – 60 Clock Hours Related to Prevention Principles and Practices and the Services Continuum**

Examples of appropriate education and training in this Section include:

- Systems Approach to Prevention, Principles and Practices
- Addiction Services Continuum

**PART D – EDUCATION AND TRAINING - CPS**

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### Minimum Requirements for CPS

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You must document completion of education and training consisting of a minimum of 120 clock hours in the field of SUD prevention. All education and training being claimed **must** be in the form of an academic transcript or certificate of completion which includes your name; the name of the educational institution or provider; title of the course/training; date of completion; and number of clock hours associated with completion of the course/training.

### SECTION I – 50 Clock Hours Related to Knowledge of Alcohol and Substance Abuse at all Age Levels and Among People of Diverse Backgrounds and Cultures

**A minimum of 4 hours in this section MUST be related to tobacco use and nicotine dependence.**  
**A minimum of 15 hours in this section MUST be related to cultural competence.**

Examples of appropriate education and training in this Section include:

- Basic Knowledge: Physical and Pharmacological Effects
- Diversity of Intervention and Treatment Approaches
- Knowledge of 12 Step and Mutual Aid Groups
- Cultural Diversity
- Special Populations

### SECTION II – 48 Clock Hours Related to the Performance Domains (Areas of Professional Expertise)

Examples of appropriate education and training in this Section include:

- Planning and Evaluation
- Prevention Education and Service Delivery
- Communication
- Community Organization
- Public Policy and Environmental Change
- Professional Growth and Responsibility

### SECTION III – 22 Clock Hours Related to Professional Development and Ethical Responsibilities

**A minimum of 2 hours in this section MUST include Child Abuse and Maltreatment: Mandated Reporter training.**  
**A minimum of 10 hours in this section MUST be in the area of Ethics specific to Prevention Professionals.**

Examples of other appropriate education and training in this Section include:

- Leadership Skills
- Computer Literacy/Resources (ex: Data Entry)
- Mandated Reporter Training
- Ethics Specific to Prevention Professionals

**PLEASE NOTE THE FOLLOWING:**

- OASAS reserves the right to verify all information and documents submitted with the application and/or request any additional information and documents.
- The application and all information and documents submitted with the application become the property of OASAS and will not be returned. **Keep a copy for your records**, as it is your responsibility to maintain a copy of the application and all associated documentation.

## PART D – EDUCATION AND TRAINING CHECKLIST

**Please remember to:**

- Attach either Certificates of Completion for the 250 hours (CPP) or 100 hours (CPS) and/or academic transcripts.
  - Transcripts must include your name, name of institution, type of degree granted, major or field of concentration, titles of coursework, date of completion, and grade.
  - Include course descriptions for the applicable academic coursework submitted.

*Protect People with Special Needs*

**If You See or Suspect  
Abuse or Neglect**

**Report It**



Call the Vulnerable Persons Central Register Hotline  
**Toll Free: 1-855-373-2122**  
TTY: 1-855-373-2123

**NYS  
Justice Center**  
For the Protection of People with Special Needs

Hotline receives calls 24 hours a day, seven days a week.