The Texas Certification Board presents
The Texas System for Certification of
Advanced CERTIFIED PREVENTION SPECIALISTS
APPLICATION PACKAGE
January 2019

TEXAS CERTIFICATION BOARD
401 Ranch Road 620 South, Suite 310
Austin, TX  78734
Tel:  (512) 708-0629
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TEXAS SYSTEM FOR CERTIFICATION OF ADVANCED
CERTIFIED PREVENTION SPECIALISTS

Statement of Purpose
The Advanced Certified Prevention Specialist (ACPS) is an International Certification and Reciprocity Consortium (IC&RC) at the CPS level only. The ACPS is a TCB credential to recognize prevention specialists who have completed additional degree work. The ACPS credential upgrades and standardizes qualifications of those working in the area of prevention throughout Texas. The ACPS shall be viewed as a fully qualified specialist in the area of prevention and able to provide these services independently or with minimal supervision, to the degree allowed by applicable laws, statutes and regulations. The ACPS is designed to be appropriate for those professionals currently practicing in the prevention field. An ACPS is a health care professional who has been certified by the Texas Certification Board of Addiction Professionals (TCB) as having been adequately trained to provide prevention education training. Prevention services shall be within the limitations of all applicable state and local statutes. An ACPS is also an individual who adheres to the ethical principles set forth by the Texas Association of Addiction Professionals (TAAP).

Statutory Limitations
Certification as an ACPS 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 ACPS be supervised by a licensed provider/clinical supervisor, the ACPS shall so be supervised.

Principles
Certain important principles have emerged in regard to this credential.

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

Principle 2: Authority for this certification comes from professionals nationwide working in the field of prevention who share a common concern for educational standards with a focus on International Certification and Reciprocity Consortium (IC&RC) job task analysis processes, education and competency within the practice of prevention.

Principle 3: Persons having prevention skills and utilizing them in positions other than those of prevention may be certified with this credential by TCB. The basic requirement for certification is the performance of prevention skills and academic achievement.

Principle 4: Application for this credential is entirely voluntary.

Principle 5: Prevention certification is offered to both members and non-members of TAAP’s membership and TCB’s certification processes.

Principle 6: Applicants for the ACPS credential must make their application with the credentialing board in the state in which they reside.

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 certification is voluntary. The credibility of this certification 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 ACPS Certification

The minimum requirements for certification of an ACPS shall include academic achievements, work experience, formal training, plus satisfactory completion of a written examination.

1. **Formal Training:** Applicants must provide documentation of two hundred (200) prevention education hours. Twenty-four (24) hours must be titled as specific Alcohol and Other Drug (AOD) training. Six (6) of these hours must be Ethics education specific to Prevention.

2. **Education and Experience:** Applicants must provide documentation of either:
   - Associates Degree plus 10,000 hours (approximately five years) of Alcohol and Other Drug (AOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. Please send official transcripts to verify degree.
   - Bachelor’s, Master’s or Doctoral Degree plus 4,000 hours (approximately two years) of Alcohol and Other Drug (AOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. Please send official transcripts to verify degree.

3. **Ethics:** All applicants for certification as an ACPS must sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for the ACPS credential. All professional ethical complaints must be resolved prior to certification.

4. **Written Test:** All applicants for certification as an ACPS must complete and satisfactorily score a passing grade on the IC&RC International Written Prevention Specialist Examination.

5. **Practicum:** All applicants must show documentation of a one hundred twenty (120) hour supervised Practicum with a minimum of ten (10) hours in each of the six (6) Prevention domains: Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility.

6. **Residency:** All persons who apply for the ACPS certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant’s work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.

Fees for Certification

The following fee structure shall apply for all individuals who apply for certification as an ACPS.

- Application Fee $140.00
- IC&RC Certificate Fee $10.00 (optional)
- Written Test Fee (IC&RC Prevention Exam) **$250.00**

**(To be sent in with test registration form not with this application)**

Requirements for Recertification

The ACPS certification shall be issued for a period of two (2) years. The requirements for recertification shall be as follows:

1. Submission of an application including a signed copy of the ethical standards for the ACPS.
2. Absent of any ethical or malpractice violations in this or any other certifications or licensures.
3. Completion of forty (40) hours of continuing education. Documentation and/or certificates must be titled in areas of Alcohol Other Drug (AOD) prevention education or the six (6) domain areas as described in section E of the requirements for certification.
4. Recertification fee will be $100.00 every two (2) years.
ADVANCED CERTIFIED PREVENTION SPECIALIST (ACPS) CERTIFICATION 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) __________________________________________
Enclosures

_________ Certification Application
_________ Signed Assurances and Releases
_________ Professional Work Experience Forms documenting at least 2,000 hours
_________ Completed Formal Education Form (including submission of official transcripts, if you already have a certification with TCB that requires official transcripts you DO NOT have to send them again)
_________ Signed Code of Ethics
_________ Documentation of two hundred (200) Prevention specific education hours
_________ Documentation of twenty-four (24) Alcohol and Other Drug specific prevention education hours (may be included in 200 hours)
_________ Documentation of six (6) hours prevention ethics hours (may be included in 200 hours)
_________ Documentation of one hundred twenty (120) hour Prevention Practicum
_________ Copy of successful IC&RC International Prevention Specialists Examination scores
_________ International Certificate Application, optional ($10.00 fee required)

ACPS Fees

_________ Certification Fee ..............................................$140.00
_________ IC&RC Certificate Fee.................................$10.00 (optional)

Payment Information

_________ I have enclosed a check or money order payable to TCB
_________ I authorize TCB to charge my credit card in the amount of $__________________________

_____ Visa     _____ MasterCard     _____ American Express     _____ Discover

Card No.___________________________________________ Exp Date_______ CVC_______

Cardholder Name ___________________________________

Cardholder Signature ________________________________

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

ASSURANCES AND RELEASES

TCB 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 certification process without the written consent of the applicant.

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

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

"I further agree to hold the TCB, 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 TCB to issue certification."

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

_________________________________________   /   /   /
Applicant Signature   Credentials   Date
ADVANCED CERTIFIED PREVENTION SPECIALIST (ACPS)

CODE OF ETHICS

Code of Ethics-Prevention Specialists Preamble

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

Principle 1: Non-discrimination
An applicant or certified prevention specialist shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, pregnancy, religion, national origin, socio-economic status, political belief, citizenship, military service or affiliation, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing, render services and provide information sensitive to those differences.

Prevention specialists should be knowledgeable about disabling conditions and demonstrate empathy in interactions with all participants, including those with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists shall know and comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency
Prevention specialists 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. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
D. Ideally, competent senior prevention specialists should supervise prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies within seventy-two (72) business hours.
F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
G. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.
H.
**Principle 3: Integrity**
To maintain and broaden public confidence, prevention specialists 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. Each professional should document and assign credit to all contributing sources used in published material or public statements.
B. Prevention specialists 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, a prevention specialist should be supportive of assistance or treatment.
D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading or discredit the profession.
E. Prevention specialists shall not engage in conduct, which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.
1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:
   a. Failing to comply with a term, condition or limitation on a certification or license.
   b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
   c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.
   d. Using any illicit drug, prescription medication or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
   e. Using illicit drug while providing professional services.
F. Prevention specialists shall uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony during the period in which a prevention specialist holds a prevention certification, excluding class “C” misdemeanors, whether or not the case is pending an appeal.

**Principle 4: Nature of Services**
Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

A. Services should be provided in a way, which preserves the protective factors inherent in each culture and individual.
B. Prevention specialists 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, the prevention specialist shall report immediately or no later than twenty-four (24) hours the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
D. Prevention specialists shall adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
   a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.
   b. Prevention specialists should use professional and ethical judgment when including photos and/or comments online or in prevention materials.
   c. Prevention specialists shall not provide their personal contact information to direct program recipients, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums.
2. It is the responsibility of the prevention specialist to ensure, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as
connected to their agency on their personal website.

4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review organizational Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other’s posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.

5. Prevention specialists should refer, as appropriate, to an employer’s social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

E. Prevention Specialists must be aware of their influential position with respect to employees, supervisees, and direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients, their family members, employees or supervisees.

1. Soliciting and/or engaging in sexual conduct with any direct prevention participants is prohibited.

2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing “informal counseling” to a participant.)

3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an “indicated population,” and also teaching an academic subject where they are class members.)

4. Prevention specialists shall avoid bringing personal issues into the professional relationship.

**Principle 5: 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 specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

**Principle 6: Ethical Obligations for Community and Society**
According to their consciences, prevention specialists 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 specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

**Adopted by the Texas Certification Board of SUD 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 SUD professionals. In regards to my certification as a Prevention Specialist, I will surrender my certification, if necessary, for violation of any portion of the Code of Ethics.

**Signature** ___________________________ **Date** ___________________________

**Printed Name** ____________________________________________________________

**PROCEDURE FOR CODE OF ETHICS COMPLAINTS**
TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP Prevention Specialist or an applicant to the certification system. This provides a procedure and a forum by which such 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 Prevention Specialist professional or through the Prevention Specialist 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.

Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 401 Ranch Road 620 South, Suite 310, Austin, Texas 78734.
ADVANCED CERTIFIED PREVENTION SPECIALIST (ACPS)

PROFESSIONAL WORK DOCUMENTATION/REFERENCE FORM

Complete one form for each Prevention Employment Reference

Employer ........................................................................................................................................................

Address ..........................................................................................................................................................

City/State/Zip ..................................................................................................................................................

Telephone Number ........................................................................................................................................

Title or Position .............................................................................................................................................

Supervisor (Title) ...........................................................................................................................................

Period Worked (From/To) ............................................................................................................................... 

Total Years/Months Worked ..........................................................................................................................

Total number of hours per week as Preventionist or Consultant

Hours of School Prevention Activities

Hours of AOD Prevention Activities

Hours of Technical Assistance

Hours of Community Related Prevention

Other

TOTAL

What percentage of your agency/organization’s work or clinical population’s work is in:

_____ % School Activities: Primary ______ Secondary ______ High School ______ Higher Ed ______

_____ % Community Prevention Activities

_____ % Coalition Activities

_____ % Other - Description


**ADVANCED CERTIFIED PREVENTION SPECIALIST (ACPS)**

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 11 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 TCB should they be requested.”

**NAME OF PRACTICUM SUPERVISOR:**

**TITLE:**

**AGENCY NAME:**

**AGENCY PHONE NUMBER:**

**PRACTICUM SUPERVISOR SIGNATURE:**

**PRACTICUM STUDENT’S SIGNATURE:**

**DATE COMPLETED:**

<table>
<thead>
<tr>
<th>Prevention Domain</th>
<th>Number of Hours of Experience in Domain</th>
<th>Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning and Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prevention Education and Service Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Community Organization</td>
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<td></td>
</tr>
<tr>
<td>5. Public Policy and Environmental Change</td>
<td></td>
<td></td>
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<tr>
<td>6. Professional Growth and Responsibility</td>
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<td></td>
</tr>
<tr>
<td><strong>TOTAL SUPERVISED HOURS</strong></td>
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</table>
**Advanced Certified Prevention Specialist (ACPS)**

**Sample Supervised Practical Experience Documentation Form**

This is a sample Supervised Practical Experience Documentation Form for the Advanced Certified Prevention Specialist (ACPS) provided by TCB. 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 TCB with their application but practicum supervisors/agencies are required to keep this documentation on file for at least five years from the date of completion.

For an excel version of this spreadsheet with formulas to help tabulate totals visit [www.tcbap.org](http://www.tcbap.org).

**Student Name ____________________________________________**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Current Week Total</th>
<th>Last Week’s Cumulative Total</th>
<th>New Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning and Evaluation</td>
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<td>Education &amp; Service Delivery</td>
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<td>Communication</td>
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<tr>
<td>Community Organization</td>
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<tr>
<td>Public Policy &amp; Environmental Change</td>
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<tr>
<td>Professional Growth &amp; Responsibility</td>
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<tr>
<td><strong>DAILY TOTAL HOURS:</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
</tbody>
</table>

**STUDENT SIGNATURE: ________________________________**

**SUPERVISOR SIGNATURE: ______________________________**

This is a sample provided by TCBAP.

Supervisors may utilize another time sheet/documentation but it must include hours in each domain and should be kept on file for at least five years after completion.
List below all formal education (high school, college, university) you have received. BE SURE TO INCLUDE AN OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT. Note: All post-secondary education must come from an accredited college or university.

<table>
<thead>
<tr>
<th>Formal Education</th>
<th>Name of School &amp; Location of School</th>
<th>Graduation YEAR</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>college or university (undergraduate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>college or university (graduate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>college or university (POST-graduate)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 TCB. Incomplete portfolios will be returned.

Return completed application packet to:
TCB
401 Ranch Road 620 South, Suite 310
Austin, Texas 78734
This International Certificate does not replace, but rather enhances, the existing credential that you currently hold from your local certification board. Please complete the form below to receive this certification.

Check one:  
☐ Counselor / ADC  
☐ Advanced Counselor / AADC  
☐ Peer Recovery Support Specialist / PRS  
☐ Clinical Supervisor / CCS  
☐ Prevention Specialist / CPS or ACPS  
☐ Criminal Justice / CCJP

Return this completed application to your board, TCB, 401 Ranch Road 620 South., Ste. 310, Austin, TX 78734 with your certification/renewal application.

Name (Must be printed clearly) ____________________________________________

Home Address: ____________________________________________ Street Address

Apt. #

__________________________________________  
City   State   Zip Code

Telephone: ____________________________________________  
Home   Work   Home

Email: ________________________________

☐ I have added the additional $10.00 fee for this certificate to my renewal/certification total.

Your signature ____________________________ Date ____________

To be completed by TCB:

I verify that the certification of the applicant named above is in good standing with the TCB.

The credential is a ___________________ due to next renew on ___________________.

(Credential acronym) (next re-cert date)

__________________________________________

Signature of board representative Date

________