

**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**

CPS 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.

**CERTIFIED PREVENTION SPECIALIST (CPS)
RECERTIFICATION INFORMATION**

REQUIREMENTS FOR RECERTIFICATION

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

1. Submission of an application including a signed copy of the ethical standards for the CPS.
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, Tobacco and Other Drug (ATOD) prevention education or one of the five (5) domain areas: Community Organization, Education and Skill Development, Planning and Evaluation, Professional Growth and Responsibility, and Public Policy and Environmental Change.
4. The fee for recertification shall be \$100.00. There is a 6 month grace period for renewal of certifications. If you are renewing more than 6 months after your expiration date, there is a \$50 penalty fee in addition to the recertification fee. If you are renewing more than 12 months after your expiration date, there is a \$100 reinstatement fee in addition to the \$50 penalty fee and the recertification fee.

SUBMISSION CHECKLIST

Please submit the following items to recertify your credential:

- _____ Completed recertification application form
- _____ Signed Code of Ethics
- _____ 40 continuing education hours pertaining to alcohol and/or drug abuse or prevention education
- _____ Recertification Fee(s)
- _____ International Certificate Application (additional \$10 fee required)

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, Suite 310, Austin, TX 78734, (512) 708-0629**

CERTIFIED PREVENTION SPECIALIST (CPS)

CODE OF ETHICS

Prevention Think Tank Code of Ethical Conduct

Preamble

TCBAP has adopted the Prevention Think Tank Code of Ethics for Certified Prevention Specialist, Certified Prevention Specialist Intern and Advanced Certified 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 certification as a Prevention Specialist, I will surrender my certification, if necessary, for violation of any portion of the Code of Ethics.

I hereby certify that this Prevention Certification 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 certification, and recertification.

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 CPS 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 CPS professional or through the CPS 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

UPGRADE TO ADVANCED CERTIFIED PREVENTION SPECIALIST FORM

**USE THESE FORMS ONLY TO UPGRADE TO AN
ADVANCED LEVEL CPS
IF YOU ARE CURRENTLY CERTIFIED AS A CPS
AND WISH TO UPGRADE**

Statement of Purpose

The Advanced Certified Prevention Specialist (ACPS) is a TCBAP credential to recognize prevention specialists who have completed additional degree work and/or work experience in the field of prevention. The Advanced Certified Prevention Specialist (ACPS) is an International Certification and Reciprocity Consortium (IC&RC) certification at the CPS level only. Individuals who are currently certified as a CPS have the opportunity to upgrade their certification to the Advanced CPS by completing this application documenting minimum requirements.

Requirements to upgrade to an ACPS Certification from a CPS

The minimum requirements to upgrade to the ACPS certification for those who currently hold a CPS certification shall include academic achievements, work experience, and formal training as outlined below.

- A. **Formal Training**: Applicants must provide documentation of an additional one hundred (100) prevention education hours. Documentation should be within the last ten years.
- B. **Education and Experience**: Applicants must provide documentation of either:
 - 1. Associates Degree plus 10,000 hours (approximately five years) of Alcohol, Tobacco and Other Drug (ATOD) 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.*
 - OR**
 - 2. Bachelor's Degree plus 4,000 hours (approximately two years) of Alcohol, Tobacco and Other Drug (ATOD) 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.*

Requirements for Recertification

Please note that submission of this upgrade form will only upgrade your current CPS it will not change your current renewal date. The requirements for the ACPS recertification shall be the same as those for the CPS.

NOTE: *You cannot upgrade if your CPS certification has expired or if your renewal is more than 6 months past due!!!!*

Advanced Certified Prevention Specialist Upgrade Application
USE THIS FORM ONLY TO UPGRADE TO AN ADVANCED CPS
IF YOU ARE CURRENTLY CERTIFIED AS A CPS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Current Certified Prevention Specialist (CPS) Certification #: _____

Submission Checklist

- _____ Upgrade Certification Application
- _____ Signed Assurance and Release
- _____ Signed ACPS Code of Ethics
- _____ Professional Work Experience Forms
- _____ Completed Formal Education Form (*including submission of transcript(s)*)
- _____ Documentation of one hundred (100) Prevention specific education hours (*earned since last renewal*)
- _____ CPS Renewal fee \$100—if upgrading at time of CPS renewal (*include \$10 if optional IC&RC Certificate is requested*)
- _____ IC&RC Application/Renewal Form

NOTE: You cannot upgrade if your CPS certification has expired or if your renewal is more than 6 months past due!!!!

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“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) 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: _____

ACPS Formal Education Form

COMPLETE THIS FORM ONLY IF YOU ARE APPLYING FOR AN UPGRADED CPS LEVEL.

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.

Formal Education	Name of School & Location of School	Graduation YEAR	Degree
college or university (undergraduate)			
college or university (graduate)			
college or university (POST-graduate)			

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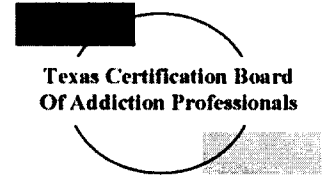
Adopted by the Texas Certification Board of Addiction Professionals

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Signature _____ **Date** _____

Printed Name _____



International Certificate Application/Renewal

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, TCBAP, 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: _____ 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 TCBAP:

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

The credential is a _____ due to next renew on _____
(Credential acronym) (next re-cert date)

Signature of board representative _____ Date _____

If you have any questions about any portion of this application, call the office for assistance at:
(512) 708-0629

Or

Email: admin@tcbap.org

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.

Note: Please be certain your portfolio is complete prior to submitting it to TCBAP. Incomplete portfolios will be returned.

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