



**Office of Addiction
Services and Supports**

OASAS. Every Step of the Way.

KATHY HOCHUL
Governor
CHINAZO CUNNINGHAM, MD
Commissioner

Credentialed Prevention Professional (CPP)

Credentialed Prevention Specialist (CPS)

APPLICATION

PURPOSE OF THE CPP AND CPS CREDENTIALS

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.

CREDENTIALING PROCESS

Application

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.

If your application is determined to be incomplete, you will be mailed a CPP/CPS Application Review Summary identifying documentation still needed to complete your application. 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.

Minimum Qualifications

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

- be at least 18 years of age;
- CPS applicants must have earned at least a High School Diploma or High School Equivalency (HSE) (obtained from an institution recognized by the New York State Department of Education or its equivalent)
- CPP applicants must have earned at least a Bachelor's Degree;
- at the time of credentialing, be a resident of New York state, or, has lived or worked in New York state at least 51 percent of the time during the active application period;

EXAMINATION AND FEES

Examination

The IC&RC Prevention Specialist exam is offered on a weekly basis. The exam is computer-based and will be taken at a designated exam site. You will be mailed an exam registration form upon becoming eligible to sit for the exam. Further instructions on selecting an exam date and location are emailed from the testing company approximately two weeks after an examination registration form and fee are received by the Credentialing Unit. Eligibility for the exam may be met by satisfactorily completing the following education requirements (See Part D):

- CPS - Satisfactory completion of 120 educational hours including mandatory one-time requirements
- CPP - Satisfactory completion of 250 educational hours including mandatory one-time requirements

Fees

All fees are **non-refundable, regardless of the results of your criminal background check**. Fees **must** be in the form of a **check** or **money order** made payable to NYS OASAS. 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.

CPP/CPS REQUIREMENTS

- \$100 Application Processing Fee
- Part A – Application Summary form
- Preferred Name Attestation form (if applicable)
- Canon of Ethical Principles and Misconduct attestation form
- NYS Justice Center Code of Conduct form
- Copy of diploma or transcript to verify your highest level of completed education (**must include graduation date**)
- Part B – Two Evaluations of Competency and Ethical Conduct forms
- Part C – Work Experience Verification Record form which verifies 2000 hours of work experience for CPS applicants or 4000 hours of work experience for CPP applicants.
- Part D – Completion of 120 educational hours for CPS applicants or 250 educational hours for CPP applicants
- Successful completion of the IC&RC Prevention Specialist exam.
- 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 for information about the CPP Upgrade requirements and fees.

GENERAL APPLICATION INSTRUCTIONS

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 **check** or **money order**. **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

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 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.

APPLICATION TYPE (Check One) [] CPP [] CPS		
PERSONAL INFORMATION – PLEASE PRINT CLEARLY		
LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____		
PREFERRED FIRST NAME: _____ MUST SUBMIT ATTESTATION FOR UTILIZING A PREFERRED NAME (PAGE 12)		
IF YOU HAVE EVER BEEN KNOWN BY ANY OTHER LEGAL NAME(S), 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>		
_____ City/Town/Village	_____ State	_____ Zip Code _____ County of Residence
HOME TELEPHONE NUMBER: () _____		CELL PHONE NUMBER: () _____
E-MAIL ADDRESS: _____		
Please note that you may be contacted via this email regarding your application. Please DO NOT use a work email address.		
<i>*FAILURE TO NOTIFY OASAS OF ANY ADDRESS CHANGE MAY RESULT IN EXPIRATION OF CREDENTIAL AND/OR IMPOSITION OF A FINE</i>		
DEMOGRAPHIC INFORMATION - OPTIONAL		
Ethnicity:	Gender:	Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> White (Non Hispanic)	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Black (Non Hispanic)	<input type="checkbox"/> Male	If applicable, I would identify myself as a person:
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Nonbinary	<input type="checkbox"/> in recovery from addiction(s).
<input type="checkbox"/> Native American	<input type="checkbox"/> Transgender	<input type="checkbox"/> recovering from the effects of addiction(s) in my family.
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Do Not Wish to Disclose	
<input type="checkbox"/> Other: _____		
EDUCATIONAL INFORMATION -- ATTACH PROOF OF HIGHEST LEVEL COMPLETED		
<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		
PROFESSIONAL INFORMATION -- ATTACH COPY OF LICENSE OR CERTIFICATION		
<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 carefully read and choose the most applicable answer to the questions below related to your ethical conduct. The attestation on the bottom of this page must be signed and dated.

If your response to any of the questions below is "Yes," you must provide an additional explanation and information in the ADDITIONAL REMARKS section. Each response will be reviewed on an individual basis in relation to the specific credential for which you are renewing.

- Do you currently hold or have you ever held a professional license or certificate of any kind in NY or any other state or federal agency? If so, list:

Type	License Number	State of Issuance	Date Issued or Expired
Type	License Number	State of Issuance	Date Issued or Expired

If you have additional licenses to report, please attach a second page with your additional license information.

- 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 (Explain in Additional Remarks section) No
- Are you currently the subject of an indicated report of child abuse or maltreatment report on file with the New York Statewide Central Register of Child Abuse and Maltreatment?
 Yes (Explain in Additional Remarks section) No
- Has the NYS Justice Center notified you that you are currently the subject of an abuse or neglect investigation?
 Yes (Explain in Additional Remarks section) No
- Has the New York State Justice Center for the Protection of People with Special Needs (NYS Justice Center) substantiated any allegation(s) of abuse or neglect against you?
 Yes (Explain in Additional Remarks section) No

CANON OF ETHICAL PRINCIPLES

LAST NAME: _____ FIRST NAME: _____ MI: _____

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 their 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 their 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 they are responsible.
- _____ (9) Recognize limitations and boundaries of competencies and not use techniques or offer services outside of their 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 themself.

CONTINUED ON NEXT PAGE

LAST NAME: _____ FIRST NAME: _____ MI: _____

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 853.3(h). 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: _____

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) Initiating or pursuing a romantic, sexual or otherwise sexually exploitive relationship or committing sexual misconduct with a service recipient or past recipient using romantic/sexual comments or touch, romantic/sexual contact in written, telephonic, or electronic format including but not limited to social media, text messaging, email, photos, videos or recordings of a romantic or sexual nature.
Engaging in any conduct which would constitute a “reportable incident” as such terms are defined in Part 836 of this Title.
- _____ (11)
- _____ (12) 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.
- _____ (13) Professional misconduct as the holder of another license or credential.
- _____ (14) 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.
- _____ (15) 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 Alcoholism and Substance Abuse Counselor Provisional (CASAC Provisional), Credentialed Prevention Professional (CPP), Credentialed Prevention Specialist (CPS), or Credentialed Problem Gambling Counselor (CPGC).
- _____ (16) 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 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 email the OASAS Credentialing Unit at: Credentialing@oasas.ny.gov

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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

OASAS CREDENTIALING ATTESTATION FOR UTILIZING A PREFERRED NAME

Please initial each statement to attest that you have carefully read, understand, and will abide by the requirements for utilizing a preferred first name on some documents needed for obtaining and maintaining an OASAS credential.

_____ I am requesting to utilize a preferred first name for some of my OASAS Credentialing submissions that are not currently my legal name and I have indicated as such on my application by entering my preferred name in addition to my legal name.

_____ I understand that I must utilize my legal name for the following required documentation submissions:

- Application Legal Name
- Transcripts (official and unofficial)
- Diploma name
- Any section in the application that requires a signature
- Any required acknowledgement of receipt of an OASAS CASAC Complaint, Investigation and/or Determination Letter
- All signatures and registration for Criminal Background Checks. Fingerprinting, Exam Registration and Reciprocity

_____ I understand that I may choose to use my preferred first name on the following required documents for submission:

- Any training certificates or professional activities forms
- Any communication with OASAS Credentialing Unit regarding my application, review summary or other questions

_____ I understand that if I change my legal name, I am required to notify the OASAS Credentialing Unit and provide legal proof of the name change. OASAS must issue a credential utilizing the legal name.

_____ I understand that both my legal name and preferred first name will show up on the OASAS Credential Verification page.

By my signature below, I am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS, including denial of my application and/or revocation of any OASAS issued credential that I hold. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

Applicant Signature

Print Name

Date

PART B – EVALUATION OF ETHICAL CONDUCT

Evaluation Requirements

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 14 & 15) 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

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.

Do not complete any other parts of the form yourself. Request that the evaluator complete the remainder of 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.**

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

**If you suspect an individual has violated the CPP/CPS Canon of Ethical Principles, or Misconduct, please email the OASAS Credentialing Unit at:
Credentialing@oasas.ny.gov**

PART B – EVALUATION OF ETHICAL CONDUCT FORM

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.

I am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS, including denial of my application and/or revocation of any OASAS issued credential that I hold. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

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**)

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 their 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 their 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 they are responsible.
- (9) Recognize limitations and boundaries of competencies and not use techniques or offer services outside of their own competencies. The CPP and CPS is responsible for assessing the adequacy of their 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 himself.
- (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.

I am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

Evaluator 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

Work Experience Requirement

- Work experience 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.
- Must include a minimum of 4000 hours (CPP) or 2000 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.**
- To satisfy the 4000-hour (CPP) or 2000-hour (CPS) work experience requirement, a **minimum** of 1000 hours **must** be gained during the five years **prior** to submission of the Work Experience Verification Record.
- Work experience must include 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.** (See Part C – Work Experience Verification form for Domains)

Academic Degree Substitution – CPP Only

Substitution of a master’s (or higher) degree in an **approved [human services field](#)*** 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.**

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.

*Refer to the OASAS website for a list of approved human services field at:
<https://oasas.ny.gov/system/files/documents/2019/11/approved-human-services-degrees.pdf>

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 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 am attesting that the information provided is true and correct to the best of my knowledge. All statements made in connection with this application are subject to investigation and verification. Falsification or omission of information in this attestation may result in administrative action against me by OASAS. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law.

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)**

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

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.

Name of Authorized Representative (Please Print): _____ **Job Title:** _____
 _____ **()** _____
 Signature of Authorized Representative Date Work Site Telephone Number

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

Requirement for the CPP

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

The following are mandatory one-time requirements that must be included the 85 hours for this Section:

- ✓ 15 hours of Cultural Humility - for this training you can search for available trainings on the [OASAS Training Catalog](#) . Type Cultural Humility in the Course Title section and then click Search without checking off any boxes. A list of available trainings will appear.
- ✓ [The Science of Cannabis](https://oasas.ny.gov/learning-thursdays-science-cannabis) (<https://oasas.ny.gov/learning-thursdays-science-cannabis>) free 1.25 hour
- ✓ [The History of Harm Reduction](https://oasas.ny.gov/harm-reduction-office-hours#5522) (<https://oasas.ny.gov/harm-reduction-office-hours#5522>) free 1.50 hour
- ✓ [Overdose Prevention Basics](https://learning.drugfree.org/courses/opioid-overdose-prevention-basics/) (<https://learning.drugfree.org/courses/opioid-overdose-prevention-basics/>) free 1 hour

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

The following are mandatory one-time requirements that must be included the 85 hours for this Section:

- ✓ [Child Abuse and Maltreatment: Mandated Reporter](http://www.nysmandatedreporter.org) (www.nysmandatedreporter.org) free 2 hours
- ✓ [Ethics for Prevention/Addiction Professionals](#) (15 hours required) Free trainings can be found on [Learning Thursdays](#):

NOTE: Must include training on Learning Thursdays entitled “Professional Boundaries and Reporting Requirements”.

CPP - SECTION III (cont'd)

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

Requirements for the CPS

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

The following are mandatory one-time requirements that must be included the 50 hours for this Section:

- ✓ 15 hours of Cultural Humility - for this training you can search for available trainings on the [OASAS Training Catalog](#) . Type Cultural Humility in the Course Title section and then click Search without checking off any boxes. A list of available trainings will appear.
- ✓ [The Science of Cannabis](https://oasas.ny.gov/learning-thursdays-science-cannabis) (<https://oasas.ny.gov/learning-thursdays-science-cannabis>) free 1.25 hour
- ✓ [The History of Harm Reduction](https://oasas.ny.gov/harm-reduction-office-hours#5522) (<https://oasas.ny.gov/harm-reduction-office-hours#5522>) free 1.50 hour
- ✓ [Overdose Prevention Basics](https://learning.drugfree.org/courses/opioid-overdose-prevention-basics/) (<https://learning.drugfree.org/courses/opioid-overdose-prevention-basics/>) free 1 hour

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

The following are mandatory one-time requirements that must be included the 85 hours for this Section:

- ✓ [Child Abuse and Maltreatment: Mandated Reporter](http://www.nysmandatedreporter.org) (www.nysmandatedreporter.org) free 2 hours
- ✓ [Ethics for Prevention/Addiction Professionals](#) (10 hours required) Free trainings can be found on [Learning Thursdays](#):

NOTE: Must include training on Learning Thursdays entitled “Professional Boundaries and Reporting Requirements”.

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