



# APS Application

Associate Prevention  
Specialist

## DIRECTIONS/CHECKLIST

- Official transcript required sent directly from college/university to the VCB Office. It is recommended you request transcripts approximately three weeks prior to sending in your application.
- Certificates of attendance for trainings.
- Current job description signed and dated by applicant and supervisor.
- Previous relevant employment documentation (if needed). Acceptable documentation includes a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed.
- Sign and date and notarize the Acknowledgements page.
- Supervision form completed and signed by supervisor.
- If you have ever received any disciplinary action from another certification or licensing authority, please include a letter of explanation with your application.
- If you have ever been convicted of a felony, please include a letter of explanation with your application.
- Fee of \$100. May be paid by check/money order (payable to VCB) or with VISA, MasterCard or Discover. One-half of fee is refundable if application is denied. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certification requirements within that year, the application will be closed and no refund will be issued.

*Keep a photocopy of the entire application.*

## REQUIREMENTS FOR APS

### Employment

- Two years (4000 hours) of employment providing prevention services or supervision of the same. Employment must have been gained within the last seven years.
- Applicant must be currently employed in a prevention position at the time application is submitted.
- Current job description dated and signed by supervisor and applicant.

### Supervision

- 200 hours of on-the-job supervision specific to the prevention domains with a minimum of 10 hours in each domain.

### Education

- High school diploma or GED is required.
- 100 hours of education relevant to the prevention domains, of which, 50 must be specific to ATOD.
- Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and VCB approved distance education.
- Education must be specifically related to the tasks within the prevention domains.
- Education in CPR/First Aid and computer learning will be acceptable for a maximum of six hours each.
- Three college credits are equivalent to 45 hours.
- Education, as defined above, applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.
- There is no time limit on the use of education for initial certification.

### Other

- Signed, dated and notarized Acknowledgements page.
- Applicant must either live or work in VA at time of application.

### Domains

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

### Fee

Certification: \$100

*(fee must accompany application and materials)*

## CERTIFICATION TIME PERIOD

APS encompasses two calendar years and may be recertified. Two dates, date of issue and valid through, will appear on the certificate along with a certification number. If a professional holds the APS for four consecutive years, they may upgrade to the APS without a degree.

## **APPEAL PROCESS**

The purpose of appeal is to determine if VCB accurately, adequately and fairly reviewed applicant's file. A letter requesting an appeal must be made to VCB in writing within 30 days of the notification of the board's action. A person shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. Applicant will be notified in writing as to the findings of the Executive Committee.

## **RECERTIFICATION**

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, VCB requires recertification every two years.

To be recertified as an APS, an individual must:

1. Hold a current and valid certificate issued by VCB;
2. Acquire 40 hours of VCB approved education relevant to the prevention domains and three hours in professional ethics and responsibilities received within the two year recertification cycle;
3. Verify that you have reviewed, read and will uphold by practice the VCB Code of Ethical Conduct for professional behavior;
4. Complete an application and pay the recertification fee.

# VCB APPLICATION FOR APS

Please type or print only.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Please print your name as it should appear on your certificate*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(required)*

College/University: \_\_\_\_\_ Name on Transcript: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby attest that the applicant is working in a position where his/her time is spent providing prevention activities/services or that the applicant is working in a position where his/her time is spent providing supervision of prevention activities/services.

I also attest that the applicant has received 200 hours of on-the-job supervision with a minimum of 10 hours in each domain.

\_\_\_\_\_  
Supervisor's Signature

Why are you pursuing certification? \_\_\_\_\_  
*(required)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you ever been convicted of a felony violation in any state or federal law?  Yes  No  
*If yes, please explain in full on a separate sheet.*

**Race (check all that apply):**  American Indian or Alaska Native  Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander  Latino  Hispanic  Caucasian  Other: \_\_\_\_\_

**What best describes your employment plans for the next 12 months (select one)?**  Increase hours  Decrease hours  
 Retire  No change  Seek career advancement  Move to a different career  Unknown

**Fee of \$100 can be paid using one of the following:**

**Payment (circle one):** Check   Money Order   VISA   MasterCard   Discover  
*Checks & Money Orders made payable to VCB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3-digit code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)* \_\_\_\_\_

Email address for receipt *(if paying by credit card only)*: \_\_\_\_\_

**TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

**Mail:**  
VCB  
298 S. Progress Avenue  
Harrisburg, PA 17109

**Email:**  
[info@vacertboard.org](mailto:info@vacertboard.org)

**Fax:**  
717-540-4458

**Please allow 5-10 business days for review and processing of your application.**  
**To confirm receipt of your application, or check on the status you must email [info@vacertboard.org](mailto:info@vacertboard.org).**

**PREVIOUS RELEVANT EMPLOYMENT, IF APPLICABLE**

*Include letter (on company letterhead) from previous employer verifying your duties and dates employed.*

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

# PREVENTION CODE OF ETHICAL CONDUCT

## UNLAWFUL CONDUCT

- Rule 1.1** Once certified, a prevention professional shall not be cited, arrested, or convicted for any summary offense, misdemeanor, or felony relating to the individual's ability to provide substance abuse and other behavioral health services or that reflects conduct unbecoming a certified professional as determined by VCB.
- Rule 1.2** A certified prevention professional shall not be convicted of any crime that involves the use of any controlled or psychoactive substance.

## ROMANTIC/SEXUAL MISCONDUCT

- Rule 2.1** A certified prevention professional shall, under no circumstances, engage in romantic/sexual activities or romantic/sexual contact with persons served, whether such contact is consensual or forced.
- Rule 2.2** A certified prevention professional shall not engage in romantic/sexual activities or romantic/sexual contact with persons' relatives or other individuals with whom persons served maintain a close personal relationship when there is a risk of exploitation or potential harm to the person.
- Rule 2.3** A certified prevention professional shall not engage in romantic/sexual activities or romantic/sexual contact with former persons served because of the potential harm to the person.
- Rule 2.4** A certified prevention professional shall not provide clinical services to individuals with whom they have had a prior romantic/sexual relationship.

## FRAUD-RELATED CONDUCT

- Rule 3.1** A certified prevention professional shall not:
1. present or cause to be presented a false or fraudulent claim, or any proof in support of such claim, to be paid under any contract or certificate of insurance;
  2. prepare, make, or subscribe to a false or fraudulent account, certificate, affidavit, proof of loss, or other document or writing, with knowledge that the same may be presented or used in support of a claim for payment under a policy of insurance; or
  3. present or cause to be presented a false or fraudulent claim or benefit application, or any false or fraudulent proof in support of such a claim or benefit application, or false or fraudulent information, which would affect a future claim or benefit application, or be paid under any employee benefit program;
  4. seek to have an employee commit fraud or assist in an act of commission or omission to aid fraud related behavior.
- Rule 3.2** An individual shall not use misrepresentation in the procurement of certification or recertification, or assist another in the preparation or procurement of certification or recertification through misrepresentation. The term "misrepresentation" includes but is not limited to the misrepresentation of professional qualifications, education, certification, accreditation, affiliations, employment experience, the plagiarism of application and recertification materials, or the falsification of references.
- Rule 3.3** An individual shall not use a title designation, credential or license, firm name, letterhead, publication, term, title, or document which states or implies an ability, relationship, or qualification that does not exist and to which they are not entitled.



- Rule 3.4** A certified prevention professional shall not provide service under a false name or a name other than the name under which his or her certification or license is held.
- Rule 3.5** A certified prevention professional shall not sign or issue, in their professional capacity, a document or a statement that the professional knows or should have known to contain a false or misleading statement.
- Rule 3.6** A certified prevention professional shall not produce, publish, create, or partake in the creation of any false, fraudulent, deceptive, or misleading advertisement.
- Rule 3.7** A certified prevention professional who participates in the writing, editing, or publication of professional papers, videos/films, pamphlets or books must act to preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques or people (i.e. co-authors, researchers, etc.) used in creating their opinions/papers, books, etc. Additionally, any work that is photocopied prior to receipt of approval by the author is discouraged. Whenever and wherever possible, the APS should seek permission from the author/creator of such materials. The use of copyrighted materials without first receiving author approval is against the law and, therefore, in violation of the Code of Ethical Conduct.

### **DUAL RELATIONSHIPS/EXPLOITATION OF CLIENTS**

- Rule 4.1** A certified prevention professional shall not develop, implement, or maintain dual/exploitative relationships with persons served and/or family members of persons served.
- Rule 4.2** A certified prevention professional shall not misappropriate property from persons served and/or family members of persons served.
- Rule 4.3** A certified prevention professional shall not enter into a relationship with a person which involves financial gain to the APS or a third party resulting from the promotion or the sale of services unrelated to the provision of services or of goods, property, or any psychoactive substance.
- Rule 4.4** A certified prevention professional shall not promote to a person for their personal gain any treatment, procedure, product, or service.
- Rule 4.5** A certified prevention professional shall not ask for nor accept gifts or favors from persons served and/or family members of persons.
- Rule 4.6** A certified prevention professional shall not offer, give, or receive commissions, rebates, or any other forms of remuneration for a person referral.
- Rule 4.7** A certified prevention professional shall not accept fees or gratuities for professional work from a person who is entitled to such services through an institution and/or agency by which the APS is employed.
- Rule 4.8** Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive.
1. Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.
  2. Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
  3. Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate agency.

## PROFESSIONAL STANDARDS

- Rule 5.1** A certified prevention professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, or physical disability.
- Rule 5.2** A certified prevention professional who fails to seek therapy for any psychoactive substance abuse or dependence, psychiatric or psychological impairment, emotional distress, or for any other physical health related adversity that interferes with their professional functioning shall be in violation of this rule. Where any such conditions exist and impede their ability to function competently, a APS must request inactive status of their VCB credential for medical reasons for as long as necessary.
- Rule 5.3** A certified prevention professional shall meet and comply with all terms, conditions, or limitations of a certification or license.
- Rule 5.4** A certified prevention professional shall not engage in conduct that does not meet the generally accepted standards of practice.
- Rule 5.5** A certified prevention professional shall not perform services outside of their area of training, expertise, competence, or scope of practice.
- Rule 5.6** A certified prevention professional shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law.
- Rule 5.7** A certified prevention professional shall not permit publication of photographs, disclosure of person or community served names or records, or the nature of services being provided without securing all requisite releases from the person, or parents or legal guardians of the persons.
- Rule 5.8** A certified prevention professional shall not discontinue professional services to a person nor shall they abandon the person without facilitating an appropriate closure of professional services for the person.
- Rule 5.9** A certified prevention professional shall not fail to obtain an appropriate consultation or make an appropriate referral when the person's problem is beyond their area of training, expertise, competence, or scope of service.
- Rule 6.0** A certified prevention professional shall maintain respect for institution policies and management functions of the agencies and institutions within which the services are being performed but will take initiative toward improving such policies when it will better serve the interest of the person. The APS should adhere to any agency or institutional rules/regulations unless doing so violates a person's confidentiality.

## SAFETY & WELFARE

- Rule 6.1** According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's rights to services and personal wellness should guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals should adopt a person and professional stance that promotes health.
- Rule 6.2** A certified prevention professional shall not administer to himself or herself any psychoactive substance to the extent or in such manner as to be dangerous or injurious to a recipient of services, to any other person, or to the extent that such use of any psychoactive substance impairs the ability of the professional to safely and competently provide services.

**Rule 6.3** All certified prevention professionals are mandated child abuse reporters.

### **RECORD KEEPING**

**Rule 7.1** A certified prevention professional shall not falsify, amend, or knowingly make incorrect entries or fail to make timely essential entries into the person record.

### **ASSISTING UNQUALIFIED/UNLICENSED PRACTICE**

**Rule 8.1** A certified prevention professional shall not refer a person served to a person that he/she knows or should have known is not qualified by training, experience, certification, or license to perform the delegated professional responsibility.

### **DISCIPLINE IN OTHER JURISDICTIONS**

**Rule 9.1** A certified prevention professional holding a certification, license, or other authorization to practice issued by any certification authority or any state, province, territory, tribe, or federal government whose certification or license has been suspended, revoked, placed on probation, or other restriction or discipline shall promptly alert the Board of such disciplinary action.

### **COOPERATION WITH THE BOARD**

**Rule 10.1** A certified prevention professional shall cooperate in any investigation conducted pursuant to this Code of Ethical Conduct and shall not interfere with an investigation or a disciplinary proceeding or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed. Interference attempts may include but are not limited to:

1. the willful misrepresentation of facts before the disciplining authority or its authorized representative;
2. the use of threats or harassment against, or an inducement to, any client or witness in an effort to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
3. the use of threats or harassment against, or an inducement to, any person in an effort to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed;
4. refusing to accept and/or respond to a letter of complaint, allowing a credential to lapse while an ethics complaint is pending, or attempting to resign a credential while an ethics complaint is pending.

Violation of this rule under these circumstances will result in the immediate and indefinite suspension of the APS's credential until the ethical complaint is resolved.

**Rule 10.2** A certified prevention professional shall:

1. not make a false statement to the VCB or any other disciplinary authority;
2. promptly alert colleagues informally to potentially unethical behavior so said colleague could take corrective action;
3. report violations of professional conduct of other certified professionals to the appropriate licensing/disciplinary authority when he/she knows or should have known that another certified professional has violated ethical standards and has failed to take corrective action after informal intervention.

**Rule 10.3** A certified prevention professional shall report any uncorrected violation of the Code of Ethical Conduct within 90 days of alleged violation. Failure to report a violation may be grounds for discipline.

**Rule 10.4** A certified prevention professional with firsthand knowledge of the actions of a respondent or a complainant shall cooperate with the VCB investigation or disciplinary proceeding. Failure or an

unwillingness to cooperate in the VCB investigation or disciplinary proceeding shall be grounds for disciplinary action.

**Rule 10.5** A certified prevention professional shall not file a complaint or provide information to the VCB, which he/she knows or should have known, is false or misleading.

**Rule 10.6** In submitting information to VCB, a APS shall comply with any requirements pertaining to the disclosure of person information established by the federal or state government.

**APS APPLICATION ACKNOWLEDGEMENTS**

*This page must be completed and notarized and submitted with the application.*

*Please initial each statement below:*

- \_\_\_ I have read, and understood the VCB APS Code of Ethics.
- \_\_\_ I either live or work in Virginia at least 51% of the time.
- \_\_\_ I understand that one-half of fee is refundable if application is denied or cancelled prior to the certification being issued – no refund if application is denied or cancelled after issuance.
- \_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed and no refund will be issued.
- \_\_\_ I understand that if I request to have my application re-reviewed for another credential VCB offers prior to testing, or after an unsuccessful attempt at the exam I will incur a \$50 application change/review fee.

*I hereby request that VCB grant the credential to me based on the following assurances and documentation:*

- \_\_\_ I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;
- \_\_\_ I hereby certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my certification. Falsification of any records or documents in my application will nullify this application and will result in denial or revocation of certification;
- \_\_\_ I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB to officers, members, and staff of the aforementioned Board;
- \_\_\_ I consent to authorize VCB to gather information from third parties regarding continuing education and employment and understand that such communication shall be treated as confidential;
- \_\_\_ Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

On this the \_\_\_ day of \_\_\_\_\_, 201\_, by me \_\_\_\_\_  
 a notary public, the undersigned officer, personally appeared: \_\_\_\_\_,  
 known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and  
 acknowledged that she/he executed the same for the purposes therein contained. In witness whereof, I hereby set my  
 hand and official seal. Sworn and subscribed before me this \_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
**SEAL:**  
 Notary Public