

The Texas Certification Board of Addiction Professionals

presents

The Texas System for Designation of

ASSOCIATE PREVENTION SPECIALISTS (APS)

APPLICATION PACKAGE

Revised October 2012

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ADDICTION PROFESSIONALS**
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**Certification Criteria
and other information for**

**Associate Prevention Specialist Designation
(APS)**

AS AUTHORIZED BY THE

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

Edition

October 2012

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TEXAS SYSTEM FOR DESIGNATION OF ASSOCIATE PREVENTION SPECIALISTS (APS)

Statement of Purpose

The Associate Prevention Specialist (APS) designation is intended for individuals pursuing competency in the field of substance abuse prevention or those with sustained employment in the field. APS designation is available for current prevention staff who are interested in pursuing this designation including staff currently employed at a substance abuse prevention entity.

Statutory Limitations

Designation as an APS is not to be construed as authorization to charge or collect fees for services rendered if to do so conflicts with any statutory limitations. Where statute requires that an APS be supervised by a licensed provider/clinical supervisor, the APS shall so be supervised.

Principles

Certain important principles have emerged in regard to this credential.

Principle 1: This prevention designation is based on a combination of competency and knowledge about prevention education to include academic achievement.

Principle 2: Persons having prevention skills and utilizing them in positions other than those of counseling may be awarded this designation by TCBAP. The basic requirement for designation is the performance of prevention skills and academic achievement.

Principle 3: Application for this credential is entirely voluntary.

Principle 4: Associate Prevention designation is offered to both members and non-members of TAAP's membership and TCBAP's certification processes.

Principle 5: Applicants for the APS designation must make their application with the credentialing board in the state in which they reside.

Principle 6: The APS designation is NOT an IC&RC reciprocal credential.

Authority

The authority of the Texas Certification Board is derived from those persons who are dedicated to service as counselors and other health professionals who are most affected by certification and standardization of related counseling issues such as prevention. The authority is embodied in the statewide association of alcohol and drug abuse counselors, the Texas Association of Addiction Professionals, Inc. Recognition of designation is voluntary. The credibility of this designation results from the standards that are maintained and the performance levels established by the Texas Certification Board. Elected by the membership of the Texas Association of Addiction Professionals (TAAP), the Texas Certification Board is governed by its own procedures. Members serve without remuneration.

Requirements for APS Designation (Does not transfer over to CPS)

(if you wish to obtain CPS Certification you must fill out CPS Application)

The minimum requirements for designation of an APS shall include academic achievements, work experience, and formal training.

- A. **Formal Training:** Documentation of 100 clock hours, or equivalent college semester hours, of education; of which fifty hours must be prevention specific and can be completed through Substance Abuse Prevention coursework offered through an accredited university or college, DSHS Coordinated Training Services (CTS) contractor, DSHS approved distance learning websites, TCBAP approved Continuing Education Provider, or the Substance Abuse Prevention Specialist (SAPST) training offered through CTS and provided by the Department of State Health Services approved SAPST trainer. Six hours must be specific to prevention ethics and can be part of the fifty hours of the prevention specific education. The remaining fifty hours of education must be ATOD specific. ATOD specific education may be acquired through accredited college or university course work or TCBAP approved Continuing Education Providers. Education must be documented through approved provider education certificates or official college transcripts.
- B. **Ethics:** All applicants for designation as an APS must sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for the APS designation. All professional ethical complaints must be resolved prior to designation. The ethical standards are included in this application packet.
- C. **Supervised Practicum:** All applicants must show documentation of a one hundred twenty (120) hour Practicum with a minimum of ten (10) hours in each of the five (5) Prevention domains:
 - 1. Community Organization
 - 2. Education and Skill Development
 - 3. Planning and Evaluation
 - 4. Professional Growth and Responsibility
 - 5. Public Policy and Environmental Change

A form for documenting the supervised practicum is included in this application package.

- D. **Education:** A minimum of a High School Diploma or GED is required for designation and must be documented through official transcripts.
- E. **Experience:** All applicants must document a minimum of eighteen months of substance abuse prevention work experience. A form is included in this application package on which the work experience should be documented.
- F. **Evaluation:** Applicants are required to submit the Supervisor's competency evaluation included in this application packet.
- G. **Application:** All applicants must submit a completed copy of this application along with the application fee to the Texas Certification Board.

Fee for Designation

The following fee structure shall apply for all individuals who apply for designation as an APS.

Application Fee.....100.00

Requirements for Renewal

The APS designation shall be issued for a period of two (2) years. The requirements for renewal shall be as follows:

- A. Submission of an application including a signed copy of the ethical standards for the APS and renewal fee of \$100
- B. Absent of any ethical or malpractice violations in this designation or any other certifications or licensures.
- C. Completion of forty (40) hours of continuing education in the five prevention domains:
 - 1. Community Organization
 - 2. Education and Skill Development
 - 3. Planning and Evaluation
 - 4. Professional Growth and Responsibility
 - 5. Public Policy and Environmental Change

ASSOCIATE PREVENTION SPECIALIST (APS)
DESIGNATION APPLICATION

Name _____

Address _____

City/State/Zip _____

Work Phone _____ **Home Phone** _____

Fax Number _____ **Social Security No.** _____

Email _____ **Gender** _____ **D.O.B.** _____

Ethnic Origin African American American Indian
 Asian American Caucasian
 Hispanic Other _____

Health Care Licenses/State Certifications (Please list type and expiration date) _____

Have you ever undergone a disciplinary action for violation of any Code of Ethics?

YES _____ NO _____ (If YES, please attach letter of explanation)

Education

Associate's Degree (Type & Date Awarded) _____

Undergraduate Degree (Type & Date Awarded) _____

Graduate Degree (Type & Date Awarded) _____

Doctorate Degree (Type & Date Awarded) _____

Enclosures

_____ Designation Application

_____ Signed Code of Ethics

_____ Documentation of 50 clock hours, or equivalent college semester/quarter hours of prevention specific education. Prevention Specific education may be complete through Substance Abuse Prevention coursework offered through an accredited university or college, TCBAP approved Continuing Education Providers, DSHS Coordinated Training Services (CTS) contractor, Department of State Health Services (DSHS) approved distance learning websites, or the Substance Abuse Prevention Specialist (SAPST) training offered through CTS and provided by the Department of State Health Services approved SAPST trainer. Six hours must be specific to prevention ethics and can be part of the fifty hours of the prevention specific education. Education must be documented though approved provider education certificates or official college transcripts.

_____ Documentation of 50 clock hours, or equivalent college semester/quarter hours of Alcohol, Tobacco, and Other Drug (ATOD) specific education. ATOD specific education may be completed through accredited college or university course work, TCBAP approved Continuing Education Providers, DSHS Coordinated Training Services (CTS) contractor, DSHS approved distance learning websites, or the Substance Abuse Prevention Specialist (SAPST) training offered through CTS and provided by the Department of State Health Services approved SAPST trainer. Education must be documented though approved provider education certificates or official college transcripts.

_____ Documentation of 6 clock hours of prevention ethics (may be include in the fifty hours of Prevention Specific training). Prevention ethics education may be completed through accredited college or university course work, TCBAP approved Continuing Education Providers, DSHS Coordinated Training Services (CTS) contractor, DSHS approved distance learning websites, or the Substance Abuse Prevention Specialist (SAPST) training offered through CTS and provided by the Department of State Health Services approved SAPST trainer. Education must be documented though approved provider education certificates or official college transcripts.

_____ Documentation of one hundred twenty (120) hour Prevention Practicum

_____ Documentation of a minimum of a High School Diploma or GED through **official** transcript (If you already have certifications with TCBAP that required official transcript you DO NOT have to send them in again)

_____ Documentation of at least eighteen months of substance abuse prevention work experience

_____ Completed Supervisor Competency Evaluation

_____ Signed Assurance and Releases

APS Fees

_____ Designation Fee \$100.00

Payment Information

_____ I have enclosed a check or money order payable to TCBAP

_____ I authorize TCBAP to charge my credit card in the amount of \$ _____

_____ Visa _____ Mastercard _____ American Express _____ Discover

Card No. _____ Exp Date _____

Cardholder Name _____

Cardholder Signature _____

I understand that my credit card billing statement will show charges from "TAAP".

ASSOCIATE PREVENTION SPECIALIST (APS)

CODE OF ETHICS

Prevention Think Tank Code of Ethical Conduct

Preamble

TCBAP has adopted the Prevention Think Tank Code of Ethics for Associate Prevention Specialist.

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

I. Non-Discrimination

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

II. Competence

Prevention professionals shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

- a. Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.
- b. Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.
- c. Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for assessing the adequacy of their own competence for the responsibility to be assumed.
- d. Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.
- e. When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory or other appropriate bodies.
- f. Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.

III. Integrity

To maintain and broaden public confidence, prevention professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

- a. All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.
- b. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- c. Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.
- d. Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.

IV. Nature of Services

Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive.

- a. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
- b. Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- c. Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Prevention professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

VI. Ethical Obligations for Community and Society

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

Adopted by the Texas Certification Board of Addiction Professionals

I have read and understand the Prevention Think Tank Code of Ethical Principles. I will, to the best of my ability, adhere to and honor this Code in my professional and personal dealings and agree to the authority of the Texas Certification Board of Addiction Professionals. In regards to my designation as an Associate Prevention Specialist, I will surrender my designation, if necessary, for violation of any portion of the Code of Ethics.

I hereby certify that this Associate Prevention Designation application and related material, to the best of my knowledge, are true and correct. I hereby release from liability TCBAP the organization, all representative Board members and agents of the Board from liability for their acts performed in good faith and without malice in connection with reviewing, evaluating, processing, and monitoring my application, my testing, my designation, and renewal.

Signature _____

Date _____

ASSURANCES AND RELEASES

TCBAP may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the designation process without the written consent of the applicant.

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

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

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

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

___/___/___

Applicant Signature

Credentials

Date

Return Completed Application to:

TCBAP, 401 Ranch Road 620 South, Suite 310, Austin, TX

ASSOCIATE PREVENTION SPECIALIST (APS)

Supervised Practicum Form—Documentation of Hours

Instructions for Completion: Supervisor's should complete this form and are also required to keep time sheets/documentation verifying supervised practical experience for a minimum of five years after completion. A sample weekly time sheet can be found on Page ___ of this application. **Unless otherwise indicated please type or print all information on this form.**

APPLICANT'S NAME: _____

CERTIFYING STATEMENT:

"I hereby certify that the above named individual has successfully completed the 120 hour Practicum experience, including at least ten (10) hours of experience in each of the five (5) Prevention Domains, as outlined at the bottom of this form. Weekly time sheets/documentation verifying supervised practical experience shall be kept on file for a minimum of five years after completion and I will provide time sheets/documentation to TCBAP should they be requested."

NAME OF PRACTICUM SUPERVISOR: _____

TITLE: _____

AGENCY NAME: _____

AGENCY PHONE NUMBER: _____

PRACTICUM SUPERVISOR SIGNATURE: _____

Prevention Domain	Number of Hours of Experience in Domain	Supervisor Initials
I. Community Organization		
II. Education and Skill Development		
III. Planning and Evaluation		
IV. Professional Growth and Responsibility		
V. Public Policy and Environmental Change		
TOTAL SUPERVISED HOURS		

Associate Prevention Specialist (APS) Sample Supervised Practical Experience Documentation Form

This is a sample Supervised Practical Experience Documentation Form for the Associate Prevention Specialist (APS) provided by TCBAP. Agencies may utilize another form of time sheet/documentation form but it should include at a minimum the information on this form. Applicants ARE NOT required to return this form to TCBAP with their application but practicum supervisors/agencies are required to keep this documentation on file for a at least five years from the date of completion.

Student Name: _____

Week Beginning: _____ Week Ending: _____

Core Skill Function	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun- day	Current Week Total	Cummulative Total Last Week	Cummulative Total
Community Organi- zation										
Education & Skill Development										
Planning and Evalu- ation										
Professional Growth & Responsibility										
Public Policy & Envi- ronmental Change										
DAILY TOTAL HOURS:										

PRACTICUM STUDENT SIGNATURE: _____

**SUPERVISOR SIGNA-
TURE:** _____

ASSOCIATE PREVENTION SPECIALIST (APS)

WORK EXPERIENCE DOCUMENTATION FORM

INSTRUCTIONS FOR COMPLETING FORM: You must be working in substance abuse prevention. A minimum of eighteen months of substance abuse prevention work experience must be documented. Please note you must attach a job description to this form for each employer you are listing and the job description must be signed by both you and your supervisor. If more than one form is needed for multiple employers please make photocopies of this form.

Applicant Last Name **First Name** **Middle Name**

List your most recent work experience first. **BE SURE TO ATTACH A JOB DESCRIPTION FOR ALL JOBS LISTED.**
The applicant and the supervisor must sign the job description.

Employer *Applicant Job Title*

_____/_____-_____
Employer Phone *Extension* *Employer Fax* *Total # Hours Per Week*

Employer Mailing Address *City* *State* *Zip Code*

Date Employment Began *TO* _____
Date Employment Ended (If presently employed please indicate "present")

APPLICANT'S DUTIES:

Please attach a job description on company letterhead signed by you and your supervisor.

ASSOCIATE PREVENTION SPECIALIST (APS) SUPERVISOR COMPETENCY EVALUATION

INSTRUCTIONS FOR COMPLETING FORM: Your supervisor must complete this form for you to return with your application packet. Supervisors should provide a skills rating for your work experience in each of the five APS Prevention domains using the skills rating system below.

NAME OF SUPERVISOR: _____

TITLE: _____

AGENCY NAME: _____

AGENCY PHONE NUMBER: _____

SUPERVISOR SIGNATURE: _____

APPLICANT'S SIGNATURE: _____

DATE COMPLETED: _____

Prevention Domain	Skills Rating <i>Scale: Excellent, Good, Fair or Poor</i>	Supervisor Initials
I. Community Organization		
II. Education and Skill Development		
III. Planning and Evaluation		
IV. Professional Growth and Responsibility		
V. Public Policy and Environmental Change		

PROCEDURE FOR CODE OF ETHICS COMPLAINTS

TCBAP has a process established to provide an avenue through which persons can file complaints about the conduct of a TCBAP APS or an applicant to the certification system. This provides a procedure and a forum by which a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the professional or through the APS professional's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

If you have any questions about any portion of this application, call the office for assistance at:

(512) 708-0629

Be sure to make a copy of this application and all materials sent with it for your permanent record and as back-up in case it should get lost or damaged in the mail.

Please note: we cannot accept piece mail. Please be certain your portfolio is complete prior to submitting it to TCBAP. Incomplete portfolios will be returned.

Return completed application packet to:

**TCBAP
401 Ranch Road 620 South., Suite 310
Austin, TX 78734**