

**Texas Certification Board  
of Addiction Professionals  
401 Ranch Road 620 S Suite 310  
Austin, TX 78734**

**Tel: (512) 708-0629  
Fax: (888) 506-8123  
Email: admin@tcmap.org  
Website: www.tcmap.org**

## APS Renewal Application

### APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix	Date of Birth	
Mailing Address - Line 1	Mailing Address - Line 2	City	State	Zip Code	
Office Telephone	Ext	Home Telephone	Fax	Email	Current Employer
Current Credentials	Counseling Lic No.	Expires	Highest Degree Earned	Ethnicity	Gender

### CERTIFICATION INFORMATION

Certification No.	Issued	Expires	Currently Inactive? <input type="checkbox"/>	Inactive Status Expires
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Are you currently under investigation for any type of disciplinary action? YES NO

Have you received any disciplinary action related to any professional license(s) or certification(s) since your last certification renewal? YES NO

If you answered YES to either question, please attach a letter of explanation.

### Certification Renewal Fee (Not including applicable late fees): \$100.00

*If you would like a certificate from the ICRC showing that you hold a credential that is internationally reciprocal, please add \$10.00 to your certification fee. This certificate is available for the ADC, AADC, CPS, ACPS, CCJP, PRS and CCS. Check here for IC RC cert \_\_\_\_\_*

IF YOU ARE A TAAP MEMBER YOU ARE AUTHORIZED 10 % OFF THE RENEWAL FEE. PLEASE NOTE THAT YOUR MEMBERSHIP WILL BE VERIFIED. YOU CAN RENEW ONLINE AT TCAP.ORG AND USE THE PROMO CODE: TAAP

I understand that certification is contingent upon my meeting the requirements and criteria established by the Board. I understand that intentionally misleading statements on this application may result in denial of my certification application or revocation of my certification. Data from my application may be used for statistical purposes. The application fees and portfolio become the property of the Texas Certification Board of Addiction Professionals. All fees are non-refundable.

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

Payment may be made by check, money order, purchase order or credit card. Mail your payment to TCAP, 401 RR 620 S, Suite 310, Austin, Texas 78734. In order to ensure prompt renewal of your credential, please remit payment at least fifteen (15) days prior to expiration date.

Amount Enclosed: \_\_\_\_\_ Payment Type:  Check  Money Order  Purchase Order  Credit Card  
Credit Card Information:  AMEX  DISC  VISA  MC Account # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*I authorize TCAP to charge my credit card. I understand that my credit card statement will show charges from TAAP.*

**Please be advised that renewal of your credential is contingent upon payment of the required renewal fee. If your payment fails to fund, your credential is subject to revocation of its renewed status.**

# ASSOCIATE PREVENTION SPECIALISTS (APS) RECERTIFICATION INFORMATION

## RECERTIFICATION REQUIRMENTS

The APS certification shall be issued for a period of two (2) years, therefore requiring an individual to recertify every two (2) years on that same date. The requirements for recertification shall be as follows:

1. Absent of any ethical or malpractice violations.
2. Submission of an application including a signed copy of the ethical standards for APS and renewal fee
3. Completion of forty (40) hours of continuing education in 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

## SUBMISSION CHECKLIST

Please submit the following items to recertify your credential:

- \_\_\_\_\_ Completed recertification application form
- \_\_\_\_\_ Signed Code of Ethics
- \_\_\_\_\_ Copy of documentation of 40 continuing education hours pertaining to Prevention Domains
- \_\_\_\_\_ Recertification Fee(s)

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.

## 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 certification 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 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 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 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**

**Return completed application packet to: TCBAP, 401 Ranch Road 620 South, Ste. 310, Austin, Texas 78734  
admin@tcbap.org**

# Associate Prevention Specialist (APS)

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

**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 ADC 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 ADC professional or through the ADC 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.*

*Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, Texas 78734*