****SCAPPA Certification Commission

**Application to Request Prevention Certification Hours**

***Instructions:*** Type or print legibly in ink. Complete all parts of this form and submit with the attachments described on the reverse of this form. See guidelines for additional information. Be sure to sign and submit prior to the deadline for the Training Review Committee. **Once reviewed you will be notified only if the application is incomplete.**

**Applicant Information**

Name of person sending this application:

Mailing Address: C/S/Z

Phone (day): Fax:

Email:

**Program Information – To be completed by applicant**

Title of Course/Training Event:

Sponsoring Organization/Institution:

Presenter(s)/Trainer(s):

Date of Event:

Requested Amount of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by SCAPPA Certification Training Review Committee**

**Event (Face to face/Virtual) Training approved for       hours  Event had prior SCAPPA approval** **Online Course**  **College/ University**  **Other Education Training**

**Request was *not* approved for the following reason(s):**

Needs appropriate Application Form

Incomplete Application Form

Needs hour-by-hour agenda showing relevant session times, activity/topic and presenter(s);

Needs listing of goals and objectives (either separate list or copy of event brochure).

Needs description of the professional credentials/qualifications of presenter (at minimum must show degree(s), licenses/certification, and current organizational/work affiliation).

College course: need copy of the college catalog/syllabus description of course (course title, number)

Does not address core areas of prevention

Other:

***Comments:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTRC Committee Reviewer Date

for Jeff McAninch, Chair

Certification Training Review Committee

**Attachments / Program Materials – to be completed by applicant**

A copy of the event announcement/brochure (in which all required information is provided) is preferred. However, the required information can be provided in another format.

***The following must be attached to this application form:***

1. Face to face/Virtual**: Hour-by-Hour schedule** showing relevant activity or content and presenter(s). See definition of “Hour-by-Hour” in Guidelines for Requesting SCAPPA Approval for Prevention Hours.
2. Brief description of the **professional credentials/qualifications of the presenter(s).** (Include, at minimum, the presenter’s degree(s), licenses/certifications, and current organizational/work affiliation.) If a published program announcement/brochure does not include this information, please attach that information with this application.
3. List of **Goal(s) and Objective(s)** of the course/training event. (These will be considered for their relevance to the core areas of prevention.)
4. For college/university courses: a copy of the course description and course number from the school’s course description data base (e.g. catalog, class syllabus. Copy of college transcript is NOT needed for approval of training hours. A copy of the college transcript is required as part of the certification application) should be submitted in lieu of the three attachments described above.
5. For Online/Home Study courses: attach a copy of a document from the course provider that shows the course title and brief description, information about the provider and number of hours given to the course, goals and objectives which verifies that course is relevant to the performance domains of prevention.

**I hereby certify the information I have provided is accurate.**

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***Signature Date***

**Completed application form and supporting materials should be sent using one of the following:**

**1. Fax to 803.252.0589 Attention: SCAPPA Training Review**

**2. Email** [**scappa@capconsc.com**](mailto:scappa@capconsc.com)

**3. Mail to SCAPPA Certification Training Review Committee, PO Box 1763, Columbia, SC 29202**

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