



ADDICTION TRAINING & WORKFORCE DEVELOPMENT PROGRAM

CPS STUDENT APPLICATION

The Division of Mental Health and Addiction Services (DMHAS) Training and Workforce Development Initiative was created to enhance and diversify New Jersey's addiction workforce. One of the goals of the program is to increase credentialed professional staff employed at substance abuse prevention agencies by offering Certified Prevention Specialist (CPS) training opportunities. Class size is limited, and eligibility for the program is based on the following criteria:

1. Priority will be given to individuals working towards the completion of their CPS.
2. The individual is accumulating work or volunteer experience in the field of substance abuse prevention.
3. After completing coursework, students agree to take the additional steps to become certified, which include successfully completing a written exam.
4. Participation and progress in training will be documented by the student as well as NJPN (based on information provided by the student.)
5. Scholarship recipients must have their supervisors' approval to attend courses and agree that NJPN may communicate with their agency regarding their progress towards certification.
6. Scholarship recipients will give NJPN the authority to access the results of the CPS written exam in order to monitor progress towards certification.
7. Scholarship recipients will be eligible for a limited number of free classes, based on funds available and the demand for scholarships.

Please fax your completed form to NJPN at 732-367-9985. Once we have reviewed your application, we will contact you with more information, including locations where you may take CPS classes through our scholarship program.

Section 1: *Personal Information** (Please write clearly)

Name:		Date:	
Home Address:			
City:		State:	Zip Code:
What COUNTY in New Jersey do you live in?		Home Phone:	Cell Phone:
Prevention Agency where you work or volunteer:			
Program:			
Position/Title:	FT/PT (circle one)		# of years w/agency:
Work Address:			
City:		State:	Zip Code:
Work Phone:	Ext.	Work Fax:	
E-mail address:			

- Do you work at a DAS-funded agency? (*circle one*) *YES NO*
- Does your agency allocate monies toward training? (*circle one*) *YES NO*
- Are you a state employee? (*circle one*) *YES NO*
- Are you a state contractor? (*circle one*) *YES NO*

Salary:*		Age:**		Gender:**		Ethnicity:**	
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Your response to age, gender and ethnicity are voluntary.
 *Salary is required to determine scholarship financial need.
 **Demographic information, such as age, gender, and ethnicity is requested, but not required, to monitor workforce development initiatives that promote a diversified workforce.

Supervisor/Volunteer Coordinator/Coalition Coordinator:	Print Name:
	Job Title:
	Signature: Date:
Supervisor Contact Information:	
Are you eligible to supervise CPS interns?	Yes No
Will you be/are you the applicant's internship supervisor?	Yes No

Consent for Records Release

I agree to give NJPN the authority to access the results of the CPS written exam in order to monitor my progress towards certification. I understand that NJPN will not be publishing my test results but rather will use this information for internal tracking purposes only.

Signature

Date

Consent to Share Personal Contact Information

I agree to give NJPN the authority to share my home address and e-mail address with providers of CPS classes so I may be notified of upcoming classes.

Signature

Date

Section 2: *Education & Experience*

Do you have a four-year college degree? (REQUIRED) <i>(circle one)</i>	YES NO
Highest level of education you have obtained beyond high school?	___ <i>Bachelor's degree</i> ___ <i>Master's degree</i> ___ <i>Doctorate</i>
What is your degree? (field of study)	
How many experience hours towards the 4000 required for the CPS have you completed?	

Please check the courses which you have ALREADY COMPLETED:

Domain #	Title of Course	Date You Took This Course
P101	Prevention Program Planning and Assessment	
P102	Prevention Activities and Methods	
P103	Program Design	
P104	Evidence Based Prevention Models	
P105	Prevention Program Evaluation	
P201	Dynamics and Process of ATOD Dependency and Abuse	
P202	Impact of Substance Use Disorders on Families and Larger Systems	
P203	Prevention Issues with Special Populations	
P204	Prevention of Violent and Compulsive Behaviors	
P205	Presentation Skills	
P301	Community Assessment	
P302	Coalition Building and Maintenance	
P303	Coordinating Community Prevention Activities	
P401	Introduction to Methods and the Impact of Environmental Change	
P402	Assessment and Planning of Environmental Strategies	
P403	Implementation and Enforcement of Environmental Change	
P501	Professional Growth	
P502	Ethics and Legal Issues for Prevention Specialist	
P503	Cultural Competency	
P504	Self Care for the Prevention Specialist	

If you have taken courses in the topics listed above at an accredited college or university, you may want to contact the Certification Board who will determine if you can receive credit for those courses. Visit <http://www.certbd.com/information/qa.htm> for more information.

How many CPS classes do you anticipate taking in the next year if you are awarded a scholarship?

How did you learn about the Addiction Training and Workforce Development Program?

Section 3: *Student Statement (Please print clearly)*

In your own words, please tell us why you should be selected for the Training and Workforce Development Initiative Scholarship program. Include the reason(s) you desire a career in the addictions field.

Applicant:	Print Name:
	Signature: Date:
	<i>My signature attests that the information I have supplied is true and to the best of my knowledge. I consent to have my supervisor notified if I am not able to be contacted after several class absences or if NJPN has any concerns while I am a student in this program .</i>

The Addiction Training and Workforce Development Program is made possible by a grant from the State of New Jersey Department of Human Services, Division of Mental Health and Addiction Services.