

Guidance Manual for becoming a Certified Prevention Specialist (CPS) under the Vermont Prevention Certification Board

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Prevention is defined as a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behavior and lifestyles by reducing risks contributing to alcohol, tobacco, and other drug use.

The Certified Prevention Specialist (CPS) credential is open to all those working in the substance use prevention field. Individuals holding a CPS Certification through the Vermont Prevention Certification Board may be eligible for reciprocity into other IC&RC Member Boards. This program recognizes and ensures that substance use prevention practitioners meet the competency standards established by the IC&RC. Certification shows an individual's commitment to best practices in the field.

Experience and education required for certification is based on the six IC&RC Prevention Performance Domains:

1. **Planning and Evaluation**
2. **Prevention Education and Service Delivery**
3. **Communication**
4. **Community Organization**
5. **Public Policy and Environmental Change**
6. **Professional Growth and Responsibility**

The content of this application guidance document includes the requirements and processes for becoming a Certified Prevention Specialist (CPS). Application materials are available for

download through links in this document or at the Vermont Prevention Certification Board website at Vermont CPS | PreventionWorksVT! (preventionworksvermont.org).

SUBMISSION OF APPLICATION

Submission of a Complete Application: Experience, education, supervised practical experience and adherence to the Code of Ethical Standards must be documented using the forms provided in the application available on the Certified Prevention Specialist tab on the Prevention Works!VT website, https://preventionworksvermont.org/vermont-certified-prevention-specialist/. The application is online and can be found at this link: https://bit.ly/3N9COeE. A paper application will not be accepted.

A non-refundable $300 certification fee is required at the time of application. Insufficient applications will be returned for completion and a $50 fee may be assessed for each subsequent review. The certification fee includes the examination fee. For applicants who do not pass the IC&RC exam on the initial attempt, there will be a fee of $150 to re-take the exam within 6 months of the initial exam date.

Checks may be made out to The Collaborative and mailed to 91 VT Route 11, Londonderry VT, 05148. Please include CPS certification and the applicant's name in the memo line. Please contact cps@preventionworksvermont.org with any questions or to make other payment arrangements. Card payments are accepted through Venmo with prior arrangements with Prevention Works!VT staff through this email address. If your workplace is paying for your certification fees, please let PW staff know using this email address what business will be submitting the payment so we can match payment to your application.

Successful completion of the IC&RC Prevention Specialist Exam with a passing score: The IC&RC exam is offered throughout the year at IC&RC approved designated testing sites. Completion of the application **is** required prior to taking the exam. For more information on the examination, see page 7.

Certification dates are recorded based on the completion and approval of applications and passage of the IC&RC exam.

REVIEW & APPROVAL PROCESS

1. The application must be submitted to the Vermont Prevention Certification Board via online application using this link: https://bit.ly/3N9COeE which can also be found on the Prevention Works!VT website on the CPS tab. To confirm receipt of your application, you may email the staff at cps@preventionworksvermont.org.
2. Once received, staff will review your application. Please allow 10 business days for the initial review and processing of your application.

3. Once your application is reviewed, you will be emailed if there is any documentation missing or if there are questions regarding your application. Please make sure the email address you provide in the application is one you check regularly.
4. The Vermont Prevention Certification Board will review and approve your application. This review process can take up to 30 days. Your application is considered approved when you receive an email to register for the examination. (See page 7 for more information on the Examination)
5. In order to register for the exam, please follow all instructions provided to you in the email.
6. If you have not heard from the Board regarding your application or received an email to register for the examination after 30 days, please contact the staff via email, cps@preventionworksvermont.org.
7. You will be certified after successful completion of the examination unless you are part of the first cohort.
8. A certificate will be mailed to you automatically.

EXPERIENCE REQUIREMENTS

Experience Defined:

- Experience may be on either a paid or voluntary basis, with no more than 50% being voluntary.
- Experience and supervision must be gained from a position in which the primary job description includes substance use prevention.

Calculating Hours of Experience:
Hours of experience are based on actual time worked or volunteered. Hours are calculated based on start/end dates and average weekly schedule. The following equivalents will help you to calculate hours of experience:

- 1 year of full-time employment/volunteering = 2,000 hours
- 1 month of full-time employment/volunteering= 167 hours
- 1 week of full-time employment/volunteering= 40 hours

For example, if an individual worked half-time (20 hours per week) for a full year, they would accumulate 1,000 hours of experience.

Documenting Experience and Hours of Supervision:

Total Hours:
Total experience hours must be documented on the ***Documentation of Supervision*** Form included in the application materials. This form must be signed by your supervisor and submitted with your application.

Supervised Hours:
Supervised hours must be documented on the ***Documentation of Supervision*** Form in the application. Please complete a separate form for each position/supervisor.

Narrative: Experience in the Performance Domains
In order to allow the Board to learn more about your experience in prevention, please complete a narrative providing detailed examples of your prevention work in each of the Performance Domains.

EDUCATION REQUIREMENTS

Candidates must have a total of **120 hours** of documented prevention specific education, with a minimum of 6 hours required in each of the domains specified (see below) and **6 hours of Prevention Ethics.** At least 24 hours of education must be ATOD-specific. All education hours must have been completed within the past ten years.
Please note, Examples of ATOD-specific hours include, but are not limited to, addiction theory, addicted family dynamics, pharmacology, drugs and the brain/body, counseling theory. Examples of prevention specific education include, but are not limited to, prevention curriculum training, community mobilization, planning and evaluation of prevention programs, media messages, social marketing, environmental strategies, and behavioral health promotion. (Please review the Domains Definition below for further clarification).

Education Defined/Types of Education:
Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-service training, and college/university credit courses at the undergraduate level or higher. Virtual training or classes are accepted.

Courses or Continuing Education Units from an Accredited College or University:
In order to submit undergraduate or graduate coursework for credit towards the required hours, any Bachelor's degree or higher-level courses *must have been completed within 10 years* prior to application submission. For candidates who hold a bachelor's degree or higher, no more than 36 classroom hours can be applied toward the education requirement. An official college transcript must be submitted if using undergraduate/graduate coursework.

Online Trainings and Webinars: The Prevention Technology Transfer Centers (PTTC) as well as other organizations, provide a variety of online educational opportunities. A list of resources are contained on the Vermont Certified Prevention Specialist tab of the Prevention Works!VT website for online opportunities.

Agency/Organization Sponsored Education: Education sponsored by other organizations, such as community mental health and human service organizations, and is relevant to the IC&RC Prevention Performance Domains, can be applied toward the education requirement.

All workshops, in-service education, on-line training, or college course certificates of completion must list the name and date of the course or training. For those whose name does

not clearly indicate the subject matter of the workshop, please include a syllabus, agenda, or workshop description from the training as proof of its appropriateness for the domain chosen. If these trainings are not pre-approved for CEU's, or offered through the PTTC, DSU or other recognized training providers, VPCB reserves the right to ask for additional information to determine the applicability of training/education for Prevention Specialist certification.

Calculating Hours of Education:
The following equivalents will help you to calculate hours of education: 1 Contact Hour = 1 CEU = 1 hour of education for certification. 3 credit hour college class meeting for 15 weeks = 45 hours of education for certification.
Documenting Education:
Education hours by domain must be documented on the ***Documentation of Education Form*** included in the application and linked on the CPS website.

If you do not have certificates of completion for one or more workshops, you must fill out the ***Education Form for Undocumented Events*** included in the application materials and linked on the CPS website. Your supervisor or program director must sign this form to verify that you have attended the listed workshops. Only 30% of total education (36) can be applied with this form and should be the exception in your documentation. You should make every effort to locate missing verification of educational hours before using this form. This form can also be used to document in-service trainings.

SUMMARY OF REQUIREMENTS	
Prevention Work Experience	2000 hours of work experience in all domains (equivalent to one year of full-time work). Include a letter from previous employer(s) verifying your duties and dates employed, if needed to reach experience threshold.
Supervision	120 hours of supervision with a minimum of 10 hours each in each of the domains documented with a letter.
Training and Education	120hours of continuing education with a minimum of 6 hours each in each of the domains including 24 hours specific to ATOD and **6 hours of Prevention Ethics**. Certificates of Attendance for training and education hours must be

	included. If needed, complete the undocumented education form.
Code of Ethical Standards	Signed Code of Ethics verifying that it has been read.
51% RULE	You must live or work at least 51% of the time in Vermont when the application for Certification is submitted.
IC&RC PS Examination	Applicants must receive a passing score on the IC&RC Prevention Specialist Exam.
OTHER REQUIRED DOCUMENTATION	
Letter/s of Recommendation	Must be sent directly to the VPCB. One from a Supervisor and one from a Peer.
Applicants Job Description	Current Job Description must be included with the application.
Narrative Experience	Detailed examples of experience in the Performance Domains must be documented. Please limit it to 2-3 pages.
Education Attainment	Applicants are required to hold a high school diploma or a GED or a College Degree.
Filing Fee	Must be received by the VPCB for the application to be reviewed. Filing fee is $300 and includes cost of the exam.
Renewal (Certification is valid for two years)	Certification may be renewed and requires 40 hours of continuing education every two years. This must include a minimum of 3 hours of Prevention-specific Ethics. Fee is $125

LINKS FOR DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION

PLEASE DOWNLOAD THESE ON YOUR DRIVE BEFORE COMPLETING THEM

Application: [Application for Certified Prevention Specialist (CPS) (smartsheet.com)]

Portfolio Checklist: CPS Portfolio Checklist.docx - Google Docs

Work Experience and Supervision: VT CPS Supervisor Documentation - Google Docs

Training and Education: Education Documentation.xlsx - Google Sheets

Undocumented Education(IF NEEDED): **Undocumented Education Form - template**

Letters of Recommendation: CPS Letter of Recommendation.docx - Google Docs

Narrative Experience: Narrative Experience.docx - Google Docs

Code of Ethics: **IC_RC-CPS-Code-of-Ethics.pdf**

EXAMINATION INFORMATION

ABOUT THE EXAM

All applicants for CPS Certification must take and pass the IC&RC International Examination for Prevention Specialists (CPS). Testing will be computer-based and consists of 150 multiple-choice questions. Three hours are permitted to complete the examination. There are several sites in Vermont and nearby states. Candidates may choose the date, time and examination site up to six months from the time of the submitted application..

The Exam is administered through a division of Prometric at their testing centers. At home testing is only available to those in need of accommodations. Once an application is approved, candidates will receive an email from the testing company with instructions for scheduling their examination. For more information on the testing company, the exam administration, rules, special accommodations and rescheduling policy, visit the IC&RC website Prevention Specialist Candidates Guide or download the guide here.

CANDIDATE GUIDE

Candidate Guides are a free resource that provide important information regarding content and administration of the exam. The domains, including the task statements per domain, sample exam questions, and a list of references from the IC&RC Job Analysis are included in the free Candidate Guide here.

STUDY MATERIAL

Professional study guides and practice exams have been published for the examination. Please visit IC&RC's website for more information at https://internationalcredentialing.org/examprep. For additional resources, contact CPS@preventionworksvermont.org

RECERTIFICATION REQUIREMENTS

General Information

All prevention certifications expire in the month of issuance two years from the date of certification. All continuing education for recertification must be within that two year

period. 37 hours of continuing education in the six domains is required every two years for recertification, and an additional 3 hours from an approved Ethics training is required, for a total of 40 hours of CEUs for recertification. Recertification ethics trainings can include any ATOD- related ethics workshops. Up to 12 contact hours in college courses at the undergraduate level or higher may be used towards recertification.

The *VT Prevention Certification Board Recertification Application* should be used when applying for recertification. This form can be found on the VT Prevention Certification Board website at CPS-Recertification-VT Application.docx. Please e-mail all renewal requirements to CPS@preventionworksvermont.org

If you do not have certificates of completion for any workshops, you must fill out the *Education Form for Undocumented Events* found in the application and have your supervisor or program director sign the bottom to verify that you have attended the listed workshops. Listing education on this form should be the exception in your documentation. Only 30% (52 hours) of total education can be applied with this form. ETHICS TRAINING MUST BE DOCUMENTED, AND MAY NOT BE LISTED ON THIS FORM. You should make every effort to locate missing verification of educational hours before using this form. This form can also be used to document in-services.

Code of Ethics

A recommitment to the Code of Ethical Standards is required. Applicants are required to resubmit a signed copy of the *Code of Ethical Standards*.

Recertification applications may be submitted electronically, however payment and the signed application form must be sent to the VT Prevention Certification Board prior to the start of the review process.

A non-refundable $125.00 recertification fee is required at the time of each recertification. The Certified Prevention Specialist Certificates may be renewed as often as needed.

Alternatives to Continuing Education Requirement for Recertification

Up to 30% (12 hours) of the continuing education hours for recertification may be met through teaching and/or training experience as detailed below:

Up to 12 hours spent in teaching and/or training at educational events related to the performance domains may be applied to CEU's. 12 hours is the *maximum allowance of hours* from teaching/training that may be used during the two year period for recertification. The number of contact hours applicable is equal to the number of contact hours for the educational event.

EXPIRATION OF CERTIFICATION

Notification

Certified Prevention Specialists will be notified by mail or email 60-90 days prior to the upcoming expiration date. This is a courtesy reminder and failure to receive this reminder does not negate the responsibility to recertify in a timely manner. Failure to recertify will result in the loss of the Prevention Certificate.

LAPSED CERTIFICATION

A certification is considered lapsed if it is not renewed within the designated expiration date. A lapse indicates that the individual did not complete the renewal requirements within the allotted time.

Recertification can be applied for up to 6 months after the expiration date by:

a) Meeting recertification requirements,
b) Completing recertification application,
c) Signing and notarizing a copy of the Code of Ethical Standards,
d) Paying the appropriate recertification fee of $125.00,
e) Paying a late fee of $50.00, and
f) Documenting the completion of 40 additional hours of continuing education in the domains since the beginning of the last certification period.

If the Prevention Specialist is successfully recertified, the new recertification date will be the same as if the recertification had occurred in a timely manner. For example, If your lapsed credential expired on 7/15/2025 and you recertify late, your new expiration date will be 7/15/2027.

If the Prevention Specialist fails to re-apply within the 6 month period after the expiration date, the Prevention Specialist must go through the initial certification process. You would have to re-apply/apply anew for your credential meeting all current requirements. Request a re-application by emailing cps@preventionworksvt.org.

Recertification Extensions

The expiration date of a Prevention Certification may be extended for up to 90 days under the following conditions:

g) A medical condition, documented by a physician, which has severely limited normal activities for at least 30 days within the last 180 days prior to the recertification expiration date.
h) Unemployment for a period of at least 90 days within the year prior to the expiration date.
i) Time off from work due to a relative's home care needs (e.g. spouse, parent, child, grandparent, or live-in companion) for at least 30 days within the last 180 days prior to the expiration date.
j) If you need an extension beyond 3 months, please review the Inactive Status Policy W Inactive Status Policy.docx

RECIPROCITY INTO VERMONT

Addiction professionals certified by an IC&RC member board who relocate to Vermont or who work in Vermont 51% of their time, may transfer their credential to VPCB using the reciprocity process. No additional requirements will have to be met by the certified professional using this process to transfer their credential to Vermont. To begin the reciprocity process, certified addiction professionals must contact their current credentialing board and request a

reciprocity application. Upon completion of the reciprocity application by both the certified addiction professional and the current credentialing board and upon receipt of this information by VCPB, VCPB will then issue the certified addiction professional the equivalent credential offered by VCPB. There is a required $150 fee to the IC&RC.

RECIPROCITY OUT OF VERMONT

Addiction professionals certified by VPCB who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the certified addiction professional depending on the laws and regulations governing the practice of addiction related services in the new jurisdiction. Therefore, certified addiction professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, certified addiction professionals must contact VPCB via email at cps@preventionworksvermont.org and request a reciprocity application. Upon completion of the reciprocity application by both the certified addiction professional and VPCB and upon receipt of this information by the certification board in the new jurisdiction, that board will then issue the certified addiction professional the equivalent credential offered unless laws or regulations governing the practice of addiction related services in the new jurisdiction must first be met.

EMERITUS STATUS

For information on the opportunity to maintain an Emeritus Status:
Emeritus Status - VPCB.docx

IC&RC PREVENTION PERFORMANCE DOMAINS DEFINED

Domain 1: Planning and Evaluation

A. Conduct a community-level needs assessment
   1. Community characteristics
   2. Problem identification
   3. Community readiness assessment
   4. Community resources and resource gaps
   5. Basic terms in epidemiology

B. Determine priorities based on comprehensive community assessment.
   1. Focus population
   2. Problem prioritization strategies
   3. Shared risk and protective factors among physical health, substance use/misuse/misuse, and other behavioral health disorders

C. Conduct information gathering and data review/interpretation
   1. Information gathering techniques
   2. Data literacy

D. Utilize prevention theory

1. Health disparities
2. Social determinants of health and mental health
3. Continuum of care
4. Risk and Protective Factors Theory
5. Public health approach
6. Theory of Change
7. Human developmental theories

E. Develop a comprehensive prevention plan
1. Logic models as a planning and evaluation tool
2. Evidence-based prevention interventions
3. Work plans
4. Sustainability strategies

F. Identify prevention program evaluation strategies.
1. Evaluation instruments/models
2. Validity and reliability of evaluation instruments/models
3. Interpretation and application

G. Conduct evaluation activities and identify opportunities to improve outcomes.
1. Program fidelity assessment
2. Adaptation evaluation
3. Process and outcomes

H. Utilize strategies to enhance sustainability of prevention program outcomes.
1. Community capacity building
2. Grant research and writing
3. Data reporting
4. Community ownership
5. Resource assessment and development

Domain 2: Prevention Education and Service Delivery

A. Coordinate prevention activities
1. Group processes
2. Training techniques
3. Interagency dynamics/power relationships/reciprocity
4. Sustainable relationships and alliances
5. Engagement strategies
6. Existing community structures and norms
7. Involvement of diverse populations
8. Equitable access

B. Implement prevention education and skill development activities
1. Learning styles, instructional strategies, and presentation methods
2. Curriculum training

C. Utilize strategies for maintaining program fidelity
1. Principles of and guidelines for fidelity and adaptation
2. Instructional materials modification
3. Core component maintenance

Domain 3: Communication

A. Demonstrate methods for promoting the science of prevention
    1. Interactions and strategies with the media and public
    2. Media literacy, media advocacy, and social marketing

B. Utilize marketing techniques for prevention programs
    1. Effective marketing strategies and impact
    2. Communication models

C. Apply principles of effective listening
    1. Active listening
    2. Interviewing techniques

D. Apply principles of public speaking
    1. Logical presentation, organization, and key points
    2. Storytelling, use of examples, and building rapport
    3. Strategies to promote discussion
    4. Visual aids and other presentation resources

E. Employ effective facilitation skills.
    1. Audience characteristics
    2. Meeting agenda and action items
    3. Professional behaviors and communication skills
    4. Safe/inclusive spaces and conflict management
    5. Time management

F. Demonstrate interpersonal communication competency.
    1. Written and interpersonal communication skills
    2. Networking and community outreach

Domain 4: Community Organization

A. Identify community demographics and norms

B. Utilize strategies to recruit and engage a diverse group of stakeholders
    1. Community sector representation and perspectives
    2. Current and emerging community leaders/influencers

C. Utilize strategies to build community ownership and provide technical assistance
    1. Community engagement strategies
    2. Capacity-building strategies
    3. Roles in community ownership
    4. Shared leadership
    5. Patterns of group and organizational communication
    6. strategies for empowering community members
    7. Advocacy strategies
    8. Training and mentoring community members
    9. Coalition development and sustainability
    10. Strategic planning activities
    11. Education resources for community members

D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers

1. Formal agreements
2. Referrals

E. Integrate prevention strategies into physical and behavioral health planning and activities
1. Global behavioral health systems and their strategic goals
2. Prevention participation in related health initiatives
3. Behavioral health epidemiology
4. Spectrum of behavioral health services

Domain 5: Public Policy and Environmental Change

A. Utilize strategies and resources to promote environmental change
1. Evidence-based environmental strategies and policies
2. Education of decision makers

B. Demonstrate advocacy skills in public health promotion and prevention
1. Political processes
2. Difference between lobbying and advocacy
3. Public policy development and advocacy for healthy and safe communities
4. Change agents and policy makers
5. Negotiations
6. Social justice

Domain 6: Professional Growth and Responsibility

A. Demonstrate adherence to legal, professional, and ethical principles
1. Prevention Code of Ethics
2. Ethical use of funds
3. Conflicts of interest
4. Confidentiality
5. Mandated abuse and neglect reporting
6. Recipient rights and informed consent
7. Copyright laws and reference procedures
8. Strategies to ensure the safety of program participants
9. Prevention professional scope of practice
10. Ethical fundraising
11. Ethical use of social media and technology

B. Incorporate cultural responsiveness and health equity into prevention processes
1. Culturally responsive organizational structures
2. Focus population inclusion

C. Demonstrate healthy behaviors and self-care
1. Community resources that support health and well-being
2. Healthy living strategies and wellness promotion
3. Conflict resolution and stress management strategies
4. Seeking and utilizing support from peers
5. Recognition of personal limitations

D. Recognize importance of participation in professional associations
1. Professional associations and organizations related to behavioral health
2. Networking and relationship building

E. Demonstrate knowledge of the science of substance use/misuse disorders
    1. Biases, beliefs, and cultural assumptions related to substance use/misuse
    2. Signs, symptoms, and progressive stages of substance use/misuse disorders
    3. Family dynamics
    4. Effects of drugs on the brain and the body
    5. Prevention within a recovery-oriented system of care
    6. Co-occurring disorders
    7. Brief intervention and referral
    8. Harm reduction
F. Demonstrate knowledge of mental, emotional, and behavioral health issues
    1. Effects of mental, emotional, and behavioral health on the family
    2. Biases, beliefs, and cultural assumptions related to mental health
    3. Signs and symptoms of behavioral health conditions/disorders
    4. Trauma-informed lens
G. Prepare and maintain reports, records, and documents
    1. Fiscal responsibility
    2. Grant compliance
    3. Best practices in documentation

CODE OF ETHICAL STANDARDS

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for 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 prevention field.

Principles

Principle 1: Non-discrimination

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences. Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialists body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

Incompetence includes but is not limited to a substantial lack of knowledge or ability to discharge professional obligations within the scope of the prevention profession, or a substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.

A. Professionals 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 professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.

C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.

D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.

E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.

F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance use, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.

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 professional 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. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.

E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.

1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.

3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to make a determination on the application.

4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.

5. As employees or members of organizations, prevention specialists shall refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.

F. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.

1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.

2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:

a. Failing to comply with a term, condition or limitation on a certification or license.

b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.

c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.

d. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.

e. Using drugs while providing professional services.

G. Prevention specialists make financial arrangements for services with service recipients and third party payers that are reasonably understandable and conform to accepted professional practices. Prevention specialists:

1. Do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of program participants.

2. Do not charge excessive fees for services.

3. Disclose any fees to participants at the beginning of services.

4. Do not enter into personal financial arrangements with direct program recipients.

5. Represent facts truthfully to participants and funders

6. Do not personally accept a private fee or any other gift or gratuity for professional work.

H. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification, excluding minor traffic offenses, whether or not the case is pending an appeal.

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.

D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:

1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.

a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.

b. Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.

c. Prevention specialists should not provide their personal contact information to direct program recipients, i.e. home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums except in cases of agency/professional business

2. It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.

3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience,

and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.

4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.

5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

E. Prevention Specialists must be aware of their influential position with respect to direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients and/or their family members.

1. Soliciting and/or engaging in sexual conduct with direct prevention participants are prohibited.

2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing "informal counseling" to a participant.)

3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an "indicated population," and also teaching an academic subject where they are class members.)

4. Prevention specialists avoid bringing personal issues into the professional relationship. Through an awareness of the impact of stereotyping and

discrimination, the prevention specialist guards the individual rights and personal dignity of participants.

F. Prevention specialists should be aware of their influential position with respect to employees and supervisees, and they avoid exploiting the trust and dependency of such persons. Prevention specialists make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, prevention specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with employees or supervisees.

1. Sexual conduct with employees or supervisees is prohibited.

2. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.

3. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

G. Prevention specialists make reasonable arrangements for the continuation of prevention services when transitioning to a new position or no longer able to provide that service.

H. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

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 specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publicly shall be distributed only in ways that protects the confidentiality of individual participants.

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.

Prevention Specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

CODE OF ETHICS DISCIPLINARY PROCEDURES

All persons certified or applying for certification must subscribe to the Vermont Prevention Certification Board (VPCB) Code of Ethics. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional services to persons seeking substance use prevention services. These standards will assist the Certified Prevention Specialist (CPS) to determine the propriety of his/her conduct in relationships with recipients, colleagues, members of allied professions, and the public. Code of Ethics: Prevention Think Tank Code of Ethical Conduct.pdf (internationalcredentialing.org)

Violation of the Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation which is harmful or detrimental to the profession or to the public.

DISCIPLINARY PROCEDURES

Method of Discipline: The Board may impose the following disciplinary sanctions:

a. Revocation of certification;
b. Suspension of certification until further order of the Ethics Board or for a specified period of time;
c. Denial of application for certification;
d. Suspension of application for certification privileges until further order of the Ethics Board or for a specified period of time;
e. Reprimand placed in personnel file;
f. Warning placed in personnel file;
g. Requirement of additional training and/or education and proof of completion of required training and/or education;
h. Dismissal of the complaint.

Discretion of the Board. The following factors may be considered by the Board in determining the nature and severity of the disciplinary sanction to be imposed:

a. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
b. The facts of the particular violation;
c. Any extenuating circumstances or other countervailing considerations;
d. The number of complaints;
e. The seriousness of prior violations or complaints;
f. Whether remedial action has been previously taken; or
g. Other factors which may reflect upon the competency, ethical standards, and professional conduct

of the individual.

Complaint Procedure: Any individual may file a complaint against a professional by submitting a written complaint which includes:

a. The full name, address, and telephone number of the Complainant;
b. The full name, address, and telephone number of the Respondent;
c. A concise statement of the facts which clearly and accurately describe the allegations against the Respondent. Whenever possible, the Complainant shall identify specific Principle(s) violated. The complaint shall be sent by certified mail, return receipt requested to: VPCB c/o The Collaborative, 91 VT Route 11, Londonderry VT, 05148
d. The office shall acknowledge receipt of the complaint and send a written acknowledgement of receipt of the complaint to the Complainant. The office shall refer the complaint to the Ethics Investigator(s).
e. Should further violations be uncovered in the course of an investigation, these would comprise an additional complaint by the Ethics Investigator(s).

INVESTIGATION

Investigation of Allegations: The Ethics Investigator(s) shall, upon receipt of an official complaint, or may upon its own motion pursuant to other evidence received by the Board or Committee, review and investigate alleged acts or omissions which they believe constitutes cause for discipline.

a. The voluntary surrendering of certification will not excuse a certified CPS from being investigated or disciplined for an ethics violation.
b. The Ethics Investigator(s) shall investigate the allegations of the Complainant by contacting and interviewing the party or parties involved, as well as any third parties deemed to be necessary to the investigation by the Ethics Investigator(s), by reviewing any and all relevant documentation and by obtaining information in any other appropriate manner in order to prepare a report upon which a decision relating to probable cause may be made.
c. The Respondent and Complainant shall be required to submit a written response within 30 days subsequent to being furnished with information concerning the investigation. In the event the Respondent does not provide such a timely written response, then his or her right to contest the hearing is waived. Both Respondent and Complainant shall be afforded the opportunity to request a personal conference in addition to their written responses.
d. The identity of the Complainant shall be revealed to the Respondent unless circumstances govern the identity remain undisclosed. The Ethics Committee will determine the special circumstances.
e. The Ethics Investigator(s) shall make a written report to the attorney for the Board.
f. The Chairperson of the Board shall review the report prepared by the Ethics Investigator(s) and shall then make a finding as to whether or not probable cause exists. Upon review of the Investigator(s) report, the Chairperson of the Board has the following options:
    1. Make a determination that probable cause does exist and recommend that a disciplinary hearing be held;

2. Provide a written response to both the Complainant and the Respondent explaining that no probable cause was found and that the complaint was dismissed;
3. Remand the matter to the Investigator(s) with a request for additional evidence sufficient upon which to base a decision relating to probable cause.

g. Upon receipt of an internal complaint, any Board or committee member may make a recommendation for internal investigation. The investigation shall follow procedures (a-f) listed above.

DISCIPLINARY HEARING

Order for Hearing: Upon recommendation of the Chairperson of the Board, an order shall be issued fixing a time and a place for the disciplinary hearing and a hearing panel shall be appointed for the proceeding.

a. The hearing panel shall be comprised of three Board members, excluding the Ethics Committee Chairperson, the Investigator(s), and any Board member having a conflict of interest in the matter. (A true conflict of interest involves a situation in which an individual is unable, upon hearing and evaluating the evidence presented at the hearing, to render an objective point of view.)
    1. At least two of the three members of the hearing panel must be certified.
    2. In the event that a quorum cannot be established using current Board members, Board members who served in the past may sit on the hearing panel.
    3. In the event a quorum is not available on the date of the hearing, the hearing shall be continued to the next available date for both parties.
b. A written notice of the hearing date shall be sent by certified mail, return receipt requested to both the Respondent and the Complainant at least ten days prior to the hearing.
c. The notice of the hearing shall state:
    1. The date, time, and location of the hearing;
    2. The Respondent may, at his/her expense, be represented by legal counsel at the hearing;
    3. The rules by which the hearing shall be governed;
    4. The purpose of the hearing which is the allow the Respondent an opportunity to explain his or her position and provide evidence as to why disciplinary action is not warranted;
    5. A list of witnesses expected to testify;
    6. The Respondent must respond in writing their intentions to attend the hearing in writing within ten days prior to the scheduled hearing date.
d. In the event the Respondent indicated that he or she will be represented by legal counsel at the hearing, the Board may also, at its option, be represented by legal counsel at the hearing.
e. No discovery shall be permitted and no access to Board files shall be allowed by either the Respondent or the Complainant.
f. The Complainant shall attend the hearing.

Conduct of Hearing: The hearing shall be conducted in compliance with the following rules:

a. The hearing shall be conducted by the Chairperson of the Ethics Committee, or by an impartial administrative law judge, attorney, or other person designated by the Chairperson. Her or she will have the authority to control the participation at the hearing and to exercise discretion

relative to testimony and evidence.

b. The Complainant and the Investigator(s) shall be allowed to testify at the hearing as well as any third party witnesses necessary to prove Complainant's allegations. The Representative designee for the Complainant shall be allowed to cross-examine the Respondent and any of the Respondent's witnesses. The Representative designee for the Complainant shall also be allowed to make an opening and/or closing statement.
    1. The Burden of Proof is to establish that the Respondent has engaged in wrongdoing and violated Principles of the Code of Ethics worthy of discipline.

   The rules of evidence, as applied in civil cases in the superior courts of the State of Vermont, shall be applied except in those instances where the Chairperson, or individual overseeing the hearing, determines that evidence not admissible under those rules is necessary to ascertain facts not reasonably susceptible to proof under those rules and further determines that the evidence has a probative value.
c. The Respondent shall be allowed to testify as well as any third party witnesses necessary to dispute Complainant's allegations. The Respondent or his/her Representative designee shall be allowed to cross- examine the Complainant and any of the Complainant's witnesses. The Respondent or his/her Representative designee shall also be allowed to present documentary evidence necessary to dispute Complainant's allegations. The Respondent or his/her designee shall be allowed to make an opening and/or closing statement.

d. Documentary evidence may be presented at the hearing in the form of copies or excerpts, if the original is not readily available. Upon request, parties shall be given the opportunity to compare the copy with the original.
e. There shall be no contact prior to or during the course of the hearing between the parties and/or the hearing panel or any Board members for the purpose of discussing the complaint or any related matters.
f. The members of the hearing panel shall have the right to ask questions to obtain information necessary to make an accurate determination of the facts of the case.
g. The decision of the hearing panel shall be based solely upon the testimony and evidence presented at the hearing.
h. The hearing shall be closed to the public, unless otherwise specified in the original notice.
i. The Respondent and Complainant have the right to make a stenographic or tape recording of the proceedings.

Failure by Respondent to Appear: If a Respondent, upon whom proper notice of the hearing has been served, fails to appear either in person or represented by counsel at the hearing, the Respondent shall be bound by the results of the hearing to the same extent as if the Respondent had been present.

Right to Waive Hearing: At any time during the disciplinary process, a Respondent has the right to waive a disciplinary hearing; however, such waiver should be made in writing and filed with the hearing panel within ten days of the scheduled hearing. In doing so, the Respondent accepts the allegations of an ethics violation(s) as correct. At its next scheduled regular meeting, the Board shall determine any disciplinary sanctions.

Recommendation of the Hearing Panel: The hearing panel shall make a recommendation in writing to the Board which shall include:

a. A concise statement of the findings of fact;
b. A conclusion as to whether the specific Principles have been violated;
c. If the hearing panel concludes that a violation has occurred, a recommendation for disciplinary sanction to be imposed.

Final Decision: At its next scheduled regular meeting, the Board shall consider the recommendations of the hearing panel and shall issue a final decision in the matter. The decision shall be sent by certified mail to both the Respondent and the Complainant. Each Board member shall also receive a copy of the decision. The decision of the Board shall be final.

Confidentiality: At no time prior to the release of the final decision by the Board shall any portion of the complaint, the investigation, or the hearing be made public.

Publication of Decisions: The final decision of the Board in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board. VCPB will report any disciplinary action taken against the certified professional to the Vermont Department of Health, and the International Certification & Reciprocity Consortium.

Reinstatement: An individual who has received a sanction for suspension of certification or of application privileges for certification may apply to the Board for reinstatement in accordance with the terms and conditions of the order of sanction.

a. If the order of sanction did not establish terms and conditions for reinstatement, an initial application for reinstatement may not be made until one year has lapsed from the date of the Board's final decision.
b. A request for reinstatement shall be initiated by the Respondent. A letter of application for reinstatement shall present facts which, if established, will be sufficient to enable the Board to determine that the basis for sanction no longer exists.

Possible Consideration Following Revocation: It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation.

a. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
b. Permission to seek certification following revocation is granted solely within the discretion of the Board.

APPELLATE PROCEDURE

a. The Appellate panel shall be comprised of three Board members, excluding the Ethics Committee Chairperson, the Investigator(s), those Board members who served on the initial hearing panel and any other Board member having a conflict of interest in the matter. A true conflict of interest involves a situation in which the individual is unable, upon reviewing the record of the initial

hearing, to render an objective point of view.

1. At least two of the three members of the appellate panel shall be certified.
2. In the event that a quorum cannot be established using current Board members, Board members who served in the past may sit on the appellate panel.

b. Specific ground for appeals could include:

1. There have been significant procedural irregularities of deficiencies in the matter;
2. The Code of Ethics and Disciplinary Procedures have not been properly applied;
3. The findings of or sanctions imposed by the Board are not supported by substantial evidence;
4. Substantial new evidence has called into question the findings and conclusions of the Board.

DEFINITIONS

Board: The Vermont Prevention Certification Board.
CPS: Any person certified as a Certified Prevention Specialist.
Complainant: A person who has filed an official complaint pursuant to these rules.
Disciplinary Proceeding: Any proceeding conducted under the authority of the Board.
Discipline: Any sanction the Board may impose upon a CPS for conduct which denies or threatens to deny the citizens of this state a high standard of professional care.
Former Recipient: A person who seeks or is assigned the services of a CPS, regardless of the setting in which the counselor or specialist works, within one year of the termination of services.
Hearing Panel: A panel comprised of three Board members, excluding the Chairperson of the Ethics Committee, the Investigator(s) and any Board member having a conflict of interest, which conducts a disciplinary hearing pursuant to these rules.
Internal Complaint: A complaint registered against a VPCB Board member or any of its committee members.
Recipient: Any person who seeks or receives the services of a CPS.
Reprimand: A formal written reproof or warning. Two reprimands within a two year period will result in a six month suspension.
Respondent: A person who is seeking or who has obtained certification from the VPCB for the CPS and against whom a complaint has been filed pursuant to this Code.
Ethics Committee: A committee whose purpose is to develop and review all codes of conduct/ethics for the Board.
Executive Committee: A committee consisting of Officers of the Board to examine all written requests submitted to the Board prior to the next scheduled meeting. This committee will present written recommendations to the Board.
Ethics Investigator: One Primary Investigator and one Assistant Investigator who will conduct an investigation into the alleged breach of the Board's Code of Ethics and Disciplinary Procedures. These investigators will report their findings to the Chairperson of the Ethics Committee and any other individual deemed appropriate such as the Chairperson of the Board.
Revocation: The loss of certification.
Suspension: A time-limited loss of certification or the privilege of making an application for certification for a period not less than 30 days and not more than one year. The third suspension in a four year period will result in revocation.

Denial: Refusal of certification or application for certification for a period of time deemed appropriate by the Board.