



**Addiction Professionals Certification Board, Inc.**

**180 Tices Lane, Bldg. "A" Suite 205,  
East Brunswick, New Jersey 08816**

**[info@certbd.org](mailto:info@certbd.org)**

**[www.certbd.org](http://www.certbd.org)**

# **Certified Prevention Specialist**

## **Education Manual**

### **CPS**

**For Initial Certification  
Non-Matriculated (Non-Credited) Coursework**

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June 2008 - updated: January 2014  
July 2017

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*Please note: Copies of the Submission Forms must be made when submitting coursework. Providers must complete the following on each form: Date(s) of course; Key Content; Instructional Methods to be Used, and Signature of Facility Representative.*

**PROVIDER APPROVAL APPLICATION**  
**(Initial Certification Only)**

**PLEASE RETURN THIS PAGE TO THE BOARD OFFICE**

PLEASE PRINT OR TYPE LEGIBLY:

**College/University** \_\_\_\_\_

**Public Institution** \_\_\_\_\_

**Private Agency** \_\_\_\_\_

**Address (please include zip code)** \_\_\_\_\_

\_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Contact** \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

\$1500 Flat Fee Attached [ ]

Prevention Coursework [ ]      \$150 Fee Attached PLUS [ ]  
\$75 per 6 Hour Block

- If you are submitting the \$150 yearly fee, each course may be taught only one time within the calendar year. Additional fees must be submitted each time that a course is offered.
- If you are submitting the \$1,500 yearly fee, each course may be taught as many times as desired within the calendar year.
- Under either contract, all pre-approved courses for Recertification credit are included. However, under the \$150 yearly contract, courses for recertification credit being held more than once must be paid for each time the course is held (\$75 up to 6 hours, and thereafter, \$75 per 6 hour block. Recertification courses do not have to be in 6-hour blocks).
- Courses for initial certification will have a three-year "shelf life" for that individual instructor and course. After three years, instructors must re-submit course approval forms for each course. Please note that educational providers must submit either yearly or "per use" fee's for course approval.

## **APPROVED EDUCATIONAL PROVIDERS ARE:**

- A college or a university (Matriculated or Non-Matriculated)
- Public and private providers
- Conferences

\*All Providers must be approved by the Certification Board Education Committee

\*All Providers must submit pages 1 and 3 of the education manual.

\*Providers may not offer more than 60 hours to employees of their agency

\*Coursework must be advertised and open to the public

## **WHO IS NOT APPROVED AS AN EDUCATIONAL PROVIDER:**

- In-service coursework
- Staff training
- Supervision

## **WHO CAN TEACH CPS COURSEWORK?**

### **ONE OF THE FOLLOWING IS REQUIRED:**

- Masters or Doctorate and CPS
- Masters or Doctorate and 2 years experience in applicable Domain
- Bachelors and CPS and 5 years experience in applicable Domain

## **WHAT INFORMATION MUST BE SUBMITTED?**

- The appropriate page for the course you are submitting (found on pages 7 through 61 in the manual).
- Page 4 of the Education Manual.
- Instructor's resume.

**PLEASE RETURN THIS PAGE TO THE BOARD OFFICE**

**Agreement between Educational Provider and the APCB, Inc.:**

- All classes will be alcohol and other drug specific and relate to the coursework under the five domains of prevention
- The learning objectives listed under each course will be covered in the course
- All courses will be a maximum 6 hour blocks of time
- Courses will start and end on time
- Courses will not be advertised to the public until approval and a Board issued approval number are given to the approved Educational Provider
- Notification will be given to the Board each time a “pre-approved” course is presented, and will be given a unique approval number.
- The approved Educational Provider will keep on file, for a period of 5 years: the attendance roster; the evaluation tool used for the course; the course outline; the instructor's resume and pre & post tests.
- **Courses packets must be received 60 days prior to presentation date.**
- A certificate or letter with an approval number must be given to students verifying their attendance at the course. **The Student's name must be written or printed on the certificate by the instructor prior to distribution. Distribution of "blank" certificates will be considered a violation of this contract and will result in it's termination.** This verification, which must be signed by the instructor, educational provider, or supervisor, will be submitted with the certification application for approval by the APCB, Inc.
- Course applications are to be submitted by the Educational Provider, not the individual instructors.

**Monitoring**

It is hereby understood that the Addiction Professionals Certification Board, Inc. may, at their discretion, monitor the actual administration of the attached program to ascertain adherence to the approved program as submitted. Failure to maintain the program as approved may result in the withdrawal of approval.

**Evaluations and Attendance Lists**

The Provider is required to maintain the records of evaluations and attendance lists for a period of five years. During that period, it is understood that the APCB, Inc. has the right to request that information pertaining to these evaluations and attendance lists.

PROVIDER NAME: \_\_\_\_\_

**“I hereby attest that all of the information provided in this application is true and valid to the best of my knowledge and is either the instructor’s original property or is properly credited to the original author”.**

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Executive Director, APCB, Inc. \_\_\_\_\_ Date \_\_\_\_\_

Date of expiration \_\_\_\_\_

# INSTRUCTOR INFORMATION

PLEASE RETURN THIS PAGE TO THE BOARD OFFICE

NOTE: THIS PAGE MUST ACCOMPANY EACH COURSE  
(Copies of this page may be reproduced)

Provider: Please Complete The Following

Course Title \_\_\_\_\_

Domain Number \_\_\_\_\_

Instructor's Name \_\_\_\_\_

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

Day Phone \_\_\_\_\_

Degree(s)  
(if applicable) \_\_\_\_\_

Certification Type and #  
(if applicable) \_\_\_\_\_

Approved Provider \_\_\_\_\_

Provider Contact/Phone # \_\_\_\_\_

The following documentation must be submitted to the Board office:

- Instructor's Resume
- Statement of Work Experience describing instructor's background in the applicable Domains, signed by a Supervisor/Administrator, Colleague, or Educational Provider
- A detailed, content outline for each course that will achieve the specific learning objectives

## **DISCLAIMER STATEMENT**

The learning objectives included in the following coursework are based on the International Role Delineation studies for Prevention Specialists that were conducted by Columbia Assessment Services for the ICRC.

The learning objectives are not based on specific test questions, but on the Role Delineation Studies.

The following coursework was developed by addiction and prevention experts in New Jersey to prepare CPS Professionals to perform the roles identified in the Role Delineation Studies rather than the ICRC written prevention exam.

# CPS COURSEWORK

## **Planning and Evaluation – Domain I**

Domain I - P101: Prevention Program Planning and Assessment	(6 Hours)
Domain I - P102: Prevention Activities and Methods	(6 Hours)
Domain I - P103: Program Design	(6 Hours)
Domain I - P104: Evidence Based Prevention Models	(6 Hours)
Domain I - P105: Prevention Program Evaluation	(6 Hours)

## **Prevention Education and Service Delivery – Domain II**

Domain II - P201: Dynamics and Process of ATOD Dependency and Abuse	(6 Hours)
Domain II - P202: Impact of Substance Use Disorders on Families and Larger Systems	(6 Hours)
Domain II -P203: Prevention Issues with Special Populations	(6 Hours)
Domain II - P204: Prevention of Violent and Compulsive Behaviors	(6 Hours)
Domain II -P205: Presentation Skills	(6 Hours)

## **Communication- Domain III**

Domain III- P301: Public Relation Skills	New	(3 Hours)
Domain III- P302: Interpersonal Communication Skills	New	(3 Hours)

## **Community Organization – Domain IV**

Domain III – P401: Community Assessment	(6 Hours)
Domain III – P402: Coalition Building and Maintenance	(6 Hours)
Domain III – P403: Coordinating Community Prevention Activities	(6 Hours)

## **Public Policy and Environmental Change – Domain V**

Domain IV – P501: Introduction to Methods and the Impact of Environmental Change	(6 Hours)
Domain IV – P502: Assessment and Planning of Environmental Strategies	(6 Hours)
Domain IV – P503: Implementation & Enforcement of Environmental Change	(6 Hours)

## **Professional Growth and Responsibility – Domain VI**

Domain V - P501: Professional Growth	(3 Hours)
Domain V - P502: Ethics and Legal Issues for Prevention Specialist	(6 Hours)
Domain V -P503: Cultural Competency	(6 Hours)
Domain V -P504: Self Care for the Prevention Specialist	<u>(3 Hours)</u>

120 hours total



# Domain I

## Planning and Evaluation

**In order to perform the tasks identified in Domain I, professionals will have to possess the following knowledge, skills and/or attitudes.**

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of strategic planning processes
- d. Ability to conduct strategic planning processes.
- e. Knowledge of current prevention program best practices, logic-models, and the continuum of care.
- f. Knowledge of the components of effective prevention program planning.
- g. Ability to develop effective, outcome focused prevention programming.
- h. Knowledge of financial and non-financial resources.
- i. Ability to access financial and non-financial resources
- j. Knowledge of prevention program evaluation instruments/models.
- k. Ability to participate in prevention program evaluation activities.
- l. Ability to interpret and apply prevention program evaluation findings.
- m. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P101**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P101                      **# of Learning Objectives:** 7                      **# Hours:** 6

**Course Name:** Prevention Program Planning and Assessment

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives**

*At the end of this course, the student should be able to:*

1. Understand and develop proficiency in utilizing the CSAP Strategic Prevention Framework in prevention planning.
2. Understand Logic Models and their use in prevention program planning.
3. Understand the elements for conducting community needs and resource assessments including identification of the various systematic data collection methods.
4. Understand how to identify gaps and prioritize needs based on the assessment of community conditions.
5. Understand how to select priority areas of concern by identifying risk and protective factors.
6. Develop skills necessary to utilize needs assessment strategies to gather relevant data for prevention planning.
7. Understand the difference between goals, objectives (such as "SMART"), activities and methods for program implementation.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

# NON-MATRICULATED COURSE APPROVAL FORM

## P102

**Facility Name:** \_\_\_\_\_

**Domain Number:** P102                      **# of Learning Objectives:** 6                      **# Hours:** 6

**Course Name:** Prevention Activities and Methods

**Date(s) of Course:** \_\_\_\_\_

### Learning Objectives

*At the end of this course, the student should be able to:*

1. Identify the target population (universal, selected, and indicated).
2. Identify and describe the application of CSAP's seven prevention strategies in various settings.
3. Select prevention strategies, programs, and best practices to meet the identified needs of the community.
4. Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
5. Create specific activities within a program, using a Logic Model, to achieve stated objectives.
6. Identify resources to sustain prevention activities.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P103**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P103                      **# of Learning Objectives:** 6                      **# Hours:**     6

**Course Name:**     Program Design

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Describe the importance of assessing the learning needs of target audience/populations.
2. Identify assessment tools appropriate to the target audience/populations.
3. Develop prevention education and skill development activities based on target audience analysis, including age, culture and diversity issues.
4. Define learning as it relates skill development, application and skill retention.
5. Describe at least three learning theories and describe at least four learning styles.
6. Identify developmental stages of learning and its applicability to mastery of new skills.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods** to cover Key Content:

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P104**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P104                      **# of Learning Objectives:** 6                      **# Hours:** 6

**Course Name:** Evidence Based Prevention Models

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Define evidence based programs and principles.
2. Identify evidenced based resources for prevention from national sources, including, but not limited to OJJDP, NREPP, SAMHSA, etc.
3. Define program fidelity and implementation guidelines.
4. Understand how to adapt evidence based programs while maintaining fidelity.
5. Interpret evaluation results from evidenced based prevention programs.
6. Connect evidenced based research to local prevention programs.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P105**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P105                      **# of Learning Objectives:** 6                      **# Hours:** 6

**Course Name:** Prevention Program Evaluation

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Describe the Strategic Prevention Framework (SAMHSA) and the importance of evaluating prevention programs.
2. Define and describe when various evaluations are used: process, outcome, impact, and efficiency.
3. Identify various systematic data collection methods (pre/post tests, surveys, observation) and current issues regarding consent.
4. Learn to use program evaluation to document implementation and effectiveness.
5. Learn to use evaluation findings to determine whether and how to adapt prevention strategies.
6. Identify potential applications of program evaluations and disseminating results (media, grant applications, etc.)

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

# **Domain II**

## **Prevention Education and Service Delivery**

**In order to perform the tasks identified in Domain II, professionals will have to possess the following knowledge, skills and/or attitudes.**

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of current prevention program best practices, models, and the continuum of care.
- d. Knowledge of current theory and models.
- e. Ability to synthesize prevention and theory models to develop education and skill development programs.
- f. Ability to maintain program fidelity when modifying and/or implementing evidence-based programs.
- g. Knowledge of accurate and timely content resources for instructional programming.
- h. Knowledge of copyright issues.
- i. Ability to obtain copyright permission prior to implementing copyrighted materials/content.
- j. Knowledge of adult learning styles, instructional strategies, and presentation methods.
- k. Ability to develop, modify, or implement instructional materials.
- l. Knowledge of training and group facilitation techniques.
- m. Knowledge of group processes (consensus building, conflict resolution, etc.)
- n. Knowledge of cultural diversity.
- o. Ability to demonstrate cultural competence and sensitivity.
- p. Ability to implement educational/skill building programs and facilitate group processes.
- q. Knowledge of training evaluation models, instruments and processes.
- r. Ability to interpret evaluation data and revise programming as necessary.
- s. Knowledge of the policies, procedures, and legal/programmatic limitations that guide the practice of related professions.
- t. Knowledge of interagency dynamics and/or power relationships within the community, agency or institution and their impact on the intended audience.
- u. Ability to work successfully within existing organizational and community structures.
- v. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P201**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P201                      **# of Learning Objectives:** 7                      **# Hours:** 6

**Course Name:** Dynamics and Process of ATOD Dependency and Abuse

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Identify major drug categories, ATOD and their health and social consequences (including FASD), highlighting cultural and developmental stages.
2. Explain the continuum of ATOD use from pre- use to dependency.
3. Identify the difference between youth and adult ATOD use and abuse.
4. Describe several different models of ATOD abuse and dependency, including the Biopsychosocial model.
5. Identify the progressive stages of use through dependency.
6. Describe the impact of addiction on the whole person (i.e. physical, mental, emotional, spiritual).
7. Describe the defense mechanisms, and sometimes-manipulative behavior of those with Substance Use Disorders.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_



**NON-MATRICULATED COURSE APPROVAL FORM**  
**P202**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P202                      **# of Learning Objectives:** 5                      **# Hours:** 6

**Course Name:** Impact of Substance Use Disorders on Families and Larger Systems

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Describe the stages of family dysfunction.
2. Identify the adaptive roles, and their dynamics, in dysfunctional families.
3. Identify resiliency factors and strategies for assisting individuals and groups from dysfunctional families.
4. Identify the ASAM continuum of treatment services, from self-help through long-term residential care.
5. Identify health and social services and other community resources for various psycho/social problems.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**

**P203**

**Facility Name:** \_\_\_\_\_

**Domain Number: P203**                      **# of Learning Objectives: 4**                      **# Hours: 6**

**Course Name: Prevention Issues with Special Populations**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Understand the need for customized prevention and intervention strategies for special populations including but not limited to: Children, Adolescents, Older Adults, Gay, Lesbian, Bisexual, Transgender and Questioning Individuals, Individuals with Disabilities, and Individuals with mental illness.
2. Describe special populations, including, but not limited to the above.
3. Identify risk and protective factors specific to each of the above populations.
4. Identify resources and learning styles appropriate to each of the above populations

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**

**P204**

**Facility Name:** \_\_\_\_\_

**Domain Number: P204**                      **# of Learning Objectives: 6**                      **# Hours: 3**

**Course Name: Prevention of Violent and Compulsive Behaviors**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Understand the need for customized prevention and intervention strategies for individuals involved in violent activity including, but not limited to, gang activity, bullying, domestic violence, rape, child abuse, and anger management issues.
2. Describe the dynamics of violent behavior as it relates to the perpetrator and the victim.
3. Understand the need for customized prevention and intervention strategies for individuals involved in compulsive behavior including, but not limited to, gambling, spending, eating, sex, electronic gaming.
4. Describe the dynamics of compulsive behavior as it relates to family, school/workplace, community and peer groups.
5. Identify the correlation between violence and substance use and effective prevention skills.
6. Identify appropriate community resources and programs.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P205**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P205                      **# of Learning Objectives:** 5                      **# Hours:** 6

**Course Name:**            **Presentation Skills**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Design a presentation template.
2. Learn methods for engaging the audience, e.g. appropriate use of humor, icebreakers, audio-visual, handouts, exercises, etc.
3. Identify the “do’s and don’ts” of effective presentations.
4. Identify audience management techniques.
5. Deliver a sample presentation and receive constructive feedback.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

# Domain III Communication

## NON-MATRICULATED COURSE APPROVAL FORM P301

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

Domain Number: P301 # of Learning Objectives: 5 # Hours: 3

Course Name: Public Relations Skills

Date(s) of Course: \_\_\_\_\_

### Learning Objectives:

*At the end of this course, the student should be able to:*

1. Promote programs, services, and activities, and maintain good public relations.
2. Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
3. Prepare various media packages and distribute to media outlets.
4. Establish positive working relationships with the media to promote prevention efforts.
5. Coordinate planning and implementation of special events

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P302**

**Facility Name:** \_\_\_\_\_

**Domain Number: P302**                      **# of Learning Objectives: 6**                      **# Hours: 3**

**Course Name:**                      **Interpersonal Communication Skills**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Identify marketing techniques for prevention programs.
2. Apply principles of effective listening.
3. Apply principles of public speaking.
4. Employ effective facilitation skills.
5. Communicate effectively with various audiences.
6. Demonstrate interpersonal communication competency.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

# Domain IV

## Community Organization

**In order to perform the tasks identified in Domain III, professionals will have to possess the following knowledge, skills and/or attitudes.**

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of cultural diversity.
- d. Ability to demonstrate cultural competence and sensitivity.
- e. Knowledge of group processes (consensus building, conflict resolution, etc.).
- f. Ability to facilitate group processes.
- g. Knowledge of intercommunity organizational structures and patterns of communication.
- h. Knowledge of informal and formal power systems.
- i. Ability to work successfully within existing community structures and norms.
- j. Ability to identify current and emerging community leaders.
- k. Knowledge of capacity-building strategies.
- l. Ability to implement capacity-building strategies among diverse groups.
- m. Knowledge of training and group facilitation techniques.
- n. Ability to train, mentor, and organize community groups, volunteers, etc.
- o. Understanding of the role of community ownership.
- p. Ability to foster community ownership of prevention programs.
- q. Ability to transfer ownership of prevention programs to the community.
- r. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P401**

**Facility Name:** \_\_\_\_\_

**Domain Number: P401**                      **# of Learning Objectives: 5**                      **# Hours: 6**

**Course Name: Community Assessment**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Identify the community's demographic characteristics and core values.
2. Identify key community leaders to ensure diverse representation in prevention programming
3. Identify community resources, including Municipal Alliances.
4. Identify community specific risks and protective factors.
5. Identify the stages of community readiness.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_



**NON-MATRICULATED COURSE APPROVAL FORM**  
**P402**

**Facility Name:** \_\_\_\_\_

**Domain Number : P402**                      **# of Learning Objectives: 5**                      **# Hours: 6**

**Course Name: Coalition Building and Maintenance**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Learn skills to develop a coalition of community stakeholders to collaborate on prevention programming.
2. Learn how to maintain an active coalition by continued recruitment and leadership development activities.
3. Develop capacity within the community by recruiting, training, and mentoring prevention-focused volunteers.
4. Defines roles and responsibilities of staff and volunteers and committees.
5. Create an infrastructure that supports the work of the coalition including by-laws, mission statement, goals and objectives, etc.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P403**

**Facility Name:** \_\_\_\_\_

**Domain Number : P403**                      **# of Learning Objectives: 3**                      **# Hours: 6**

**Course Name: Coordinating Community Prevention Activities**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Learn how to build community ownership of prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
2. Learn how to provide technical assistance to community members/leaders implementing prevention activities.
3. Learn how to identify and describe the application of CSAP prevention strategies in various settings.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

# **Domain V**

## **Public Policy and Environmental Change**

**In order to perform the tasks identified in Domain V, professionals will have to possess the following knowledge, skills and/or attitudes.**

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize, and interpret data.
- c. Ability to analyze and evaluate data against a standard.
- d. Knowledge of effective social marketing strategies.
- e. Ability to design, develop, and implement social marketing strategies.
- f. Knowledge of effective prevention policies.
- g. Ability to effectively communicate prevention policies to decision makers.
- h. Knowledge of environmental change strategies.
- i. Ability to implement environmental change strategies.
- j. Knowledge of political processes.
- k. Ability to work successfully within local political systems.
- l. Knowledge of group processes (consensus building, conflict resolution, etc.).
- m. Ability to facilitate group processes.
- n. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P501**

**Facility Name:** \_\_\_\_\_

**Domain Number : P501**                      **# of Learning Objectives: 5**                      **# Hours: 3**

**Course Name: Introduction to Methods and the Impact of Environmental Change**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Learn how to define environmental change.
2. Learn how to cite examples of methods that have resulted in environmental change.
3. Identify types of intervention for environmental change including advocacy, legislation, regulation and enforcement.
4. Learn the role of the media in effecting environmental change.
5. Understand how the legislative process works.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P502**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P502                      **# of Learning Objectives:** 4                      **# Hours:** 6

**Course Name:** Assessment and Planning of Environmental Strategies

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Examine the community's public policies and norms to determine environmental change needs.
2. Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.
3. Identify traditional and non-traditional methods for influencing public policy.
4. Identify tools for measuring outcomes.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P503**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P503                      **# of Learning Objectives:** 3                      **# Hours:** 6

**Course Name:** **Implementation and Enforcement of Environmental Changes Strategies**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Participate in public policy development and enforcement initiatives to affect environmental change.
2. Provide technical assistance, training, and consultation that promote environmental change.
3. Design an environmental plan to change community norms for various venues.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

## Domain VI

### Growth and Responsibility

**In order to perform the tasks identified in Domain VI, professionals will have to possess the following knowledge, skills and/or attitudes.**

- a. Knowledge of resources for on-going education, training and professional development.
- b. Knowledge of professional associations and organizations.
- c. Ability to apply new knowledge to professional and personal activities.
- d. Knowledge of group processes (consensus building, conflict resolution, etc.).
- e. Ability to facilitate group processes.
- f. Knowledge of federal and locate confidentiality laws.
- g. Knowledge of professional codes of conduct/ethics.
- h. Knowledge of recipient rights and informed consent.
- i. Ability to demonstrate ethical decision-making.
- j. Knowledge of cultural diversity.
- k. Ability to demonstrate cultural competence and sensitivity.
- l. Knowledge of stress reduction, time management, and healthy living techniques.
- m. Ability to demonstrate personal use of stress reduction, time management, and healthy living techniques.
- n. Knowledge of personal biases, beliefs, limitations, and cultural assumptions.
- o. Ability to perform as a prevention specialist when personal issues differ with professional issues.
- p. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.
- q. Knowledge of disability issues.

**NON-MATRICULATED COURSE APPROVAL FORM**

**P601**

**Facility Name:** \_\_\_\_\_

**Domain Number : P601**                      **# of Learning Objectives: 4**                      **# Hours: 3**

**Course Name: Professional Growth**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Increase professional knowledge, skills, and abilities related to current prevention theory and practice.
2. Develop networking strategies designed to strengthen and increase professional relationships.
3. Identify and utilize local, state and federal prevention resources including relevant updates from CSAP, ONDCP, CADCA and legislative updates.
4. Develop professional short and long-term goals.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_



**NON-MATRICULATED COURSE APPROVAL FORM**  
**P602**

**Facility Name:** \_\_\_\_\_

**Domain Number : P602**                      **# of Learning Objectives: 4**                      **# Hours: 6**

**Course Name: Ethics and Legal Issues for Prevention Specialist**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Understand the legal, professional, and ethical standards of prevention specialists.
2. Review the laws relating to confidentiality (42CFR PART 2, HIPPA) and understand the prevention specialist's responsibility to comply.
3. Review of the current Certification Board Code of Ethics and understand the method for reporting ethical violations to proper authorities.
4. Develop professional responses to typical conflict of interest issues and other ethical dilemmas.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P603**

**Facility Name:** \_\_\_\_\_

**Domain Number : P603**                      **# of Learning Objectives: 4**                      **# Hours: 6**

**Course Name: Cultural Competency**

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Increase cultural sensitivity awareness by examining one's own attitudes and behaviors relative to special populations and cultural groups, including people with disabilities.
2. Recognize how personality, cultures, lifestyles and other factors influence behavior.
3. Build skills necessary for effectively working within the cultural context of the community.
4. Identify cultural competency resources (CADCA, SAMHSA) and develop the ability to incorporate these into current prevention practices.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) in order to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

**NON-MATRICULATED COURSE APPROVAL FORM**  
**P604**

**Facility Name:** \_\_\_\_\_

**Domain Number:** P604                      **# of Learning Objectives:** 6                      **# Hours:** 3

**Course Name:** Planning

**Date(s) of Course:** \_\_\_\_\_

**Learning Objectives:**

*At the end of this course, the student should be able to:*

1. Describe the role stress plays on prevention professionals.
2. Define self-care.
3. Demonstrate skills for creating balance between work-related and personal responsibilities, such as time management, conflict resolution and other life skills.
4. Examine one's own use of alcohol, tobacco and other drugs (including OTC and prescription medication) as it relates to self-care.
5. Identify healthy living strategies for self-care.
6. Understand the importance of modeling healthy behaviors.

**Key Content** (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to meet the learning objectives:

**Instructional Methods to cover Key Content:**

*The undersigned agree by signing that all learning objectives for this course will be taught and that the required hours will be fulfilled in a classroom setting:*

Signature of Facility Representative \_\_\_\_\_

Name of Instructor (please print) \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Board Representative \_\_\_\_\_ Course Approved Until \_\_\_\_\_

## Recertification Course Requirements

- The fee for recertification pre-approval (for those who have been approved under the \$150 contract) is \$75 per course up to 6 hours, and thereafter, \$75 per 6 hours block. Pre-approval is not required.
  - Recertification courses do not have to be in 6 hour blocks.
  - Recertification hours must be in alcohol and drug counseling related areas or prevention areas, whichever is applicable.
  - Recertification courses do not have to be from an approved educational provider, but the facility giving the course must submit a fee with the course outline in order to attain approval.
  - The Board will not accept individual requests for pre-approval of recertification hours from applicants.
- 
- CPS Recertification Requirements:  
Every two years, 50 hours of Prevention related coursework is required.