



# ACCBO

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[accbo@accbo.com](mailto:accbo@accbo.com)

Complete application due to ACCBO by:

**March 2, 2018 for Mid 2018 testing period**

**September 7, 2018 for Late 2018 testing period**

You must have a **completed** Test Application, and the appropriate fees in our office **no later than** the above application due date, *regardless of postmark*, for the appropriate period. You will receive an e-mail with further instructions on scheduling your exam date, time, and location.

## **FEE SCHEDULE:**

Application Fee.....	\$ 50.00
CPS Exam and Qualifying Review Fee.....	\$130.00
National Background Check Fee.....	\$70.00
Total due with completed application is.....	<hr/> \$250.00

Fees are non-refundable.

Candidates will receive results from IC&RC approximately 1 month after your test date.

If you have any other questions, please feel free to call us at the number above. Our office hours are Monday through Friday 9am to 5pm.

Prepared by the  
*ACCBO Prevention Certification Commission,*  
Revised: February 2017

ACCBO is a Prevention Member Board of the International  
Certification Reciprocity Consortium

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**Application for CPS™**

**Certified  
Prevention  
Specialist**

### **Prevention Performance Domains**

#### **Performance Domain 1: Planning and Evaluation (PE)**

##### **Sub Functions:**

- Assessing community needs
- Developing a prevention plan
- Selecting strategies to meet the needs of target populations
- Applying sound prevention theory and practice
- Identifying funding sources
- Reviewing evaluation forms
- Conducting evaluation activities
- Documenting project activities and outcomes
- Refining the prevention program

#### **Performance Domain 2: Education and Skill Development (ESD)**

##### **Sub Functions:**

- Tailoring education and skill development
- Connecting prevention theory and practice using current research and program models
- Developing culturally competent education and training

#### **Performance Domain 3: Community Organization (CO)**

##### **Sub Functions:**

- Defining the community through demographic and core values
- Identifying key community members
- Identifying/engaging community leaders
- Identifying needs and resources
- Developing a prevention plan through collaboration with members of the community
- Supporting the community through technical assistance
- Developing the capacity of the community
- Providing prevention information to professionals

#### **Performance Domain 4: Public and Organizational Policy (POP)**

##### **Sub Functions:**

- Identifying/informing policy makers
- Planning public policy initiatives
- Establishing a relationship with the media/being a credible resource
- Promoting advocacy for prevention

#### **Performance Domain 5: Professional Growth and Responsibility (PGR)**

##### **Sub Functions:**

- Attaining knowledge of current prevention theory and practice
- Networking with colleagues and others in the field
- Behavior in accordance with the Code of Ethics
- Developing cultural competence

# Application Directions

## General Description of Prerequisites

Photocopy as many copies of this form as you will need to document your education. Place the name of the educational course/event that you attended in the spaces provided. Include the number of clock hours awarded and total hours.

**You** must document the minimum prerequisites of 150 clock hours in “Prevention” specific education.

- **24** Hours of ATOD Addiction Pharmacology type courses (brain development, underage drinking, marijuana, methamphetamine, opiates, inhalants, alcohol, prescription drugs, etc.)
  - **24** Hours of ATOD Prevention Education Curriculum trainings or Training of Trainers (TOT) (Strengthening Families, Communities that Care, Project Alert, Selecting an EBP, Question, Persuade, Respond (QPR), etc.)
  - **31** hours of Substance Abuse Prevention Specialist Training (SAPST)
  - **20** hours minimum of Community Mobilization/ Coalition Building/ Systems Thinking/Planning (ex: Communities that Care, Strategic Prevention Framework, etc)
  - **44** hours of general prevention topics (violence, HIV, teen pregnancy, problem gambling, mental health promotion, underage drinking, suicide prevention, etc.)
  - **8** hours of Cultural Competence/Awareness
  - **6** hours of facilitation/presentation skills training
  - **6** hours prevention ethics, including confidentiality
- ❑ Verification of 120 hours of supervised experiential learning in the 5 Prevention Performance Domains (minimum 10 hours each domain) with documented evaluation.
  - ❑ Signed/dated Agreement to Ethical Practice Guidelines.
  - ❑ National criminal history background check, to be reviewed and approved by the ACCBO.
  - ❑ International Certification Reciprocity Consortium Prevention Credentialing Examination: Upon submission & approval of a completed application packet the candidate will be registered for examination and must achieve a passing score as established by the ICRC/AODA on the Prevention Credentialing Examination.

## Instructions for completing this Application Packet

- ❑ **Complete the Applicant Registration Form**
- ❑ **Include photocopy of Valid State Identification**
- ❑ **Complete the Experience Form**  
If you are documenting experience at more than one agency, photocopy the forms to total the required 2,000 hours of experience.
- ❑ **Complete the Supervised Experiential Learning Form**  
Submit this form to an individual who is currently or has supervised/trained you in the past and is generally familiar with your work experience history as a preventionist.
- ❑ **Complete the Educational Summary Form**  
If you need more room than what is provided on the form, photocopy it for additional space. Please attach photocopies of all certificates and transcripts.
- ❑ **Sign & Date the Agreement to Ethical Practice Guidelines**
- ❑ **Complete the Criminal History Background Check** as directed. The ACCBO Prevention Commission will review the criminal history background check for both violent offenses and sexual offenses that may prohibit award of this credential.
- ❑ **Submit the Appropriate Fees** (see fee schedule on the cover letter).
- ❑ **Review the Examination “Suggested Reading List”**

# Applicant Registration Form

*Please print.*

Date
Full Legal Name
Home Address
City
State
Zip Code

Home Phone
Work Phone
Email Home
<input type="checkbox"/> Please include me on the ACCBO mailing list
Email Business
<input type="checkbox"/> Please include me on the ACCBO mailing list

**At least one valid email is required**

**Make a photocopy of valid state identification and attach to this form.**

<b>Employee and/or Volunteer Prevention Experience:</b>
Organizational Name(s):
Length of Service:
<p><b>* You must document a minimum of 2000 prevention experience hours in order to be eligible for National Examination</b></p>

## Statement of Alcohol & Drug Abstinence, Misuse & Abuse

Check one of the following:

\_\_\_\_\_ I AM NOT recovering from chemical addiction and I hereby attest that I have not misused or abused alcohol or other drugs for the 3 years immediately preceding this application.

\_\_\_\_\_ I AM recovering from chemical addiction, and I hereby attest that I have not misused or abused alcohol or other drugs for the 3 years immediately preceding this application.

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

## Highest Level of Education Completed (HS Diploma, GED, college degree)

### Applicant's Statement of Application for Credentialing

I hereby apply for certification in Oregon as a Certified Prevention Specialist. I understand that the application fee is non-refundable and that the ICRC Examination Fee is non-refundable and non-transferable from one examination date to another. I understand that if for any reason I am unable to attend a pre-arranged National Examination appointment that I will forfeit those fees paid for the National Examination.

Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give ACCBO my permission to verify any statements or supplementary documentation given in any part of this application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Supervisor Signature

\_\_\_\_\_  
Date

# 2,000 Hours Documented Prevention Experience Form

Photocopy as many copies of this form as you will need. You will most likely need one copy for each agency/organization you have been employed or contracted with. You must submit a minimum of 2,000 Experience Hours in order to be eligible for National Examination. Review the prevention performance domains, located on page 2, before estimating hours in each of the 5 domains.

The following documentation is quantitative only and should not be confused with the qualitative analysis of Experience/Training that follows this form.

Applicant Name
Position Title
Dates of Employment (from – to)
Employer/Agency/Organization
Supervisor/Administrator/State Office Personnel or other verifying individual approved by the Prevention Commission

Please estimate the number of hours accrued in each category of the Prevention Competencies. Total those numbers and sign.

6 months Full-time	=	1,000 hours
1 Full-time year	=	2,000 hours
2 Full-time years	=	4,000 hours

## Prevention Domains

Copyright ©1994, ICRC/AODA

Hours Accrued

Prevention Core Competencies

\_\_\_\_\_

Domain 1:

**Planning & Evaluation**

\_\_\_\_\_

Domain 2:

**Education and Skill Development**

\_\_\_\_\_

Domain 3:

**Community Organization**

\_\_\_\_\_

Domain 4:

**Public & Organizational Policy**

\_\_\_\_\_

Domain 5:

**Professional Growth & Responsibility**

**Total Hours Accrued**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verifying Signature

\_\_\_\_\_  
Date

# Supervisor Evaluation of the 5 Prevention Core Competency Domains.

Prevention Domains © 2000, ICRC/AODA

## Directions

Please supply this evaluation form to your current supervisor. Applicant must have a minimum of 120 hours (minimum of 10 hours in each performance domain) of supervised experiential learning in the Prevention Competencies. Supervisor to complete this section and discuss evaluation outcomes with applicant.

## Supervisor Directions

Please complete the following form scoring each area by circling numerals 1, 2, or 3.

- 1 – needs improvement or has not performed  
 2 – satisfactory performance of the competency  
 3 – exceeds general competence

Applicant Name
Name of supervisor or other approved verifying individual:
Dates of Supervision From: _____ To: _____
Supervisor's Signature: _____ Title: _____ Credentials: _____

## I. Planning & Evaluation

<i>Competency 1:</i> Assessing community needs.	1	2	3
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<i>Competency 2:</i> Developing a Prevention Plan.	1	2	3
<i>Competency 3:</i> Selecting strategies to meet the needs of target populations.	1	2	3
<i>Competency 4:</i> Applying sound prevention theory and practice.	1	2	3
<i>Competency 5:</i> Identifying funding sources.	1	2	3
<i>Competency 6:</i> Reviewing evaluation options.	1	2	3
<i>Competency 7:</i> Conducting evaluation activities.	1	2	3
<i>Competency 8:</i> Documenting project activities and outcomes.	1	2	3
<i>Competency 7:</i> Refining the prevention program.	1	2	3

## II. Education & Skill Development

<i>Competency 1:</i> Tailoring education and skill development.	1	2	3
<i>Competency 2:</i> Connecting prevention theory and practice using current research and program models.	1	2	3
<i>Competency 3:</i> Maintaining fidelity when replicating research based prevention programs.	1	2	3
<i>Competency 4:</i> Developing culturally competent education and training.	1	2	3
<i>Competency 5:</i> Conducting education and skill development activities.	1	2	3
<i>Competency 6:</i> Educating consumers by providing accurate and appropriate information.	1	2	3

<i>Competency 7:</i> Disseminating appropriate information through prevention materials.	1	2	3
<i>Competency 8:</i> Providing prevention information to professionals.	1	2	3

<i>Competency 5:</i> Promoting advocacy for prevention.	1	2	3
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## V. Professional Growth and Responsibility

<i>Competency 1:</i> Attaining knowledge of current prevention theory and practice.	1	2	3
<i>Competency 2:</i> Networking with colleagues/others in the field.	1	2	3
<i>Competency 3:</i> Adhering to legal and professional standards.	1	2	3
<i>Competency 4:</i> Recognizing community norms to ensure sensitivity to unique needs.	1	2	3
<i>Competency 5:</i> Developing cultural competence.	1	2	3

## III. Community Organization

<i>Competency 1:</i> Defining the community through demographics and core values.	1	2	3
<i>Competency 2:</i> Identifying key community members.	1	2	3
<i>Competency 3:</i> Identifying and engaging community leaders.	1	2	3
<i>Competency 4:</i> Identifying needs and resources.	1	2	3
<i>Competency 5:</i> Developing a prevention plan through collaboration with members of the community.	1	2	3
<i>Competency 6:</i> Supporting the community through technical assistance.	1	2	3
<i>Competency 7:</i> Developing the capacity of the community.	1	2	3

## Prevention Educational Prerequisites

### Directions

Photocopy as many copies of this form as you will need to document your education. Place the name of the educational course/event that you attended in the spaces provided. Include the number of clock hours awarded and total hours.

**You** must document the minimum prerequisites of 150 clock hours in "Prevention" specific education.

- **24** Hours of ATOD Addiction Pharmacology type courses (brain development, underage drinking, marijuana, methamphetamine, opiates, inhalants, alcohol, prescription drugs, etc.)
- **24** Hours of ATOD Prevention Education Curriculum trainings or Training of Trainers (TOT) (Strengthening Families, Communities that Care, Project Alert, Selecting an EBP, Question, Persuade, Respond (QPR), etc.)
- **31** hours of Substance Abuse Prevention Specialist Training (SAPST)
- **20** hours minimum of Community Mobilization/ Coalition Building/ Systems Thinking/Planning (ex: Communities that Care, Strategic Prevention Framework, etc)

## IV. Public and Organizational Policy

<i>Competency 1:</i> Identifying policy makers.	1	2	3
<i>Competency 2:</i> Planning public policy initiatives.	1	2	3
<i>Competency 3:</i> Gaining support of decision makers.	1	2	3
<i>Competency 4:</i> Establishing a relationship with the media/being a credible resource.	1	2	3

- 44 hours of general prevention topics (violence, HIV, teen pregnancy, problem gambling, mental health promotion, underage drinking, suicide prevention, etc.)
- 8 hours of Cultural Competence/Humility
- 6 hours of facilitation/presentation skills training
- 6 hours prevention ethics, including confidentiality

Attach photocopies of transcripts and certificates to your application. Supply letters verifying attendance of trainings where no certificate is available.

To convert college credit hours into clock hours please see the key on your transcript or consult your university or college where the credits were accumulated. In most cases:

➤ 1 credit = 10 clock hours

**ATOD Education (24 hours minimum)**


**ATOD Prevention Education (24 hours minimum)**


**Substance Abuse Prevention Specialist Training: (SAPST) (31 hours minimum)**


**General Prevention Education (44 hours maximum)**


**Prevention Ethics (6 hours minimum)**


**Community Mobilization/Coalition Building/Systems Thinking/Planning (20 hours minimum)**


**Cultural Diversity/Competence/Awareness (8 hours minimum)**


**Facilitation (6 hours minimum)**


<b>Total Hours</b>	





# Code of Ethical Conduct for Prevention Professionals

*Resource: NAAPA Ethical Standards*

The Principles of Ethics are a model of standards of exemplary professional conduct. These principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his/her responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

## Principles

### I. Non-Discrimination

A Prevention Professional shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical or mental disability, including persons testing positive for AIDS-related virus. A Prevention Professional should broaden his/her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

### II. Competence

A Prevention Professional shall observe the professional's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately any professional activity for which he or she is responsible.
- C. A Prevention Professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each professional

is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.

- D. When a Prevention Professional is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

### III. Integrity

To maintain and broaden public confidence, Prevention Professionals should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. Personal gain and advantage should not subordinate service and the public trust. All information should be presented fairly and accurately. Each professional 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. A Prevention Professional should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

### IV. Nature of Services

Above all, Prevention Professionals shall do no harm to service recipients. Practices shall be respectful and non-exploitative. Services should protect the recipient from harm and the Professional and the profession from censure.

- A. Where there is evidence of child or other abuse, the Prevention Professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- B. Where there is evidence of impairment in a colleague or a service recipient, a Prevention Professional should be supportive of assistance or treatment.
- C. A Prevention Professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/herself.

### 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.

### 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 who must adopt a personal and professional stance that promotes the well-being of all humankind.

*I have read, understood and agree to adhere to the above stated principles.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Criminal History Background Check

Updated January 2013

### Directions

The applicant shall complete a fingerprint card and include the card with this application. Fingerprint cards can be administered at your local law enforcement agency and cost ranges from \$15-\$25.

ACCBO will submit your fingerprint card to the Oregon State Police Clearinghouse, where a National Background Check will be completed. The National Background check is incorporated into your application fee. This process will begin for all CPS applicants from January 2013 onward.

Should the applicant successfully complete the certification process, their certificate shall state that they have passed the ACCBO Prevention Standards criminal history check through OSP. Those standards shall be printed on the reverse side of the certificate.

Convictions listed in ORS 342.143 or the substantive equivalent of any of those crimes if the conviction occurred in another jurisdiction or in Oregon under a different statutory name or number shall be refused certification, until such time that their record becomes expunged, or until such time the decision is reversed by the board upon appeal in contested cases.

- A. ORS 163.095 Aggravated Murder
- B. ORS 163.115 Murder
- C. ORS 163.235 Kidnapping in the First Degree
- D. ORS 163.355 Rape in the Third Degree
- E. ORS 163.365 Rape in the Second Degree
- F. ORS 163.375 Rape in the First Degree
- G. ORS 163.385 Sodomy in the Third Degree
- H. ORS 163.395 Sodomy in the Second Degree
- I. ORS 163.405 Sodomy in the First Degree
- J. ORS 163.408 Unlawful Sexual Penetration in the Second Degree
- K. ORS 163.411 Unlawful Sexual Penetration in the First Degree
- L. ORS 163.415 Sexual Abuse in the Third Degree
- M. ORS 163.425 Sexual Abuse in the Second Degree
- N. ORS 163.427 Sexual Abuse in the First Degree

- O. ORS 163.435 Contributing to the Sexual Delinquency of a Minor
- P. ORS 163.445 Sexual Misconduct
- Q. ORS 163.455 Accosting for Deviant Purposes
- R. ORS 163.465 Public Indecency
- S. ORS 163.515 Bigamy
- T. ORS 163.525 Incest
- U. ORS 163.547 Child Neglect in the First Degree
- V. ORS 163.575 Endangering the Welfare of a Minor
- W. ORS 163.670 Using Child in Display of Sexually Explicit Conduct
- X. ORS 163.675 Sale of Exhibition of visual Reproduction of Sexual Conduct by Child
- Y. ORS 163.680 Paying for Viewing Sexual Conduct Involving a Child
- Z. ORS 164.325 Arson in the First Degree
- AA. ORS 167.007 Prostitution
- BB. ORS 167.012 Promoting Prostitution
- CC. ORS 167.017 Compelling Prostitution
- DD. ORS 167.062 Sadoomasochistic Abuse or Sexual Conduct in Live Show
- EE. ORS 167.065 Furnishing Obscene Materials to Minors
- FF. ORS 167.070 Sending Obscene Materials to Minors
- GG. ORS 167.075 Exhibiting an Obscene Performance to a Minor
- HH. ORS 167.080 Displaying Obscene Materials to Minors
- II. ORS 167.087 Disseminating Obscene Materials
- JJ. ORS 167.090 Publicly Displaying Nudity or Sex for Advertising Purposes
- KK. ORS 475.995 Distribution of Controlled Substances to Minors
- LL. ORS 475.999 Manufacture or Delivery of Controlled Substances to Minor or Student within 1,000 Feet of a School

Should a criminal history background check produce conviction on any of the above stated crimes, certification shall be withheld. The applicant may file an appeal in contested cases. To find out more about the appeals procedure contact ACCBO.

## Ethics Commission Policies

The ACCBO Ethics Commission shall review and potentially investigate all complaints filed against any of its certified constituency.

When a complaint is filed, the ACCBO Ethics Commission shall notify the certified individual by mail at the last known address available to ACCBO. The certified individual shall have opportunity to respond to any grievance or allegation filed against them.

In order to file a complaint on a certified Preventionist, please contact ACCBO for the appropriate forms.

# Recertification and Extensions Policies

## Recertification Policy

- ❑ **40 Hours of Continuing Education in Prevention Topics**
  - ❑ **including a minimum of 6 hours of prevention ethics every two years**

Certification is granted for a two-year period. It may be renewed by Recertification, a process designed to assist the Certified Prevention Specialist in maintaining and expanding competence. If your certification has lapsed you must file for an extension, otherwise you will be dropped from the Certified Prevention Specialists roster. You will receive a recertification packet from ACCBO 30-60 days prior to the expiration date of your certificate.

1. The recertification applicant must demonstrate 40 clock hours of continuing education in prevention education and ATOD education.
  - \* college course work
  - \* workshops
  - \* inservices
  - \* training
  - \* classes
2. The recertification applicant must complete the Record of Training Education and attach all certificates or transcripts. Only recorded training hours accompanied by a certificate will be accepted. Program schedules, syllabuses, flyers will not be accepted.
3. The recertification fee must accompany your recertification application. The fee may change annually based upon the fiscal viability of the Certification Body. The Certification Board is self sustaining through its own constituency as does not receive outside funds. (Please see current fee schedule).

## Extensions Policy

Any Certified Prevention Specialist wishing to acquire an extension on expiring certification, must present a request for extension to the Board in writing. A 30 day grace period will be allowed under request. An additional 90 days (120 day extension from expiration of the certificate) may be granted at a cost of \$50.

## Prevention Performance Domains

### Performance Domain 1: Planning and Evaluation (PE)

#### Sub Functions:

- Assessing community needs
- Developing a prevention plan
- Selecting strategies to meet the needs of target populations
- Applying sound prevention theory and practice
- Identifying funding sources
- Reviewing evaluation forms
- Conducting evaluation activities
- Documenting project activities and outcomes
- Refining the prevention program

### Performance Domain 2: Education and Skill Development (ESD)

#### Sub Functions:

- Tailoring education and skill development
- Connecting prevention theory and practice using current research and program models
- Developing culturally competent education and training

### Performance Domain 3: Community

#### Organization (CO)

#### Sub Functions:

- Defining the community through demographic and core values
- Identifying key community members
- Identifying/engaging community leaders
- Identifying needs and resources
- Developing a prevention plan through collaboration with members of the community
- Supporting the community through technical assistance
- Developing the capacity of the community
- Providing prevention information to professionals

### Performance Domain 4: Public and Organizational Policy (POP)

#### Sub Functions:

- Identifying/informing policy makers
- Planning public policy initiatives
- Establishing a relationship with the media/being a credible resource
- Promoting advocacy for prevention

### Performance Domain 5: Professional Growth and Responsibility (PGR)

#### Sub Functions:

- Attaining knowledge of current prevention theory and practice
- Networking with colleagues and others in the field
- Behavior in accordance with the Code of Ethics
- Developing cultural competence

## Bibliography of Recommended Readings and Literature Resources

The following texts do not reflect comprehensive overview of the ICRC/AODA Objective Exam. However, they can assist the applicant in clarifying terminology used in the exam.

### Substance Abuse Prevention: The Intersection of Science and Practice, Allyn & Bacon press

# DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (physician, psychologist, psychiatrist) to ensure that your board is able to provide the required exam accommodations. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_ in my  
Exam Candidate Date  
capacity as a \_\_\_\_\_.  
Professional Title

The candidate discussed with me the nature of the exam to be administered. It is my professional opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed below:

Description of Disability:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

**Return this form along with your request for Special Accommodations form to your local IC&RC member board prior to scheduling your exam.**

## REQUEST FOR SPECIAL ACCOMMODATIONS

If you have a disability that requires special testing accommodations, please complete this form and the Documentation of Disability-Related Needs and return it to your IC&RC member board for processing. The information you provide and any documentation regarding your disability and your need for accommodations in testing will be treated with strict confidentiality. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Preferred Exam Date: \_\_\_\_\_ Preferred Exam Location: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Special Accommodations

I request special accommodations for the following IC&RC examination (please check one):

ADC      AADC      CCS      PS      CCJP      CCDP

Please provide (check all that apply):

Special seating or other physical accommodations

Reader

Large print exam

Extended testing time (time and a half)

Distraction-free room

Other special accommodations (please specify)

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form along with your Documentation of Disability Related Needs form to your local IC&RC member board prior to scheduling your exam.**