



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

P.O. Box 190
Bernalillo, NM 87004
email: nmcbhbp@netscape.net
www.nmcbhbp.org

SENIOR CERTIFIED PREVENTION SPECIALIST (SCPS)

**This certification has been established by the NMCBBHP and does not reflect IC&RC standards.
This credential is only available through the NMCBBHP.**

1. Prerequisite: Current certification as a CPS at the reciprocal level.
2. Experience: Verification of five (5) years or 10,000 hours of employment in ATODA prevention supervised work related experience. A program director, supervisor or employer must submit specific dates and duties of employment to the Board.
3. Training: Verification of 120-contact hours prevention specific training. Fifty-(50) hours of this training must be specific ATOD training. Only training hours documented/received within the past five (5) years, prior to the date of submitting your application packet will be accepted.
4. Practical Training Summary: Verification of 144 hours of the six-(6) Prevention performance domains- minimum 16 hours in each domain. Training must also include supervisory skills, leadership and management and/or administrative. The six domains are:
 - Planning and Evaluation
 - Education and Skill Development
 - Community Organization
 - Public and Organizational Policy
 - Professional Growth and Responsibility
 - Program Management and Supervision
5. Reference: Submission of five (5) references from individuals familiar with the applicant's work as prevention professional, and who can attest to the professionalism of the applicant (one supervisor, two peers and two outside agencies).
6. Code of Ethics: The applicant must document six (6) hours of training in a Certification Board approved workshop on Prevention Ethics. The applicant must also subscribe to Prevention Specialist professional code of ethics through a signed statement.
7. Fees: Payment of Fees according to the Fee Schedule, to be submitted in full or as services provided.
8. Re-Certification: Forty-(40) hours of continuing education hours, which includes (six) 6 hours in Prevention Ethics and (six) 6 hours of Leadership, Management, or Supervisory Skills training related to the Behavioral Health Field must be earned in two years. Renewal must be made within (sixty) 60 days of expiration date

APPLICATION INSTRUCTIONS

Review requirements to ensure that you meet all the standard requirements and review checklist when filling out application.

CHECK	ITEMS
✓	
	Fill out Application completely typewritten or printed. (Do not submit Resumes or Job descriptions)
	Employment verification – Statement from present and previous employers stating a description of duties and exact date of employment.
	Required Training and Documentation – provide information including sponsoring agency, dates and hours of credits received. Fill out form which includes a breakdown of 100 clock hours in each fields of ATOD, General Prevention and six hours of prevention ethics. (Submit copies of certificates)
	Supervision Evaluation form: Letter(s) from current or previous supervisors/Administrators who can attest to professional character and competency. Make copies of SUPERVISOR EVALUATION FORM if you had more than one supervisor.
	Peer Support Letters – Five (5) letters must be sent directly to the Certification Board to attest to applicant’s work character and competency in the field of Prevention.
	Supervised Practical Training Summary of Prevention Functions, which documents the 144 performance hours of supervision training received.
	Signed Prevention Code of Ethics
	Signed Statement of Understanding/ Authorization and Release
	Submit all Certification Fees: ALL FEES ARE NON-REFUNDABLE
	Application must be signed and dated. Make and keep a copy of everything you send the board for your records.

Application deadlines: Jan 1, April 1, July 1, and Oct 1.

Application for Senior Certified Prevention Specialist (SCPS)

Date _____ CPS Cert. # and Level (s) _____ Expiration Date _____

Name _____ Ph# _____
(Last) (First) (Middle) *(As it will appear on Certificate)*

Mailing Address _____
(No & Street) (City) (State & Zip Code)

Current Employer: _____
(AGENCY) (Phone) (Supervisor's Name)

Address _____
(No & Street) (City) (State & Zip Code)

Number of years certified: _____ Years Employed by Current Employer: _____

Years in the Prevention Field: _____ Years providing supervision: _____

List of individuals providing references.

Supervisor/Administrative Reference:

Name _____ Title _____

Phone _____ Years Known _____

Peer References (Two Professional Colleagues).

Name _____ Title _____

Phone _____ Years Known _____

Name _____ Title _____

Phone _____ Years Known _____

Professional References (Two Outside Agencies)

Name _____ Title _____

Phone _____ Years Known _____

Name _____ Title _____

Phone _____ Years Known _____

I hereby certify that the information I have provided is true and accurate:

Applicant Signature

Date

STATEMENT OF UNDERSTANDING

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 also affirm that I conform to the Prevention Specialist Code of Ethics as described in the requirements for certification.

APPLICANT SIGNATURE

DATE

AUTHORIZATION AND RELEASE

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 additional information, which might be necessary to properly evaluate and complete my application for CPS.

I hereby release and hold harmless the **New Mexico Credentialing Board for Behavioral Health Professionals**, and 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 myself or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date.

I also affirm that I conform to the NMCBBHP Code of Ethical Standards.

APPLICANT SIGNATURE

DATE

Applicant Verification Form
CONFIDENTIAL

Dear Supervisor/Administrator,

The applicant is applying to the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) for the Senior Certified Prevention Specialist level (SCPS). The information requested here is an essential part of the Board's evaluation process to competency of the applicant and must be included to meet certification 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's knowledge, skills, and competency will not be made to the applicant now or at any time in the future.

Please return this page and the evaluation promptly to:

NMCBBHP
P.O. Box 190
Bernalillo, NM 87004

Applicants Name _____

Supervisors Name & Title _____

Program/Agency Name _____

Program address _____

Telephone No. _____

I, hereby, certify that I have been in a position to observe and have first-hand knowledge of the applicant's knowledge and skills.

Administrator/Supervisor's Signature: _____ **Date** _____

Your cooperation is appreciated. The NMCBBHP reserves the right to request further information from you concerning this applicant.

Respectfully,

NMCBBHP

Directions: Please supply this evaluation form to an appropriate individual/supervisor who has provided you with a minimum of 144 hours (minimum of 24 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

N/I – needs improvement in this competency

M – meets basic competency

E – exceeds basic competency

1. PLANNING AND EVALUATION				
Competency 1: Assess community needs by collecting the most current local data through systematic assessment methods in order to provide relevant data for the planning process	N/A	N/I	M	E
Competency 2: 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 3: Select strategies by reviewing professional literature for effective programs and practices in order to meet the needs of the target population.	N/A	N/I	M	E
Competency 4: 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 5: Identify financial sources through networking, workshops and research in order to fund prevention projects.	N/A	N/I	M	E
Competency 6: Review evaluation options through consultation and research in order to determine an appropriate evaluation method.	N/A	N/I	M	E
Competency 7: Conduct evaluation activities of the prevention program using the selected measurement tools to determine program effectiveness.	N/A	N/I	M	E
Competency 8: Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.	N/A	N/I	M	E
Competency 9: Refine the prevention program by reviewing and incorporating findings of the evaluation in order to enhance program effectiveness.	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: Connect prevention theory and practice by using current research and program models in order to prepare effective education and skill development activities.	N/A	N/I	M	E
Competency 3: Maintain fidelity when replicating research-based prevention programs by implementing them faithfully or making only adaptation that do not compromise program integrity in order to ensure program effectiveness.	N/A	N/I	M	E
Competency 4: 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 5: Conduct education and skills development activities by employing appropriate training techniques in order to address the educational needs of the intended audience.	N/A	N/I	M	E
Competency 6: 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
Competency 7: Disseminated appropriate information by identifying, adapting or creating prevention materials in order to respond to requests for prevention information and prepare for education and training activities.	N/A	N/I	M	E
Competency 8: Provide prevention information to professionals in related fields through appropriate means to increase their understanding of prevention and ATOD-related problems.	N/A	N/I	M	E

3. COMMUNITY ORGANIZATION				
Competency 1: Define the community by identifying its demographic characteristics and core values for the purpose of providing appropriate prevention services	N/A	N/I	M	E
Competency 2: 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 3: Engage community leaders by including them in the planning process in order to foster participation and ownership in achieving prevention goals.	N/A	N/I	M	E
Competency 4: 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 5: Develop a prevention plan in accordance with appropriate prevention theory by collaborating with community members to achieve the identified goals.	N/A	N/I	M	E
Competency 6: Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.	N/A	N/I	M	E
Competency 7: Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention project.	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: Plan policy initiatives working in collaboration with appropriate community groups and other organization in order to implement policy change.	N/A	N/I	M	E
Competency 3: Gain the support of decision makers by informing them about effective prevention practice in order to influence policy development.	N/A	N/I	M	E
Competency 4: 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 5: 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 RESONSIBILITY				
Competency 1: Attain knowledge of current research-based prevention theory and practice by participating in appropriate educational opportunities and reviewing current literature in order to provide effective prevention services.	N/A	N/I	M	E
Competency 2: Model collaboration by networking with colleagues, other professionals, individuals and community organizations to ensure effective prevention services	N/A	N/I	M	E
Competency 3: 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 4: 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

6. PROGRAM MANAGEMENT AND SUPERVISION				
Competency 1: Practice the interpersonal/collaborative skills needed to effectively participate in teams and attain goals.	N/A	N/I	M	E
Competency 2: Utilize technical expertise involving the specific tools, procedures and strategies that ensure continued improvement of resources and processes.	N/A	N/I	M	E
Competency 3: Use interpersonal and technical expertise to demonstrate proficiency in project management and staff supervision	N/A	N/I	M	E

Evaluator's Statement:

What percentage of work time spent in the following domains? Total should equal 100%

- | | |
|---|--|
| _____ Domain 1: Planning and Evaluation | _____ Domain IV: Public & Organizational Policy |
| _____ Domain 2: Education & Skill Development | _____ Domain V: Professional Growth & Responsibility |
| _____ Domain 3: Community Organization | _____ Domain VI: Program Management & Supervision |

How long have you supervised this applicant? _____

Any special skills of the applicant? Please describe. _____

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.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

Administrator/Supervisor's Signature: _____ **Date** _____

Supervisor/Administrator Only:

How long have you been employed by this program? _____

Professional certificates or licenses you hold or years' in supervisory position? _____

Are you involved in the administration/management of the program at where applicant is currently employed? ____ a) No. ____ b) Yes

SUPERVISED PRACTICAL TRAINING SUMMARY:

Supervised Practical Training in the Senior Certified Prevention Functions

Supervised Practical Training includes activities designed to provide training of specific performance domains. These activities are monitored by supervisory personnel who provide timely positive and negative feedback to assist the Prevention Specialist in this learning process. All training hours must be supervised. A recommended ratio is one hour of supervision (face-to-face individually or in a group) to 16 hours of practical experience. Copies of this form may be submitted by more than one supervisor.

Types of Training (Please check): On-the-Job Training _____ Training Program _____ Internship _____

FUNCTIONS	DATE COMPLETED	NUMBER OF HOURS	AGENCY OR SUPERVISOR(S)
1. Planning and Evaluation			
2. Education and Skill Development			
3. Community Organization			
4. Public and Organizational Policy			
5. Professional Growth & Responsibility			
6. Program Management and Supervision			

TOTAL NUMBER OF HOURS _____

NOTE: 144 hours required for Prevention Specialist Certification. Each function should be no less than 16 hours per Core Function.

Print Supervisor Name

Supervisor's Signature

Date

Evaluation: Satisfactory/Not Satisfactory

If mailed in: Name of Applicant:

If unable to document prior practicum: In your own words, please describe your supervised practicum training. Include who trained you and how they trained you. Be sure to include any supervised practical training you received when and if you changed jobs. Use back of page or 2nd sheet if needed.

Code of Ethics for Certified Prevention Specialists

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 above and 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.

Certified Professional's Signature

Date