



## Associate Prevention Specialist

Prevention is a proactive process that empowers people and systems to meet the challenges of life events and transitions by creating and supporting environments that foster a commitment to alcohol and other drug free behaviors and lifestyles. The Associate Prevention Specialist credential is intended for use within alcohol and drug prevention programs. There are two tracks of study one can follow:

- Prevention Educator
- Community Organization

The APS is not a clinical practice credential and should only be used for work within school or community settings. Private practice counselors must have a license approved by the Division of Consumer Affairs to provide independent counseling.

### Requirements

- Minimum 1 year (2,000 hours) of Prevention experience in at least one of the five Domains of Prevention: 1. Education and Training 2. Community Organization 3. Public Policy 4. Professional Growth/Responsibility 5. Planning and Evaluation.
- Minimum of 60 hours of preapproved Prevention coursework for either of the following tracks: Coursework Titles and Learning Objectives can be found in the Board's CPS Education Manual: <http://www.certbd.com/pdfs/education-manuals/CPS-Manual.pdf>
- **Education track** – P101, P102, P103, P104, P105, P201, P202, P203, P502, P503;
- **Community Organization track** – P101, P102, P301, P302, P303, P401, P402, P403, P502, P503
- Renewal is required every 2 years from the date of your initial issue date. 24 hours of continued Prevention education is required, along with the \$175 non-refundable renewal fee.

The following items must be attached to this application:

- Applicants resume, job and program description(s), each signed by the Supervisor.
- Verification of alcohol/drug and prevention education. Copies of all applicable degrees, certifications, transcripts, etc.
- \$175 Non-Refundable Review Fee. Check or money order made payable to the Certification Board.
- Please note that all originals of certificates must be submitted with the application, as well as a set of photocopies and a SASE. Once the review has been completed, the originals will be sent back.

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
(as you would like it to appear on your certificate)

HOME ADDRESS (including zip code) \_\_\_\_\_

COUNTY \_\_\_\_\_ HOME PHONE # (including area code) \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WORK PHONE # (including area code) \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CHECK ONE:

FULL TIME \_\_\_\_\_

PART TIME \_\_\_\_\_ IF PART TIME, # OF HOURS PER WEEK \_\_\_\_\_

CHECK ONE:

PRIVATE PRACTICE { } AGENCY { } EDUCATOR { } OTHER { }

CERTIFICATIONS/DEGREES \_\_\_\_\_

OPTIONAL INFORMATION: THE FOLLOWING INFORMATION WILL BE KEPT  
CONFIDENTIAL AND USED FOR RECORDKEEPING AND STATISTICAL PURPOSES  
ONLY:

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ RACE \_\_\_\_\_

**VERIFICATION OF PREVENTION EXPERIENCE**

NOTE: Applicant must document 1 year (2,000 hours) of Prevention experience immediately prior to date of application. For each position submitted, a job and program description (signed by the supervisor) must be submitted. Copies of this page may be reproduced.

**APPLICANT NAME** \_\_\_\_\_

1. NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WORK PHONE # (including area code) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CHECK ONE:

FULL TIME \_\_\_\_\_

PART TIME \_\_\_\_\_ IF PART TIME, # OF HOURS PER WEEK \_\_\_\_\_

DATES EMPLOYED (MO/YR) FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_

2. NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

WORK PHONE # (including area code) \_\_\_\_\_

JOB TITLE \_\_\_\_\_

CHECK ONE:

FULL TIME \_\_\_\_\_

PART TIME \_\_\_\_\_ IF PART TIME, # OF HOURS PER WEEK \_\_\_\_\_

DATES EMPLOYED (MO/YR) FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_



## SIX DOMAINS WITH TASKS

### I. PROGRAM COORDINATION

- TASK 1. Monitor activities through periodic built-in evaluations in order to determine if the project is progressing toward desired outcomes.
- TASK 2. Identify financial sources and strategies through networking, workshops and research in order to increase funding for local prevention projects.
- TASK 3. Identify existing and appropriate resources through federal, state, and local clearinghouses in order to respond to community requests for ATOD information.
- TASK 4. Create needed materials through available technology and talent in order to respond to identified resource gaps.
- TASK 5. Facilitate an increase in community awareness and knowledge through electronic and print media in order to create advocacy for ATOD prevention efforts.
- TASK 6. Facilitate capacity building with the target population by transferring knowledge and skills in order to foster ongoing ownership of ATOD prevention efforts.
- TASK 7. Document project activities and outcomes by maintaining an accurate, clear reporting system in order to demonstrate program accountability.

### II. EDUCATION AND TRAINING

- TASK 1. Conduct training needs assessments by following accepted methodologies in order to ensure the most appropriate training for specific groups.
- TASK 2. Address the educational needs of the audience by using appropriate training techniques and methods in order to maximize learning.
- TASK 3. Provide relevant information and/or learning responsibilities through formal and informal approaches to promote healthy lifestyles.

- TASK 4. Select ATOD prevention materials and resources and modify them as needed by evaluating their appropriateness for the target population in order to present an effective training program.
- TASK 5. Conduct training evaluations by following accepted methodology in order to determine to what extent training objectives are being met.
- TASK 6. Provide prevention information to professionals in related fields through training, lectures, discussions, and other means to improve the delivery of services.
- TASK 7. Design and deliver culturally appropriate training by working with representatives from the target community throughout the process in order to maximize program effectiveness for the intended audiences.

### III. COMMUNITY ORGANIZATION

- TASK 1. Identify community stakeholders through various means for the purpose of involving stakeholders in the development of community task forces or coalitions.
- TASK 2. Assist consumers in identifying specific issues through surveys, focus groups, and key informant interviews for clarifying community vision.
- TASK 3. Consult with members of the community in conducting a self assessment of its capacities by using current methodology in order to identify strengths and resources.
- TASK 4. Establish a community network by facilitating regular communications, sharing resources, and linking key leaders for the purpose of initiating and sustaining collaborative efforts.
- TASK 5. Construct a comprehensive prevention plan with community members by mobilizing the community using group processes for the purpose of attaining their identified mission and vision.
- TASK 6. Increase community involvement and ownership by conducting outreach efforts in order to recruit community residents who have not previously been involved in planning efforts.
- TASK 7. Facilitate the development of local leadership by identifying emerging leaders through observation and local referrals and by providing training and mentorship in order to strengthen commitments and capacities of indigenous leaders.

### IV. PUBLIC POLICY

- TASK 1. Influence formal and informal policy by identifying and informing policy makers in order to infuse prevention strategies into

institutional and community norms and encourage congruence between those policies and practices.

- TASK 2. Establish an effective working relationship with local media by acting as a credible resource in order to advocate for prevention initiatives.
- TASK 3. Plan public policy initiatives collaboratively with appropriate groups by translating the results of a community needs assessment in order to implement the initiative.
- TASK 4. Influence how funds are allocated by locating and informing public and private sources in order to increase resources for prevention.
- TASK 5. Inform policy and other decision makers of prevention program effectiveness by providing them with factual evaluation results in order to enable policy and other decision makers to make informed decisions about prevention.

V. PROFESSIONAL GROWTH AND RESPONSIBILITY

- TASK 1. Attain knowledge of current research-based prevention trends, models, strategies, and ethical, legal, and professional standards by taking advantage of appropriate educational opportunities and reviewing current literature in order to provide state-of-the-art prevention services.
- TASK 2. Model collaborative behavior with colleagues and other professionals, individuals, and communities by networking in order to establish mutual empowerment.
- TASK 3. Practice ethical behavior by understanding and adhering to legal and professional standards in order to promote the integrity of the profession and to protect the consumer.
- TASK 4. Recognize existing community norms by gaining awareness of culture, lifestyle, and other factors in order to be sensitive to the unique needs of the community.
- TASK 5. Practice personal wellness by continually assessing life choices and circumstances with the willingness to change behavior and seek assistance, if applicable, in order to model a healthy lifestyle.

VI. PLANNING AND EVALUATION

- TASK 1. Review professional literature, curricula, and models by identifying content areas, target audiences, and methods and synthesizing the information in order to assure that relevant data and conclusions are incorporated into program design.

- TASK 2. Assess community needs through various systematic data collection methods in order to develop and incorporate its health related behaviors, attitudes, needs and priorities into the development of effective services.
- TASK 3. Plan an evaluation of the prevention project or activity by selecting assessment methods in order to measure the intended outcome(s).
- TASK 4. Conduct an evaluation of the prevention program by employing assessment methods in order to measure process, impact, and outcome.
- TASK 5. Coordinate the development of an appropriate prevention plan with consumer participation by incorporating needs assessment information, research information, and knowledge of current prevention program models in order to assist consumers in attaining desired outcome.

AUTHORIZATION AND RELEASE FORM

I hereby authorize the Addiction Professionals Certification Board of New Jersey, Inc., to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for certification.

I hereby release and hold harmless the Addiction Professionals Certification Board of New Jersey, Inc. its Board of Directors, its Officers, its employees, 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 or consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by myself or others regarding experience or qualifications will be sufficient reason for disapproval of my application or for withdrawal of certification at a later date.

I affirm that I conform to the Ethical Standards as described in the requirements for certification.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

NAPPA REGISTRY  
CODE OF ETHICAL CONDUCT FOR  
PREVENTION PROFESSIONALS

Introduction

A professional certifying body, such as the Addiction Professionals Certification Board of New Jersey, Inc. (APCBNJ, Inc.), promulgates the criteria for admission to and practice of the profession. The certifying process serves the public interest by assuring that practitioners have the requisite competence. The criteria for competence are educational, experiential, and ethical in nature. Educational and experiential elements are fully set out elsewhere in the certification/recertification requirements.

The ethical standards promulgated here are not creations of the Addiction Professionals Certification Board of New Jersey, Inc. (APCBNJ, Inc.), but are a statement of general principles thought to naturally undergird the practice of counseling the alcoholic/drug addict and related persons. Alcohol and/or drug counselors are a specific community of healers with a self-consciousness of their identity and the norms of their service. Counselees, or patients, constitute the specific community of persons suffering from a disease (alcohol/drug addiction) that produces physical, emotional, and spiritual impairment. This promulgation intends to serve the purposes of (1) guiding the counselor in ethical practice and (2) advising the patient and interested third-parties of the ethical standards that govern the counselor-patient relationship. Through disciplinary procedures found elsewhere in the By-laws, a mechanism is provided for censuring violators of these ethical standards.

Standard 1 - Skills

The applicant and certified counselor will be aware of the skills required for practitioners, by the By-laws establishing a minimum standard of qualification and by the needs of the individual patients. In applying for certification and in offering counseling services, a representation is made that the applicant or counselor has the required minimum skills and those skills that are pertinent to the individual case presented. Continuing education will be undertaken to maintain competency in the educational theory and practice of alcohol and/or drug counseling.

Standard 2 - Client: The Primary Concern

The counselor recognizes that the welfare of the patient is the counselor's primary concern. Where a relationship of counselor-patient has been established, the counselor will diligently and single-mindedly serve the client's interests in preference to the counselor's pecuniary self-interest and to the interests of any other person, institution or authority.

Standard 3 - Disclosure to Patient

Before accepting engagement, the counselor will determine the nature of the patient's case and will make a preliminary determination whether the counselor has the competence and objectivity to accomplish the proposed result. A preliminary course of treatment and a fee estimate will be prepared and be discussed with the client. The estimated amount of the fee and the terms and source of payment generally should be agreed upon in advance of treatment.

#### Standard 4 - Termination of Counseling Services

- a) If a patient refuses to follow the course of treatment considered necessary by the counselor, or to pay the agreed reasonable fee, the counselor may discontinue services provided that no serious harm is likely to result to the patient or others as a result of discontinuation of service and provided the counselor, if requested, conscientiously assists the patient in obtaining alternate counseling services appropriate to the case and cooperates with the alternative counselor in beginning to render services.
- b) If the novelty or difficulty of the case, a conflict between the counselor and the patient, or other serious cause occurring or becoming known subsequent to engagement, renders further service by the counselor inappropriate, the counselor will advise the patient of the impediment to continued services and will encourage the patient to receive alternate services deemed by the counselor required for the patient's welfare and will, as much as is practical and permitted by the patient, assist the patient in obtaining alternate services and cooperate with the alternate counselor in beginning to render services.

#### Standard 5 - Patient Dignity

In rendering professional services, whether they are direct alcohol and/or drug "counseling" (individual, family or group), "therapy", "treatment", "testing", "evaluation", "guidance", "intervention", or "supervision", or other like services, the counselor recognizes and respects the inherent dignity of every patient; therefore, the counselor will not be negatively influenced by the patient's national, racial, ethnic, cultural, social, economic, sexual, religious, or moral qualities, or values honestly held, nor will the counselor knowingly or negligently challenge the patient's values and beliefs unless it is necessary to do so for properly treating the patient or to prevent or to prevent anticipated likely harm to the patient or others.

#### Standard 6 - Confidentiality

- a) Confidentiality of patient disclosures almost always is essential to a healing relationships between counselor and patient. Before accepting engagement, the counselor will generally determine the patient's needs and expectations regarding confidentiality and will advise the patient the degree to which and the circumstances in which confidentiality is assured and the limits of confidentiality. Where required by Federal or State law, by court rulings or orders, or by an agreement with or the regulations of the commercial, institutional, or governmental employer of the counselor, patient disclosures may be revealed, but then only to the extent and in the manner specifically required and only after the counselor gives the patient notice of the requirement to reveal, unless the lawful demand for information contains a lawful demand not to give notice to the patient.
- b) In compelling circumstances the client's right to privacy does not prevent the counselor from revealing to authorized or affected persons the serious likelihood of the patient's causing injury to himself or others. Indeed, there may be circumstances in which the counselor has a duty to the patient or others to report threatened violence, with or without notice to the patient, and to take affirmative action to prevent the threatened violence. Nor does the patients right to privacy prevent the revealing of the patient's disclosure to medical personnel to the extent necessary to meet a bona fide medical emergency.
- c) Where counseling services are rendered to minors, the counselor will first ascertain whether the parents or parent, or other legal guardian of the minor, permit the counselor to keep the patient's disclosures confidential. The counselor will advise the minor patient of the degree of confidentiality permitted. The limits on confidentiality stated in Standards 6 (a) and 6 (b) apply here. In addition, the counselor may have further rights and duties of disclosure in view of the patient's immaturity, for the protection of the minor patient or

others. Where the counselor is presented with an emergency threatening the health or safety of the minor patient or others, prior contact with the parents may not be necessary.

d) Generally, the counselor's opinions and impressions, are to be considered the counselor's personal possessions and not part of the patient's record subject to being released to others. Reporting required for governmental statistical abstracting and third-party payment purposes will be pre-authorized by the client in writing and will be limited to the reporting required and authorized.

e) Counselors engaged in counseling with federally-supported agencies will comply with the provisions of Confidentiality of Alcohol and Drug Abuse Patient Records, the regulations of the Public Health Services, published in Title 42 of the Code of Federal Regulations.

#### Standard 7 - Character Fitness

a) Technical skills alone are not sufficient for effective alcohol and/or drug counseling. The counselor's emotional and moral health and the patient's and public's favorable view of them are also important. The counselor accepts responsibility for maintaining and demonstrating attitudes of composure, moderation, self-respect, and respect for the rights of others and for the laws and customs of society. Just as alcoholic patients are advised to practice total abstinence from alcohol and other mind-altering, mood-changing drugs - as part of a process of recovery - so also will the counselor who is a recovering alcoholic or drug or narcotic addict choose to abstain from addicting substances unless medically indicated (provided the substance consumed is administered or prescribed by competent and knowledgeable medical persons and provided the counselor's professional competence is not impaired as a result).

b) Where a counselor who is a recovering person relapses, a presumption will arise that personal impairment was the cause or consequence. The counselor will seek professional evaluation and will submit to recommended treatment in order to satisfy the counselor and entitled third persons that impairment has not occurred or that any impairment has been reversed. Until such a showing is made, it will be presumed that impairment is present and that it will continue for a period of two years after the consumption of the addicting substance.

Consequently, in the event of a relapse by a counselor who is a recovering person, unless the contrary showing is made, de-certification as an alcohol counselor will be considered to have occurred. Such de-certification, and ineligibility for certification, will continue for a period of two years. Upon relapse, the counselor will advise the Board in writing of the fact and the date of the relapse and of the discontinuance of the use of the designation "Chemical Dependency Associate", "CDA", "Certified Alcohol Counselor", "CAC", "Certified Drug Counselor", "CDC", "Certified Alcohol and Drug Counselor", "CADC", or like designation. When the two year period of disqualification expires, or when an earlier showing of non-impairment has been made to the satisfaction of the Board, the Board will give the counselor written notice of restoration of certification or eligibility (if certification has expired).

#### Standard 8 - Other Counselors and Institutions

a) Respect will be shown to other alcohol and/or drug counselors and professionals in related fields. Competence in counseling requires awareness of the other competencies that may benefit a client and willingness to make referrals to or consult with other professionals where beneficial for the patient.

b) Every counselor shares responsibility for the competence, integrity, and good report of all practitioners and institutions constituting the professional alcoholism treatment community. Counselors employed by or contracting with firms, institutions, or agencies will take the initiative to intervene in, correct, and improve deficient practices and policies.

c) Where a deficient act, practice, or policy of a Chemical Dependency Associate, Certified Alcohol Counselor, Certified Drug Counselor, and/or Certified Alcohol and Drug Counselor seriously endangers a patient, the rights of other persons, or the good report of the profession, thus violating the ethical standards of alcohol and/or drug counseling, the counselor with knowledge of the deficiency will choose to report the deficiency to the Board in the manner provided in the By-laws for making ethical complaints.

d) The process of certifying and recertifying counselors entails Board review of the formal education, practical training, and work experience of applicants. In these processes, the Board elicits verifications and evaluations from educators, directors, and applicant's employment supervisors, fellow Chemical Dependency Associates, Certified Alcohol Counselors, Certified Drug Counselors, Certified Alcohol and Drug Counselors and colleagues. Each verifier and evaluator, particularly any who are Chemical Dependency Associates, Certified Alcohol Counselors, Certified Drug Counselors, or Certified Alcohol and Drug Counselors recognize the critical importance of the function undertaken and will conscientiously assure that the contents of the verification or evaluation are true of the personal knowledge of the verifier or evaluator. The person who serves as the supervisor of an applicant's alcohol/drug counseling field experience will become fully familiar with the Board's relevant requirements, will assure the successful accomplishments of the requirements, and will certify thereto in the manner provided elsewhere in the By-laws.

These Ethical Standards are used with the permission of the National Association of Prevention Professionals and Advocates (NAPPA).

“I have read and understood the Code of Ethical Conduct for Prevention Professionals. I will, to the best of my ability, adhere and honor this Code in my professional and personal dealings.”

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_

DATE \_\_\_\_\_