

*South Carolina Association of Prevention Professionals and Advocates  
Certification Commission*

*P.O. Box 1763  
Columbia, South Carolina 29202*

June 8, 2010

To: Prevention Professionals Scheduled for Recertification by August 1, 2010

From: Your SCAPPA Certification Commission and Peer Review Committee

Enclosed is an *Application Form* for your recertification as either a Certified Prevention Professional, or, a Certified Senior Prevention Professional.

Your completed Application Form including your documentation of 50 hours of SCAPPA-approved continuing education along with the appropriate fee should be returned by July 30, 2010. You can submit it before that date, if you like. **Early submission of your application does not guarantee early review. Incomplete applications will be considered as late applications. Please note the specific dates for late submissions as outlined on page three of the Guidelines and Fee Schedule.** Faxed or electronic copies will not be accepted.

Enclosed with the Recertification Application Form are:

1. The SCAPPA Code of Ethics★
2. A Final Checklist★
3. Guidelines for Completing the Recertification Application and Fee Schedule★
4. Payment Form for Member and Non-Member Rates

(★Starred items are for your reference only...do not return them with your application!)

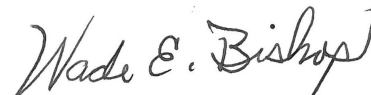
Complete the Payment Form by checking the item(s) for which you are submitting money (recertification fee, late fee). Show the amount you are sending for each item. Put your complete mailing address in the box at the bottom of the Payment Form.

Your prevention professional certification through SCAPPA makes you eligible for this international credential which coincides with the dates of your new certificate, August 1, 2010 to July 31, 2012. There is no cost for the International Prevention Certificate, as it is considered a benefit. Your information will be submitted upon approval of recertification.

If you have questions, please don't hesitate to contact either of us.



Debee Early  
Chairman  
SCAPPA Certification Commission  
803-733-1390  
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Wade Bishop, CSPP  
Chairman  
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Certification Commission is a Member Board of the International Certification & Reciprocity Consortium/AODA, Inc.

**RECERTIFICATION APPLICATION  
FOR  
SCAPPA PREVENTION PROFESSIONALS**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(For statistical purposes only)

Current Certificate Number \_\_\_\_\_

Check here if you have had a change in name since last certificate was issued.

Applying for RECERTIFICATION as:

- CERTIFIED PREVENTION PROFESSIONAL  
 CERTIFIED SENIOR PREVENTION PROFESSIONAL

Date of this application: \_\_\_\_\_

Mail completed application to:

SCAPPA Certification Commission  
PO Box 1763  
Columbia, South Carolina 29202

**Instructions:** Provide detailed information for all sections of this application. Type or print legibly in black ink. Incomplete or unsigned applications will be returned to applicant for completion, causing delay or disqualification.

**EDUCATION:**

Check this space if there has been **no change** in your formal education status since you were certified. If you check this, you do **not** have to complete the information on this page.

Check this space if you have completed a college degree or other formal education during the current term of your certification. An official transcript must support college work listed below. Applicant must contact the academic institution(s) to request that official transcripts be sent **directly to the SCAPPA Certification Commission**. Transcripts submitted by applicants cannot be accepted and will not be reviewed.

LEVEL OF EDUCATION	NAME OF SCHOOL AND FULL ADDRESS	HOURS (WHERE APPLICABLE)	DATE OF GRADUATION	DEGREE
HIGH SCHOOL				
COLLEGE UNDER-GRADUATE				
COLLEGE GRADUATE				
OTHER				

**CURRENT EMPLOYMENT**

**Current Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_



**ADDITIONAL INFORMATION:**

1. Are you currently licensed or certified in any other health or human service field?

Yes       No

If yes, by whom? \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach a copy of your license/certificate)

2. Have you had such license or certificate revoked?

Yes       No

If yes, attach a statement of explanation including when and where this occurred as well as action and disposition.

3. Have you ever been subject to disciplinary action as a result of violations of laws or ethics?

Yes       No

If yes, attach a statement of explanation including when and where this occurred as well as action and disposition.

4. Have you ever been convicted of a crime other than minor traffic violations?

Yes       No

If yes, attach a statement of explanation including when and where this occurred as well as action and disposition.

**ASSURANCE AND RELEASE**

I give my permission to SCAPPA and its staff to investigate my background as it relates to statements contained in this application for ATOD Prevention Professional Recertification. I understand that intentionally false or misleading statements or intentional omissions shall result in the 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 SCAPPA to staff and members of the Certification Commission and its committees for the processes of certification only.

**I certify that I have read and subscribe to the SCAPPA's Code of Ethics for Certified Prevention Professionals.**

I further agree to hold SCAPPA, its officers and Commission members free from any 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 SCAPPA to issue certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please print or type your name as you wish it to appear on your certificate.  
Do not add any degrees or initials behind your name.*

\_\_\_\_\_  
Name on Certificate

**GUIDELINES AND FEE SCHEDULE  
FOR  
RECERTIFICATION OF PREVENTION PROFESSIONALS  
Due to Recertify by August 1, 2010  
SCAPPA CERTIFICATION COMMISSION**

## Recertification Requirements

- ❑ The Certified Prevention Professional can apply to be **recertified** at the **same level** of certification currently held. Write your current certificate number on the cover of the application form.
- ❑ Requirements for Recertification are defined in the PREVENTION CERTIFICATION MANUAL.  
  
Eligibility standards are in Table One on page 6. As of January 1, 2004, there is no longer a requirement to document the years or hours of paid or volunteer ATOD prevention experience.  
  
However, you must document a total of 50 hours of SCAPPA-approved continuing education. (There is no longer the need to document approved training by core area.) Use the detailed description of the tasks, skills, and knowledge for each core area to assist in appropriate placement (see pages 10–24).  
  
Chapter VII, **Recertification Application Procedures**, on page 28, provides additional information about the recertification process.
- ❑ The sample copy of the Recertification Application form contained in the PREVENTION CERTIFICATION MANUAL should **not be copied**. Use the revised Recertification Application form that is included in this package.

## Suggestions for documenting the 50 hours of continuing education

3. Attach your certificates or other documentation of attendance *in the same order in which the events appear on your list*. Idea: to expedite review of your application, attach a copy of those pages from the list of SCAPPA-Approved Education and Training Events and highlight your approved events. (Approved Lists and hours can be found at [www.scappaonline.org](http://www.scappaonline.org))
  - ❑ **You can include appropriate, SCAPPA-approved continuing education received between July 16, 2008 and July 15, 2010.** This is continuing education received since you submitted your certification or your last recertification application.
  - ❑ Applicants cannot include training that will be attended/received after the deadline for submitting the recertification application.
  - ❑ The Certification Training Review Committee (CTRC) must have already approved all continuing education/training you plan to list, including college courses, before you submit your recertification application. (Do **not** include applications for CTRC-approval of an event with your recertification application.)
  - ❑ Look for the number of approved hours for an event on the SCAPPA-approved list. Often the hours on a certificate of attendance will be different from the amount approved for certification.

- What constitutes “verification of attendance?” Examples include: a certificate or other kind of document of attendance issued by the sponsoring organization; a college transcript; a letter from your supervisor confirming attendance at an event; other documentation. An official college transcript should be sent by the college directly to the SCAPPA Certification Commission.
- If you attended only a *part* of an event but received a certificate showing full attendance, professional ethics suggest that you show on your recertification application (under the Column “clock hours”) only the actual hours YOU earned/attended.

(For example, if a certificate credits me with attendance at a 2-day conference but I was really there only one day, my professional ethics require that I claim only what I actually attended---the one day.)

### Dates to Note

July 14, 2010

Certification Training Review Committee meets

**July 30, 2010**

**Completed Recertification Application and recertification fee must have been received by the Certification Board management offices before 5:00 pm on this date.**

August 1, 2010

Applications received *on or after* this date will require payment of a *late fee* in addition to the appropriate recertification fee. (See Fee Schedule)  
**Incomplete applications will be considered late.**

August 9, 2010

New certificates issued

The International Certificate (ICPS) will be mailed by the IC&RC directly to you within 4 weeks of this date if you apply for it with your recertification application.

## FEE SCHEDULE

- *Persons who have maintained SCAPPA membership during 2009 and 2010 will pay the "SCAPPA member" rate.*
- *All others will pay the "Non-member" rate.*
- *SCAPPA membership certificates can be attached, if desired, but are not required.*
- *Membership status for 2009 and 2010 will be confirmed. (SCAPPA membership dues for either of these years will not be accepted with your recertification fee.)*

Date recertification application is submitted	SCAPPA Member Rate	Non-Member Rate
<b>By or before July 30, 2010</b> <i>Recertification Fee is...</i>	<b>\$75.</b>	<b>\$150.</b>
<b>Add late fees to the recertification fee as follows:</b>		
Between August 1, 2010 – August 31, 2010	25.	50.
Between September 1, 2010 – September 30, 2010	50.	100.
Between October 1, 2010 – October 31, 2010	75.	150.

### Late Submission and Fees

**★ Recertification applications can be submitted late and still be eligible to renew your current certificate. However, there are late fees that must be added to the recertification fee. A late fee of \$25 for SCAPPA members and \$100 for non-members is charged for each month that the application is late. This is in addition to the recertification fee of \$75/\$150.**

**★Early submission of your recertification application does not guarantee early review.**

**★If an application is submitted by the due date but is not complete in any way, late fees apply for the time until missing information is submitted.**

**Checks should be made payable to: SCAPPA Certification Commission**

*Please write on the check the name of the person and note that it is for RECERTIFICATION.*

*Note: The correct address for SCAPPA Certification Commission and SCAPPA is:  
PO Box 1763  
Columbia SC 29202*

**South Carolina Association of Prevention Professionals and Advocates  
Code of Ethics**

This code of ethics is adopted to ensure the delivery of the highest quality of professional prevention services to persons, organizations and communities in South Carolina. It is based on a belief in the dignity and worth of the individual and conviction that the individuals have both personal rights and responsibilities to each other and to society.

Prevention professionals are committed to promoting healthy behavior in individuals, groups and systems. In pursuing this end, they must make every effort to protect the welfare of those who seek their services or become the objects of research. They must use prevention skills only for purposes consistent with these values and not knowingly permit their misuse by others. In pursuit of these ideals, prevention professionals must subscribe to this code of conduct in applying for certification.

These ethical principles provide a model of exemplary professional conduct. They also express the professional's recognition of his or her responsibilities to the public, to service recipients and to colleagues, and provide a guide for day-to-day conduct. These principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. They should not be regarded as limitations or restrictions, but as uniform standards and accepted practices based on core values that have emerged with the development of the field.

## **PRINCIPLES**

### **Non-discrimination**

A prevention professional will not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical or mental disability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and render services in a manner that is sensitive to those differences.

### **Competence**

A prevention professional will observe the profession's technical standards, strive constantly to improve personal competence and discharge professional responsibilities to the best of his or her ability. Competence is derived from a synthesis of education and experience and requires the mastery of a body of knowledge and technical skills. The maintenance of competence requires a commitment of learning and professional improvement that must continue throughout the professional's life.

1. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services promptly and efficiently, to be thorough, and to observe applicable technical and ethical standards.

2. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible all activities for which the he or she is responsible.
3. A prevention professional should recognize personal limitations and not use techniques or offer services outside his or her competence.
4. Ideally, prevention professionals should be supervised by Certified Prevention Professionals. When this is not possible, prevention professionals should seek supervision or mentoring from other competent prevention professionals.
5. When a prevention professional has knowledge of unethical conduct or practices on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate funding, regulatory or certifying bodies or public.
6. A prevention professional should recognize impairment of his or her professional performance and seek appropriate treatment when impaired.

### **Integrity**

To maintain and broaden public confidence, prevention professionals must meet their responsibilities with the highest sense of integrity. Personal gain and advantage should never take precedence over service and the maintenance of public trust. Integrity can accommodate inadvertent errors and the honest differences of opinion. It cannot accommodate deceit or subordination of principle.

1. All information should be presented fairly and accurately. Each professional should document and assign credit to all sources used in written material or public statements.
2. Prevention professionals should not misrepresent their professional qualifications or affiliations, either directly or by implication.
3. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional should encourage that person to seek appropriate treatment or support. If a colleague's impairment affects service quality, the prevention professional should take the actions necessary to correct the situation.
4. Prevention professionals should not be associated directly or indirectly with any service, product, individual or organization in ways that are misleading.
5. Prevention professionals must avoid continuing a professional relationship for personal gain or satisfaction beyond the point at which it is clear that service recipient no longer benefits from the relationship.

### **Nature of Services**

Practices shall do no harm to service recipients. Services provided by prevention professionals must be respectful and non-exploitive. The welfare and dignity of the client are to be protected and valued above all else.

1. Services should be provided in a way that preserves the protective factors inherent in each culture and individual.
2. Prevention professionals should use formal and informal structures to obtain and incorporate input from service recipients in the development, implementation and evaluation of services.
3. Where there is suspicion of abuse of children or vulnerable adults, the prevention professional must report the evidence to the appropriate agency and follow-up to ensure that appropriate action has been taken.

### **Confidentiality**

Confidential information acquired during service delivery must be safeguarded from disclosure. This precludes verbal disclosure, unsecured maintenance of records, recording an activity or presentation without appropriate releases, and similar acts or omissions. Prevention professionals are responsible for knowing the confidentiality regulations relevant to their programs.

### **Ethical Obligations to 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 sound behavioral health practices.

**RECERTIFICATION APPLICATION: THE CHECKLIST**

*A quick review to be sure I've got it all together!*

- I have provided all the information, on all the pages.
- I have my **certificate number** written on the cover of the application.
- I have listed **50 hours** of SCAPPA-approved continuing education.
- I have provided certificates or other **verification of attendance** for those 50 hours of continuing education, and, I arranged them in the order that the events are listed on the Continuing Education pages.
- There is **NOTHING** in this application that needs to be reviewed/approved by the Certification Training Review Committee. (Everything has already been SCAPPA-approved!)
- I signed and dated the Assurance & Release on Page 6.
- I enclosed a check for the appropriate Recertification Fee.
- I filled out the Payment Form with my name and mailing address.
  
- I did it all! And, I am keeping a copy in my file!

*This checklist is provided for your convenience. Do not send it with your application!*

**Payment Form for SCAPPA PREVENTION PROFESSIONAL CERTIFICATION**

**Make check payable to and mail completed form with payment and application to:  
 SCAPPA Certification Commission  
 PO Box 1763  
 Columbia, SC 29202**

*This Payment Form should be used to document the item(s) for which you are providing payment. The fee for each item is based on your status as a paid member of the SCAPPA. Membership will be confirmed through SCAPPA records.*

✓ Please check the item(s) for which payment is being made.

**Date** \_\_\_\_\_

Check	Amount	Item	SCAPPA Member Price	Non-member Price	Enclosed
_____		<b>Application Package</b>	\$75	\$150	_____
_____		<b>Written Exam Fee</b>	\$100	\$200	_____
_____		<b>Oral Exam Fee</b>	\$75	\$150	_____
_____		<b>Recertification Fee</b>	\$75	\$150	_____
_____		<b>International Certificate (ICPS)</b>	complimentary		_____
_____		<b>Written Re-Exam Fee</b>	\$100	\$200	_____
_____		<b>Upgrade Application Package</b>	\$75	\$150	_____
_____		<b>Duplicate/Replacement Certificate</b>	\$10	\$20	_____
_____		<b>Reciprocity (SCAPPA's processing fee)</b>	\$50	\$100	_____
_____		<b>Returned Check Charge</b>	\$25	\$50	_____
_____		<b>Late Charge</b>	\$25*	\$50	_____
		<i>*An additional \$25/\$50 <u>per month</u> for up to no more than 3 months will be added for late applications</i>			
_____		<b>Payment Plan Service Charge</b>	\$ 25	\$50	_____

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Revised March 2007*

For office use only: SCAPPA current membership confirmed \_\_\_\_\_ by \_\_\_\_\_

Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ from \_\_\_\_\_

Date material sent \_\_\_\_\_ by \_\_\_\_\_ Note: \_\_\_\_\_