

Any applicable higher education attendance and in what area of study?:

I have requested that official transcripts be sent to ADAD: YES NO

PREVENTION SPECIFIC EDUCATION (Need to have a total of at least 120 hours documented on official transcripts or certificates of completion)	
Alcohol, Tobacco or Other Drugs Education:	_____ hours (Minimum 60 hours)
Professional Ethics:	_____ hours (Minimum 6 hours)
Related Prevention Specific Education:	_____ hours (Minimum 54 hours)
TOTAL: _____	

SUBSTANCE ABUSE PREVENTION WORK HISTORY

Work history must be verified through the Work Experience Verification Record.

NOTE: You may send your resume in lieu of this work history.

Start with your most recent prevention employment. If none, write “none” under employer. You must provide sufficient information to clearly document preceptor-supervised alcohol and other drug prevention experience. You may attach job descriptions or other relevant materials to provide further clarification. **INFORMATION WHICH CANNOT BE VERIFIED WILL NOT BE ACCEPTED.**

Indicate your employment status for each position as full-time (40 hours or more per week); part-time (less than 40 hours per week); Intern (position within a structured training program); or volunteer (unpaid position). **IF YOU ARE WORKING AS A VOLUNTEER, YOU MUST ATTACH A JOB DESCRIPTION FROM YOUR EMPLOYER.**

Note: This form may be reproduced, as needed, to complete your work history

EMPLOYER:	DATES OF EMPLOYMENT: FROM: TO:
EMPLOYER'S ADDRESS:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:
PRECEPTOR/SUPERVISOR'S NAME:	PRECEPTOR/SUPERVISOR'S PHONE NUMBER:
EMPLOYMENT STATUS, DUTIES & RESPONSIBILITIES: EMPLOYER:	PERCENT OF YOUR TIME SPENT IN PROVIDING SUBSTANCE ABUSE PREVENTION SERVICES:
EMPLOYER:	DATES OF EMPLOYMENT: FROM: TO:
EMPLOYER'S ADDRESS:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:
PRECEPTOR/SUPERVISOR'S NAME:	PRECEPTOR/SUPERVISOR'S PHONE NUMBER:
EMPLOYMENT STATUS, DUTIES & RESPONSIBILITIES: EMPLOYER:	PERCENT OF YOUR TIME SPENT IN PROVIDING SUBSTANCE ABUSE PREVENTION SERVICES:

Have you at any time (EVER!), been the subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a **court** (civil or criminal)? (Note: Mandatory background checks **are conducted**, and falsifying any information may result in your application being declined!)

_____ YES _____ No **(If yes, you must attach an explanation and copies of official court documents showing all charges have been adjudicated and you are not on probation or parole.)**

“I hereby certify that all of the information given herein and on any attachment is true and complete to the best of my knowledge. I also authorize any necessary investigations and the release of personal information to the Alcohol and Drug Abuse Division. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of the Division to issue me a certificate.”

Applicant’s Name (PRINT IN INK)

Applicant’s Signature (SIGN IN INK) _____
Date

**** You must sign the “Code of Ethics Statement” which is included in this packet. Unsigned or incomplete applications will not be processed.**

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants for Certified Prevention Specialist. Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after three (5) years from the date of last correspondence. Therefore, it is important to keep ADAD informed of any address or email change.

**Please mail your completed application to:
Certification Department
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707**

Remember to include your \$25 certified check or money order (only!!) made out to the “State Director of Finance.” Please mail your application, payment, and signed code of ethics statement BEFORE you include any certificates of completed trainings or send for any transcripts so that we can first open a file for you in our office. Mahalo!