

# ADAD, GENERAL INFORMATION & INSTRUCTIONS FOR APPLICANTS FOR CERTIFIED PREVENTION SPECIALIST

1. The credential of Certified Prevention Specialist (CPS) fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements as set forth in Hawaii Administrative Rules 11-177.1. Second, individuals are recognized for the time, education, and experience they have accumulated in the profession of drug and alcohol prevention. Certification is meant to recognize a prevention specialist's accomplishments and competence in providing prevention interventions, and not as an entry-level credential.
2. Criteria for Certified Prevention Specialist (CPS):
  - High school diploma or its equivalent.
  - Live or work 51% of the time in Hawaii or be a member of the Armed Forces stationed in Hawaii or the Pacific region.
  - 120 hours of prevention specific education. Sixty hours of this education must be alcohol, tobacco, and other drug specific. Fifty-four hours must be prevention specific education, plus, six hours must be specific to **prevention ethics** (only).
  - 2000 hours of preceptor-supervised alcohol, tobacco and other drug prevention work experience.
  - Preceptor feedback on two examples of the applicant's work.
  - Included in the 2000 hours of work experience, 120 hours of preceptor supervision specific to the International Certification & Reciprocity Consortium (IC&RC) prevention domains with a minimum of 10 hours of preceptor supervision in each domain:
    - Planning and Evaluation
    - Prevention Education and Service Delivery
    - Communication
    - Community Organization
    - Public Policy and Environmental Change
    - Professional Growth and Responsibility
  - Agree to abide by the Certified Prevention Specialist Code of Ethics included in the General Application Packet and found in HAR 11-177.1, Subchapter 3.
  - Successful completion of the International Certification & Reciprocity Consortium (IC&RC) International Written Prevention Specialist Examination.
3. The following information must be received by ADAD before an applicant is eligible to apply for the IC&RC written computer-based examination:
  - A completed application for certification.
  - Documentation (official transcripts or copies of certificates of completion) of 120 hours of ADAD-approved prevention specific education, 60 hours of which must be alcohol or other drug education.
  - Documentation on the "Work Experience Verification Record" of 2000 hours of preceptor-supervised prevention work experience, including 120 hours of preceptor supervision in the 6 prevention domains, and feedback from a preceptor on two examples of the applicant's work.
  - A signed Code of Ethics statement agreeing to abide by the Prevention Code of Ethics.
4. All signatures must be originals. Faxed signatures will not be accepted. The originating preceptor must send the "Work Experience Verification Record" and the college or university send official transcripts. Preceptor forms or transcripts received from the applicant will not be accepted. The applicant may send copies of continuing education certificates of completion.

5. **All fees must be paid by certified check or money order only to “State Director of Finance.” Personal checks will not be accepted.**
6. Deadlines will not be extended.
7. Fees:   General Application:                         \$25.00  
          IC&RC Computer-Based Exam: \$115.00  
          CPS Renewal:                                     \$25.00
8.       Recertification: Submit application for renewal along with 40 hours of continuing education earned during the current two-year period of certification, including 6 hours in prevention ethics.
9.       Refer to Chapter 11-177.1 HAR, entitled “Certification Standards for Substance Abuse Counselors, Program Administrators, Prevention Specialists, Clinical Supervisors, Criminal Justice Addictions Professionals, and Co-Occurring Disorders Professionals-Diplomate” for more specifics regarding certification criteria.
10.      Mail completed applications to:  
          Alcohol & Drug Abuse Division (ADAD)  
          Attn: Certification  
          601 Kamokila Boulevard, Room 360  
          Kapolei, Hawaii 96707

**\*IMPORTANT NOTE: You must complete and forward your application BEFORE you have completed your preceptor and/or education requirements. ADAD will establish a file and notify you whenever documents that substantiate your education and experience are received It is recommended you keep a folder of all completed trainings, so you know what you have completed and don't have duplicates and send them to ADAD all at once for review.**

Once ADAD receives the application information, a review of the applicant's file will be conducted, and a status email sent to the applicant. Only those applicants who have completed and documented the required education requirement and preceptor supervision will be eligible to register for the IC&RC examination. When the applicant qualifies for the CPS examination by virtue of documenting the education and preceptor supervision requirements, an examination application packet will be sent with instructions to submit the application. If the applicant does not pass the examination, the applicant will have the opportunity to apply to re-take the test and pay the examination fee.

If the applicant passes the written examination, a certificate of certification will be issued, signed by the Director of Health.

For questions regarding the certification process, please email the Quality Assurance & Improvement Office at: [doh.adad.qaio@doh.hawaii.gov](mailto:doh.adad.qaio@doh.hawaii.gov)

**Certified Prevention Specialist Code of Ethics**  
(Adapted from the International Certification & Reciprocity Consortium)

**PREAMBLE**

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his or her responsibilities to the public, to service recipients, and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The Principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which Prevention Professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the field.

**PRINCIPLE 1: Non-Discrimination**

Prevention Specialists shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical, medical, or mental disability. Prevention Specialists should broaden her/his understanding and acceptance of cultural and individual differences, and, in so doing, render services and provide information sensitive to those differences.

**PRINCIPLE 2: Competence**

Prevention Specialists shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his/her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

a. Prevention Specialists should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.

b. Due care requires a Prevention Specialist to plan and supervise adequately and evaluate, to the extent possible, any professional activity for which she/he is responsible.

c. A Prevention Specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her competencies. Each professional is responsible for assessing the adequacy of her/his own competence for the responsibility to be assumed.

d. Ideally, Certified Prevention Specialists should supervise Prevention Specialists. When this is not available, Prevention Specialists should seek peer supervision or mentoring from other competent prevention professionals.

e. When a Prevention Specialist has knowledge of unethical conduct or practice on the part of an agency or Prevention Specialist, he/she has an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.

f. A Prevention Specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for her/himself.

### **PRINCIPLE 3: Integrity**

To maintain and broaden public confidence, Prevention Specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

a. All information should be presented fairly and accurately. Each Prevention Specialist should document and assign credit to all contributing sources used in published material or public statements.

b. Prevention Specialists should not misrepresent either directly or by implication professional qualifications or affiliations.

c. Where there is evidence of impairment in a colleague or a service recipient, a Prevention Specialist should be supportive of assistance or treatment.

d. A Prevention Specialist should not be associated directly or indirectly with any service, products, individuals, and organization in a way that is misleading.

### **PRINCIPLE 4: Nature of Services**

Practices shall do no harm to service recipients. Services provided by Prevention Specialists shall be respectful and non-exploitive.

a. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.

b. Prevention Specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation, and evaluation of prevention services.

c. Where there is suspicion of abuse of children or vulnerable adults, the Prevention Specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

**PRINCIPLE 5: Confidentiality**

Confidential information acquired during service delivery shall be safeguarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention Professionals are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

**PRINCIPLE 6: Ethical Obligations for Community and Society**

According to their consciences, Prevention Specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of Prevention Specialists to educate the general public and policy makers. Prevention Specialists should adopt a personal and professional stance that promotes health.