



**NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS**

P.O. Box 66045
Albuquerque, NM 87193

www.nmcbbhp.org

**CERTIFIED PREVENTION INTERN (CPI)
Application**

Mail completed packet to

**NMCBBHP
P.O. Box 66405
Albuquerque, NM 87193**

Or

**NMCBBHP
2929 Coors Rd NW
Suite 201N
Albuquerque, NM 87120**

Application packet must be postmarked on or received before
The following deadlines of:

Jan 1, April 1, July 1 and Oct 1.

For more information, contact the board at:

Email: nmcbbhp@netscape.net

Phone: 505-319-8507

CERTIFIED PREVENTION INTERN (CPI)

*An entry-level certification; not eligible for reciprocity with IC&RC/AODA States.
Certificate issued for a two-year period and is eligible for re-certification.*

1. **Experience:** Verify six (6) months or 1,000 hours or more of employment, **paid or volunteer**, within the past three (5) years engaged in the field of prevention; substance abuse, teen pregnancy, domestic violence, suicide, are examples of acceptable areas. Employer must complete the Employment Verification Form for applicant.
2. **Education:** Verification of 50 contact hours of prevention specific training. Eighteen (18) hours of this training must be in Alcohol, Tobacco, and Other Drugs (ATODA) specific training. Education must be specifically related to the knowledge and skills necessary to perform the tasks within each Prevention Performance domain. *Only training hours documented/received in the past five (5) years, prior to the date of the date of submitting your application packet will be accepted; unless the classes were from a university or college; each college credit hour equals 15 CEU's.* Submit copies of the training certificates or unofficial college transcripts. In-service training must be documented and will be reviewed for approval by the Board. Submit copy of High School Diploma or equivalent or College Degree.
3. **Code of Ethics:** The applicant must document 6 hours of prevention ethics training and provide a signed "Code of Ethics" and the "Statement of Understanding".
4. **Supervision:** Complete the evaluation checklist form as provided by the Board.
5. **Reference:** Submit three (3) letter of peer support evaluating character and competency of the applicant; one must be from a current supervisor; one must be from peer within in agency; and one must be from an outside agency, which endorses and attests to the professionalism of the applicant.
6. **Fees:** \$150, which includes the \$50 for the application review and \$100 for the certification, **to be submitted in full with application packet.**
7. **Recertification:** **Every 2 years;** 40 contact hours (CEU's) must be completed within the 2 year period, of which 6 hours in Prevention Ethics is mandatory, the remainder general and or ATODA Prevention trainings are acceptable with no more than 50% on-line.
8. **Recertification Fee: \$130**

Review checklist when completing application. Make sure you have included all of the following components with your application.

APPLICATION CHECK- LIST	
CHECK ✓	CERTIFIED PREVENTION INTERN Required Documents:
	Fill out Application completely. (Do not submit Resumes or Job descriptions)
	Formal Education and Documentation in Behavioral Science when substituted for years of experience.
	Specialized training in Prevention form – provide information including course title, dates and hours of training received. (Submit copies of certificates of attendance). Make sure this form is completed as directed or it may be returned for completion and delay review of your application and Re-review fee will apply.
	Submit three (3) letter of peer support evaluating character and competency of the applicant; one must be from a current supervisor; one must be from peer within in agency; and one must be from an outside agency, which endorses and attests to the professionalism of the applicant.
	Employment Verification Form – have form filled out from present and/or previous supervisors with description of duties and exact date of employment.
	Signed Code of Ethics for Prevention Professionals
	Signed Statement of Understanding/ Authorization and Release
	SUPERVISOR EVALUATION FORM needs to be filled out by present and/or previous supervisors. Make copies of SUPERVISOR EVALUATION FORM if you had more than one supervisor.
	Include Certification Fees. ALL FEES ARE NON-REFUNDABLE
	Application must be signed and dated.

Make a copy of entire application for your records. NMCBBHP will not provide you a copy of your application.

Fee Schedule

Application Review Fee \$50
Certification Fee \$100

***(Application Re-Review Fee \$50) if original app. is substantially incomplete and has to be reviewed again!**



NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS
P.O. Box 66405
Albuquerque, NM 87193

Application for Certified Prevention Intern (CPI)

Name _____
First Initial Last Name (as it will appear on the Certificate)

SS#: _____ - _____ - _____ Date of Birth: _____ Gender M F

Home Address: _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Home Email _____

Primary Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Work Email _____

Position Title _____

Supervisor Name _____

Send mail to (please circle preference): Home Work

Send mail to (please circle preference): Home Work

Ethnicity: _____ Native American _____ Asian American
_____ Black American _____ Anglo
_____ Hispanic _____ Other

(Used for statistical use only)

Education (circle highest level) GED High school Associates Bachelor's Master's PhD

Professional Affiliations and Current Licenses

Prevention Work Experience (Begin with Current Employment and Attach Additional Sheet if Necessary)

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From MO/YR) (To MO/YR)

Title/Position: _____

Duties: _____

Prevention Work Experience (Attach Additional Sheet if Necessary)

Facility/ Address _____

Dates of Employment: _____ Phone _____
(From MO/YR) (To MO/YR)

Title/Position: _____

Duties: _____

Other Prevention Volunteer Experience (Attach Additional Sheet if Necessary).

Facility/ Address _____

Dates of Volunteer Work: _____ Phone _____
_____ (From M0/YR) (To M0/YR)

Title/Position: _____

Duties: _____

Peer References (Professional Colleagues).

Name _____ Facility _____

Address _____ Phone _____

Name _____ Facility _____

Address _____ Phone _____

Professional Reference (Outside Agency)

Name _____ Facility _____

Address _____ Phone _____

I hereby attest that all information provided in this application is true and valid to the best of my knowledge.

Printed Name _____

SIGNATURE

DATE

Employment Verification Form

Date: _____

Name of Applicant: _____

Agency: _____

Agency Address: _____

Agency Phone #: _____

Title/Position: _____

Date of Employment: _____ to _____

Major Duties:

Supervisor's Name

Supervisor's Signature

Title

Code of Ethics for Certified Prevention Professionals

The Code of Ethics set forth for Certified Prevention Specialists encompass the following Standards and Principles:

Non-Discrimination:

The Certified Prevention Specialist must not discriminate against clients, the public or others based on race, religion, age, sex, national ancestry, sexual orientation or economic condition or against persons with disabilities.

Competence

The Certified Prevention Specialist shall provide competent professional service to all in keeping with the NMCBBHP standards. Competent professional services requires through knowledge of ATODA prevention, skill in presentation and education techniques, thoroughness an preparation reasonably necessary to assure the highest level of quality services and a willingness to maintain current and relevant knowledge through ongoing professional education. The Certified Prevention Specialist shall assess personal competence, and not operate beyond their skill or training level.

Professional Standards:

The Certified Prevention Specialist shall maintain the highest professional standards and should not:

- claim either directly or by implication, professional knowledge, qualifications or affiliations that the prevention specialist does not possess;
- lend their name to, or participate in, any professional and/or business relationship, which may knowingly misrepresent or mislead the public in any way;
- misrepresent their certification to the public or make false statements regarding their qualifications to NMCBBHP;
- jeopardize or compromise their professional status through the association, development and/or promotion of books or other products offered for commercial sale (for example, personal endorsement of products and/or techniques)
- fail to recognize the effect of professional impairment, ie., intoxication, drug use, relapse, on professional performance and the need to seek appropriate treatment for oneself.

Professional Obligations to the Public:

Although Certified Prevention Specialist may feel a need to market themselves as competent or professional, they are to be mindful that they are discouraged from championing their own cause by denigration of others. In addition, the Certified Prevention Specialist shall not engage in false or misleading communication about their own or other professional, abilities training and/or experience. The Certified Prevention Specialist should strive to maintain and promote the integrity of certification within the state of New Mexico, nationally and internationally, and the advancement of the Certified Prevention Specialist profession.

Publications:

The Certified Prevention Specialist who participates in the writing, editing or publication of professional papers, videos/films, pamphlets or booklets must act to reserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e., co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the Certified Prevention Specialist should seek permission from the author/creator of such materials. The use of copy-righted materials without first receiving author approval is against the law and, therefore, in violation of professional standards.

Public Welfare:

The Certified Prevention Specialist shall maintain objectively, integrity and the highest professional standards in delivering prevention services holding the best interest of the public first, and always striving to provide an appropriate setting to ensure professionalism and provide a supportive environment.

Confidentiality:

The Certified Prevention Specialist shall adhere to all applicable state and federal laws and rules, including reporting child abuse/neglect or misconduct by individuals or agencies. As such, Certified Prevention Specialist have the responsibility to be aware of and in compliance with all applicable state and federal guidelines, regulations and statues and agency policies regarding confidentiality, data privacy and professional relationships.

Professional Relationships:

The Certified Prevention Specialist shall maintain an objective, non-possessive relationship with those they serve and shall not exploit them sexually, financially or emotionally. Further, the Certified Prevention Specialist shall maintain the ability and willingness to make appropriate referrals and the Certified Prevention Specialist should not personally accept gifts or gratuities for professional work beyond the fees and gratuities being paid to the agency by which the prevention specialist is employed.

Professional Integrity:

A Certified Prevention Specialist should:

- never knowingly make a false statement to the NMCBBHP or any other disciplinary authority;
- promptly alert colleagues to potentially unethical behavior so said colleague can take corrective action;
- report violations of professional conduct by other alcohol and other drug abuse professionals to the appropriate authority when there is knowledge that the said professional has violated professional Standards and has failed to take corrective action after a formal intervention.

I have read, understand and agree to act in accordance with the NMCBBHP Code of Ethics for Prevention Professionals.

Printed Name _____

SIGNATURE

DATE

STATEMENT OF UNDERSTANDING

AUTHORIZATION AND RELEASE

- I hereby apply for certification to the New Mexico Credentialing Board for Behavioral Health Professionals. I understand that approval of my application depends upon my successfully completing the assessment of competencies as established by the Board, including submission of all required references and sitting for an examination if required.
- I also understand that for research and statistical purposes only, the data from this application may be used in a non-identifying manner.
- I hereby authorize the New Mexico Credentialing Board for Behavioral Health Professionals, to make any inquiry of any agency, facility, or organization or individual for any and all additional information, which might be necessary to fully and properly evaluate my application for Certified Prevention Intern.
- I hereby release and hold harmless the New Mexico Credentialing Board for Behavioral Health Professionals, its Board of Executive Officers, its employees, servants, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.
- I further acknowledge, understand, and agree that any falsification or misrepresentation of information by me or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification later.

Printed Name _____

SIGNATURE

DATE



**NEW MEXICO CREDENTIALING BOARD FOR BEHAVIORAL
HEALTH PROFESSIONALS**

**P.O. Box 66405
Albuquerque, NM 87193**

SUPERVISOR EVALUATION FORM

Supervisor:

The individual supplying you this form is applying to the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) for credentialing. The information requested here is an essential part of the board's evaluation process to determine knowledge and competency of the applicant and must be included to meet Board requirements.

We need careful and truthful reporting based on your direct observation and supervision of the applicant's work. This form and letters submitted to the Board regarding applicant knowledge, skills, and competency will not be made to applicant now or at any time in the future.

Please return this page and the evaluation promptly before application deadlines to:

**NMCBBHP
P.O. Box 66405
Albuquerque, NM 87193**

Applicant's Name _____

Supervisor's/Administrator's Name, Title & Credentials (PRINTED) (or other approved verifying individual who has provided experiential training and is completing this evaluation form.)

Dates of Supervision _____
From _____ To _____

How long have you been employed by this program? _____

Where did you receive your training in Prevention? _____

Professional certificates or licenses you hold? _____

Are you involved in the administration/management of the program at where applicant is currently employed? (Check one)

- a) No.
- b) Yes, limited to supervision of prevention professionals.
- c) Yes, limited to administrative responsibilities such as budgeting.
- d) Yes, both supervising and administrating.

Supervisor's/Administrator's Signature _____ Date _____

Directions: Please supply this evaluation form to an appropriate individual/supervisor who has provided you with a minimum of 120 hours (minimum of 12 hours in each performance domain) of supervised experiential learning in the Prevention Competencies.

Evaluator Directions: Please complete the following form scoring each area by circling the following:

N/A – not applicable, has not performed;
M – meets basic competency;

N/I – needs improvement in this competency
E – exceeds basic competency

1. PLANNING AND EVALUATION				
Competency 1: Develop a prevention plan by facilitating a planning process that considers the findings of the needs assessment in order to prioritize needs and guide program selection.	N/A	N/I	M	E
Competency 2: Apply sound prevention theory and practice by adapting or developing programs in order to meet the identified needs of the target population.	N/A	N/I	M	E
Competency 3: Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.	N/A	N/I	M	E
2. EDUCATION AND SKILL DEVELOPMENT				
Competency 1: Tailor education and skill development activities by gathering information about the knowledge and skills levels of the intended audience in order to maximize program effectiveness.	N/A	N/I	M	E
Competency 2: Deliver culturally competent education and training by working with representatives from the intended audience to identify appropriate content, methods, resources, material, and evaluation tools.	N/A	N/I	M	E
Competency 3: Educate consumers by providing accurate, relevant and appropriate information about ATOD abuse and related problems in order to encourage healthy lifestyles.	N/A	N/I	M	E
3. COMMUNITY ORGANIZATION				
Competency 1: Identify key community members using informal and formal processes in order to determine community readiness and ensure diverse participation.	N/A	N/I	M	E
Competency 2: Identify prevention needs and resources within the community by collecting relevant information in order to provide a foundation for a sound and culturally appropriate plan.	N/A	N/I	M	E
Competency 3: Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.	N/A	N/I	M	E
4. PUBLIC AND ORGANIZATIONAL POLICY				
Competency 1: Identify policy makers using formal and informal processes in order to influence prevention policies and cultural and social norms.	N/A	N/I	M	E
Competency 2: Establish working relationships with media by serving as a credible resource in order to develop public support for effective prevention policy.	N/A	N/I	M	E
Competency 3: Promote advocacy for prevention by conducting prevention awareness campaigns to strengthen public and organizational policy and norms.	N/A	N/I	M	E
5. PROFESSIONAL GROWTH AND RESPONSIBILITY				
Competency 1: Model collaboration by networking with colleagues, other professionals, individuals and community organizations to ensure effective prevention services	N/A	N/I	M	E
Competency 2: Practice ethical behavior by adhering to legal and professionals' standards to protect the consumer and promote the integrity of the profession.	N/A	N/I	M	E
Competency 3: Develop cultural competency through education, training, and a guided practice and life experience to ensure inclusion of diverse population and achieve the highest level of professional skill relative to the community.	N/A	N/I	M	E

Check One:

- I recommend this applicant for certification/credentialing at the level for which he/she is applying.
 I have some reservations in recommending this applicant: _____
 I do not recommend this applicant for certification.

Supervisor's/Administrator's Signature _____

Date _____



**NEW MEXICO CREDENTIALING BOARD FOR
BEHAVIORAL HEALTH PROFESSIONALS**

P.O. Box 66405
Albuquerque, NM 87193
email: nmcbbhp@netscape.net
EIN#27 2155797

CERTIFIED PREVENTION INTERN (CPI)

- 1. Experience:** Verify 6 months or 1,000 hours or more of employment, paid or voluntary, within the past three (5) years engaged in working in the field of prevention; substance abuse, teen pregnancy, domestic violence, suicide, are examples of acceptable areas.
- 2. Education:** Verification of 50 contact hours-prevention specific training. Eighteen (18) hours of this training must be Alcohol, Tobacco, and Other Drugs (ATODA) specific training. *Only training hours documented/received within the past five (5) years, prior to the date of submitting your application packet, will be accepted, unless the classes were from a university or college, each college credit hour equals 15 CEU's.* Submit copies of the training certificates and or unofficial college transcripts. In-service training must be documented and will be reviewed for approval by the Board. Submit copy of High School Diploma or equivalent or College Degree.
- 3. Code of Ethics:** The applicant must document 6 hours of prevention ethics training and provide a signed "Code of Ethics" and Statement of Understanding.
- 4. Supervision:** Complete the evaluation checklist form as provided by the Board.
- 5. Reference:** Submit three (3) letters of peer support evaluating character and competency of the applicant, and one must be from a current supervisor, one must be from peer within in agency and one must be from an outside agency endorsement letter to the professionalism of the applicant.
- 6. Fees: \$150**, which includes the application, review, and certification fees, to be submitted in full with the application packet.
- 7. Recertification: Every 2 years;** 40 contact hours (CEU's) must be completed within the 2 year period, of which 6 hours in Prevention Ethics is mandatory, the remainder general and or ATODA Prevention trainings are acceptable with no more than 50% on-line.
- 8. Recertification Fee: \$130**

You can download an application packet at www.NMCBBHP.org

You may also request a packet by e-mailing our Board Administrator, Jennifer Sandoval at NMCBBHP@NETSCAPE.NET