

CERTIFIED PREVENTION SPECIALIST: INSTRUCTIONS FOR COMPLETING THE “WORK EXPERIENCE VERIFICATION RECORD”

1. **APPLICANT CONSENT TO RELEASE INFORMATION.** Applicant completes this section. Applicant must sign and date form, giving permission for the preceptor to provide information and documentation regarding the applicant’s work experience to ADAD. After completing, applicant gives this form to the preceptor.
2. **PRECEPTOR INFORMATION.** Preceptor prints name, program unit where applicant worked, organization, address, phone numbers (day and evening), job title, and email. **(Remember: You must mail us the form directly; not the supervisee!)**
3. **PRECEPTORSHIP IN PERFORMANCE DOMAINS.** Preceptor completes this section. Applicant must:
 - Have a minimum of ten (10) hours of direct supervision in each performance domain and one hundred twenty (120) hours total.
 - Have a minimum of ten (10) hours of experience in each performance domain and two thousand (2,000) hours total.
 - Remaining hours of supervision and experience can be completed in any domain as deemed appropriate by the applicant and preceptor.
4. **PRECEPTOR REVIEW AND FEEDBACK.** Preceptor must review and provide feedback to the applicant on two examples of the applicant’s work. Work can include direct service delivery to a prevention target audience and /or written material developed by the applicant for a programmatic purpose. The topic and modality of the direct service (s) delivered and/or the topic of the written material(s) developed must be listed. The review and feedback should be included in the preceptor supervision hours and the time spent on service delivery and/or developing written materials in the overall experience hours.
5. **PRECEPTOR’S CERTIFICATION AND SIGNATURE.** Preceptor will sign and date document certifying that the Work Experience Verification Record of applicant is true to the best of his/her knowledge. **The preceptor should hold a CSAC, CPS, or CCS.**
6. **CONFIDENTIAL EVALUATION.** Preceptor completes the evaluation signing and dating that form where indicated, and mails it directly to the ADAD office.

IF YOU HAVE ANY QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE ADAD CERTIFICATION OFFICE AT 808-692-7518.

PLEASE COMPLETE THE WORK EXPERIENCE VERIFICATION RECORD AND FORWARD IT TO:

CERTIFICATION OFFICE
ALCOHOL AND DRUG ABUSE DIVISION
601 KAMOKILA BOULEVARD, ROOM 360
KAPOLEI, HAWAII 96707

**CERTIFIED SUBSTANCE ABUSE PREVENTION SPECIALIST
WORK EXPERIENCE VERIFICATION RECORD**

APPLICANT CONSENT TO RELEASE INFORMATION	
** TO BE COMPLETED BY APPLICANT ** (PLEASE PRINT)	
APPLICANT NAME:	
HOME ADDRESS:	HOME TELEPHONE NO.:
BY MY SIGNATURE BELOW, I AM AUTHORIZING THE PRECEPTOR/SUPERVISOR IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE STATE OF HAWAII, DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION (ADAD)	
APPLICANT SIGNATURE:	DATE:

INFORMATION AND INSTRUCTIONS TO PRECEPTOR: PLEASE COMPLETE THIS FORM WHICH REFLECTS YOUR KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE AND DIRECT SUPERVISION WHILE EMPLOYED AT THE WORK SETTING INDICATED. BE SURE THAT THE APPLICANT HAS SIGNED THE ABOVE "APPLICANT CONSENT TO RELEASE INFORMATION" ALLOWING YOU TO MAKE AVAILABLE TO ADAD INFORMATION AND DOCUMENTATION REGARDING HIS/HER WORK EXPERIENCE NEEDED TO MEET THE CERTIFICATION REQUIREMENTS.

PRECEPTOR INFORMATION	
** TO BE COMPLETED BY PRECEPTOR/SUPERVISOR ** (PLEASE PRINT)	
DO NOT COMPLETE THIS WORK EXPERIENCE VERIFICATION RECORD UNLESS THE RELEASE IS SIGNED	
PRECEPTOR'S NAME	PROGRAM UNIT WHERE APPLICANT WORKED
PRECEPTOR'S ORGANIZATION AND ADDRESS	PRECEPTOR'S PHONE NO. DAY: EVENING:
JOB TITLE OF APPLICANT'S PRECEPTOR AND CREDENTIALS	EMAIL ADDRESS:

IF YOU HAVE ANY QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT ADAD
CERTIFICATION OFFICE AT 808-692-7518.

APPLICANT WORK EXPERIENCE DOCUMENTATION

PRECEPTORSHIP IN PERFORMANCE DOMAINS

	DIRECT SUPERVISION (At least 10 hours in each domain, 120 hours total)	OVERALL EXPERIENCE (At least 10 hours in each domain, 2000 hours total)
Planning and Evaluation:	_____ hours	_____ hours
Prevention Education & Service Delivery:	_____ hours	_____ hours
Communication:	_____ hours	_____ hours
Community Organization:	_____ hours	_____ hours
Public Policy & Environmental Change:	_____ hours	_____ hours
Professional Growth & Responsibility:	_____ hours	_____ hours
TOTAL DIRECT HOURS: _____ TOTAL OVERALL HOURS: _____ (Need a total of at least 2000 hrs.)		

PRECEPTOR'S REVIEW AND FEEDBACK

Preceptor must review and provide feedback to the applicant on two examples of the applicant's work. This work can include direct service delivery to a prevention target audience and/or written material developed by the applicant for a programmatic purpose. The review and feedback should be included in the supervision hours above and the direct service delivery and/or written material developed in the overall experience hours above.

Direct service delivery-topic and modality: _____	Date: _____
Direct service delivery-topic and modality: _____	Date: _____
Written material topic: _____	Date: _____
Written material topic: _____	Date: _____

PRECEPTOR'S CERTIFICATION AND SIGNATURE

I HAVE REVIEWED OUR ORGANIZATION'S RECORDS AND CERTIFY THAT THE INFORMATION PROVIDED ON THIS WORK EXPERIENCE VERIFICATION RECORD OF THE ABOVE-NAMED APPLICANT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT'S PRECEPTOR	DATE
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CONFIDENTIAL EVALUATION

The following items are representative of the skills needed by a certified prevention specialist. Please evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the following scale:

1 2 3 4 5 X
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 Minimum Ability Below Average Ability Average Ability Above Average Ability Outstanding Ability Unknown or Not Observed

Planning and Evaluation	1	2	3	4	5	X	
Education and Skill Development	1	2	3	4	5	X	
Community Organization	1	2	3	4	5	X	
Public Policy and Environmental Change	1	2	3	4	5	X	
SELF-EVALUATION: Ability to evaluate one's own shortcomings; accept guidance or suggestions (openness to the supervisory process)	1	2	3	4	5	X	
DECISION-MAKING: Ability to make decisions and initiate action with minimal or no supervision	1	2	3	4	5	X	
CONFIDENTIALITY: Ability to comply with State and Federal laws pertaining to client's rights and confidentiality	1	2	3	4	5	X	
ETHICS: Ability to comply with the Code of Ethics [HAR 11-177.1-33]	1	2	3	4	5	X	

SUPERVISOR CERTIFICATION

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF APPLICANT SUPERVISOR	DATE

PLEASE RETURN THIS EVALUATION ALONG WITH THE WORK EXPERIENCE VERIFICATION RECORD DIRECTLY TO:

CERTIFICATION OFFICE
 ALCOHOL AND DRUG ABUSE DIVISION
 601 KAMOKILA BOULEVARD, ROOM 360
 KAPOLEI, HAWAII 96707