



Certified Prevention Specialist Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CPS credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

All information must be TYPED. Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Training Verification (applicant name)

REQUIREMENT

<p>CPS Content Specific Training Requirement</p>	<p>120 total clock hours of training divided as follows:</p> <ol style="list-style-type: none"> 1. Understanding Addiction: 24 hours 2. Prevention-specific Ethics: 6 hours 3. Planning and Evaluation: 30 hours 4. Prevention Education and Service Delivery: 15 hours 5. Communication: 10 hours 6. Community Organization: 15 hours 7. Public Policy and Environmental Change: 10 hours 8. Professional Growth and Responsibility: 10 hours
<p>Supporting Documentation</p>	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.</p>

TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
Understanding Addiction (24 hours)	<ul style="list-style-type: none"> • Process of addiction • Patterns of substance use/misuse • Epidemiology/pharmacology • Risk and protective factors • Relationship between substance use and other problems behaviors • Stages of Change • Continuum of Care for behavioral health • Screening for substance use and mental health conditions
Prevention-Specific Ethics (6 hours)	<ul style="list-style-type: none"> • Ethics/ethical decision-making • Confidentiality • Consent • Non-discrimination • Boundary issues • Professionalism • Laws
Planning and Evaluation (30 hours)	<ul style="list-style-type: none"> • Strategic/action planning • Cost/benefit analysis • Asset mapping • Developing vision and mission statement • Developing logic models • Types of data/data collection • Data-based decision-making • Problem-solving/critical thinking • Survey methods • Needs assessment • Program evaluation methods • Quality improvement • Sustainability planning
Prevention Education and Service Delivery (15 hours)	<ul style="list-style-type: none"> • Training for trainers • Teaching skills • Curriculum development • Types of prevention programming • Development approaches • Applying theory to practice (i.e. developing resilience) • Group process and facilitation • Implementation of evidence-based programs and practices • Fidelity monitoring • Specific prevention programs, such as LifeSkills, Nurturing Parenting, etc. • Wellness/whole health approaches • Public health • Cultural/special population adaptations for services

DOMAIN	TOPICS
Communication (10 hours)	<ul style="list-style-type: none"> • Oral communication skills/public speaking • Effective listening skills • Social marketing • Advertising • Health promotion • Influencing and negotiating • Social media/use of technology • Public relations/communication planning • Media literacy
Community Organization (15 hours)	<ul style="list-style-type: none"> • Networking/working across sectors • Creating and maintaining partnerships • Collaboration methods/skills • Social intelligence • Community mobilization strategies • Motivational and engagement skills • Capacity building • Building a coalition • Coalition management • Conflict management/resolution
Public Policy and Environment Change (10 hours)	<ul style="list-style-type: none"> • Advocacy strategies and skills • Environment prevention strategies • Change management • Developing advocacy campaigns • Understanding the legislative process • Creating effective public policy • Policy monitoring practices • Social change/social justice
Professional Growth and Responsibility (10 hours)	<ul style="list-style-type: none"> • Federal, State and other governing laws and regulations • Cultural competence: personal and organizational • Leadership • Documentation • Using or providing supervision and consultation • Prevention theory, models and research • Personal wellness methods/self-care



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: UNDERSTANDING ADDICTION (1 OF 8)

Training Requirement: Minimum 24 hours of training in topics directly related to Understanding Addiction.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PREVENTION-SPECIFIC ETHICS (2 OF 8)

Training Requirement: Minimum 6 hours of training in topics directly related to Prevention-specific Ethics.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: **PLANNING AND EVALUATION (3 OF 8)**

Training Requirement: Minimum 30 hours of training in topics directly related to Planning and Evaluation.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PREVENTION EDUCATION & SERVICE DELIVERY (4 OF 8)

Training Requirement: Minimum 15 hours of training in topics directly related to Prevention Education and Service Delivery.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: COMMUNICATION (5 OF 8)

Training Requirement: Minimum 10 hours of training in topics directly related to Communication.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: COMMUNITY ORGANIZATION (6 OF 8)

Training Requirement: Minimum 15 hours of training in topics directly related to Community Organization.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PUBLIC POLICY & ENVIRONMENTAL CHANGE (7 OF 8)

Training Requirement: Minimum 10 hours of training in topics directly related to Public Policy & Environmental Change.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PROFESSIONAL GROWTH & RESPONSIBILITY (8 OF 8)

Training Requirement: Minimum 10 hours of training in topics directly related to Professional Growth and Responsibility.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	