

Maine Prevention Certification Manual



Maine Prevention Certification Board

M P C B

for

**Certified Prevention Specialist (PS-C),
Provisional Prevention Specialist Certification
(PPS)
and
Certified Advanced Prevention Specialist (PS-A)**

Maine Prevention Certification Board

C/O AdCare Educational Institute of Maine

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MAINE PREVENTION CERTIFICATION BOARD (MPCB) OVERVIEW

The Maine Prevention Certification Board is a peer-led organization, serving and representing prevention professionals under the sponsorship of AdCare Educational Institute of Maine. The certification board is committed to setting, monitoring and enforcing standards for prevention professionals to ensure the public's protection and enhance the profession. The board is a proud member of the International Certification & Reciprocity Consortium (IC&RC), which establishes standards and facilitates reciprocity for the credentialing of prevention professionals.

CERTIFICATION PURPOSE

1. To protect the public through the assurance of competency in prevention services.
2. To promote the delivery of competent, professional prevention services.
3. To establish a recognized credential of professional competency, which allows for national reciprocity.
4. To promote the credibility and continued professional development of prevention professionals.

GENERAL INFORMATION

1. **FEES - See attached Fee Schedule on the last page of this manual.**

2. **DEFINITIONS**

Prevention: A proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles and reducing risks contributing to alcohol, tobacco, and other drug misuse and related issues. Prevention focuses on the interventions that occur prior to the onset of a substance use disorder and which are intended to prevent the occurrence of the substance use disorder or reduce risk for the substance use disorder.

Certified Prevention Specialist (PS-C): A professional who uses a specialized set of knowledge, experience, training and skills to encourage healthy attitudes and behaviors which prevent the abuse of alcohol, tobacco and other drugs (ATOD). The role of the Certified Prevention Specialist, as defined by the six Prevention Performance Domains, is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs.

Provisional Prevention Specialist (PPS): A prevention worker who has received a provisional certification in order to acquire the experience and education necessary to apply for certification as a Certified Prevention Specialist. This entry-level certification is not reciprocal with any other state or nation and does not require an examination. It can be renewed once (if PPS recertification requirements are met) and entails a commitment to seek the experience and education/training required for the Certified Prevention Specialist status.

Advanced Certified Prevention Specialist (PS-A): The **PS-A credential** provides experienced substance use prevention specialists in Maine with an advanced credential to align with their extended years of experience and training that includes some management-relevant training.

3. **OVERVIEW of the CERTIFICATION PROCESS**

This manual describes the requirements and procedures for becoming a Certified Prevention Specialist (PS-C), a Provisional Prevention Specialist (PPS), and Advanced Certified Prevention Specialist (PS-A). Application materials are available for download at the MPCB website: [Maine Prevention Certification Board » Downloads](#)

Recertification for the Certified Prevention Specialist credential is required every two years. To fulfill recertification requirements, candidates must complete an additional forty (40) hours of continuing education in the areas of ATOD prevention and/or the six IC&RC Prevention Performance Domains. Three (3) hours must come from an approved Prevention Ethics Training. A recommitment to the Code of Ethical Standards is required.

Provisional Prevention Specialists must work on obtaining the education and experience required to become a Certified Prevention Specialist. The Provisional Prevention Specialist credential can be renewed one time as long as the applicant meets certain recertification requirements.

Advanced Prevention Specialist requirements for recertification materials are available for download at the MPCB website: <http://mainepreventioncertification.org/downloads/>

All experience and education/training required for certification is based on the six IC&RC Prevention Performance Domains (defined on pages 13-14):

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 application process for the CERTIFIED PREVENTION SPECIALIST (PS-C) has two primary steps:

1. **Submission of a complete application for Certified Prevention Specialist certification:** Experience, supervised practical experience, education/training, adherence to the Code of Ethical Standards, and a statement that the applicant lives or works in Maine 51% of the time must be provided using the forms in the PS-C Application Packet. Three references are also required, using the form included in the application packet. Applications may be submitted electronically or mailed to the MPCB in hard copy form. An application is good for six months from the date it is signed.

A non-refundable \$150.00 fee is required at the time of application. The certification fee includes processing the application and two years of certification. A separate \$125.00 IC&RC examination fee is paid when the applicant has scheduled an appointment for the test. An additional \$125.00 fee will be necessary for applicants who retake the exam within 6 months of the initial exam date. Incomplete applications will be returned for completion and a \$25.00 fee will be assessed for each subsequent review. Fees may be paid electronically or by check. See the website (<http://www.mainepreventioncertification.org/payment/>).

2. **Successful completion of the IC&RC Prevention Specialist Exam:** The IC&RC exam is taken on-line at an approved testing center after the Maine Prevention Certification Board has provided the applicant access to an IC&RC on-line scheduling utility. **Testing Window Policy:** Candidates approved to sit for the exam will have 12 months from the date their application is approved to take the exam. Your certification is not effective until the Maine Prevention Certification Board has approved your application *and* you have passed the IC&RC Prevention Specialist exam.

The application process for the **PROVISIONAL PREVENTION SPECIALIST (PPS)** has one primary step:

1. Submission of a Complete Application for Provisional Prevention Specialist

certification: This application contains an application form and forms for listing experience and education. Because there are no experience or education requirements for a PPS, this information does not need to be documented. A signed form affirming that you will adhere to the Code of Ethical Standards is required. Applications may be submitted electronically or mailed to the MPCB in hard copy form.

A non-refundable \$50.00 fee, required at the time of application, includes processing and two years of certification. Fees may be paid electronically or by check. See the payment dropdown menu on the website (<http://www.maine prevention certification.org/payment/>) for instructions.

Certification Period The Maine certification period for both the Certified Prevention Specialist and the Provisional Prevention Specialist is two calendar years, beginning on the first day of the month that follows approval by the Maine Prevention Certification Board. Dates are printed on the certificate. The recertification fee for the Certified Prevention Specialist is \$75.00 for two years. **A Provisional Prevention Specialist must have completed** the following requirements in order to apply for an additional two years of Provisional Prevention Specialist status. The recertification fee for the Provisional Prevention Specialist is \$50.00 for the one renewal that is allowed. **Please keep these requirements in mind as you begin to acquire the education/training and the experience needed to become a Certified Prevention Specialist.**

- 31 hours (26 in-person and five (5) online) must be obtained through the Substance Abuse Prevention Specialist Training (SAPST or MPCB-approved SAPST equivalent), and six (6) hours of Prevention Ethics must be taken *within the first year of PPS certification*.
- An additional 12 hours of training in Alcohol, Tobacco and Other Drugs (ATOD) must be completed *within the first two years of PPS certification*.

Assistance with the general process can be found in two ways:

1. Application Checklist

An Application Checklist is included in the application packet. Use the checklist as an overview to begin and as a final check to be sure your application is complete.

2. Questions

Questions about the certification process should be directed to the Maine Prevention Certification Board at the address below:

Maine Prevention Certification Board C/O
AdCare Educational Institute of Maine at
The Ballard Center
6 E. Chestnut St., Suite 101, Augusta, Maine 04330
Phone: (207) 626-3615, Website: info@mainepreventioncertification.org

CERTIFICATION REQUIREMENTS for CERTIFIED PREVENTION SPECIALIST (PS-C)

1. EXPERIENCE REQUIREMENTS for Certified Prevention Specialist (PS-C)

Certified Prevention Specialist Candidates must have **2,000 documented hours** of prevention-related experience in the IC&RC Prevention Performance Domains (pages 13-14). Of those 2,000 documented hours, a minimum of **120 hours of supervision** is required, with at least 10 hours in each domain. A minimum of 500 (25%) of the required 2,000 hours must be specific to alcohol, tobacco or other drugs (ATOD) prevention.

Experience Defined/Types of Experience:

- Experience may come from internships/practicums and paid or voluntary work hours.
- Experience and supervision must be gained from a position in which the job description includes prevention ([see page 4 for prevention definition](#)).

Calculating Hours of Experience:

Hours of experience are based on actual time worked, interned 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 Experience* form included in the application materials. This form must be signed by a supervisor or program director.

Supervised Hours:

- Supervised hours must be documented on the *Documentation of Supervision* form found in the application packet. Each supervisor must complete and *sign* a separate form.

2. EDUCATION/TRAINING REQUIREMENTS for Certified Prevention Specialist (PS-C)

Certified Prevention Specialist Candidates must have a total of **120 hours** of documented education/training, according to the breakdown specified below.

24 hours must be related to ATOD, **Six (6)** to Prevention Ethics (Prevention Ethics Training must have been completed within 2 years prior to application submission), and **31 hours (26 in-person and five (5) online)** must be obtained through the “Substance Abuse Prevention Specialist Training” (SAPST). An applicant may substitute 31 hours of the 3-week (96 hour) CADCA National Coalition Institute (aka the National Training Academy) for SAPST, as long as they have attended all three weeks of training. Another SAPST alternative for an applicant is to attend the University of Maine at Farmington (UMF) HEA 211 Substance Abuse Prevention course taught by Robert Rogers, Certified SAPST Instructor, or another SAMHSA- approved certified SAPST instructor. Applicants **MUST** have perfect attendance at all classes, a certificate of completion from the Introduction to Substance Abuse Prevention online course, and a certificate of completion from the in-person UMF Substance Abuse Prevention course. The remaining “other hours” of education/training must be related to the six IC&RC Prevention Domains. Details on the domains can be found in a table beginning on page 12. This table also lists the weight each domain is given on the IC&RC exam, which may help candidates to choose the education/training hours they pursue. The grand total will be 120 hours:

ATOD Hours		Ethics Training Hours		SAPST Training Hours		Other Hours		TOTAL Hours
24	+	6	+	31	+	59	+	120

Education Defined/Types of Education:

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-service training, college/university credit courses, and Maine Prevention Certification Board approved distance education.

Courses or Continuing Education Units from an accredited college or university: You may submit undergraduate or graduate coursework for credit towards the required hours. One credit hour = 15 contact hours or 3 Credit hours = 45 contact hours, as long as all the hours in the course are relevant. If not, you must select the hours that are relevant to the hours claimed on the form.

Online Trainings/Webinars: Online trainings/webinars can be applied toward the education requirement.

Pre-Approved Training for Prevention Specialists: Trainings that are endorsed or sponsored by the following organizations are automatically pre-approved:

- International Certification & Reciprocity Consortium (IC&RC)
- Prevention Technology Transfer Center Network (PTTC)
- Former trainings from SAMHSA’s Center for the Application of Prevention Technologies (CAPT)
- Community Anti-Drug Coalitions of America (CADCA)
- AdCare Educational Institute of Maine trainings funded through the Maine CDC and Prevention Workforce Development Training Contract (certificates of attendance from these trainings will clearly state they have been pre-approved by the MPCB for Prevention Specialists).

A list of pre-approved training opportunities can be found on the MPCB website:

<http://mainepreventioncertification.org/approved-courses/>

Whenever possible the education/training for initial certification should be from pre-approved sources.

Trainings without Pre-Approval Status: Trainings that are relevant to Alcohol, Tobacco, and Other Drug (ATOD) prevention and/or the [IC&RC Prevention Performance Domains](#) can be applied toward the education/training requirement for certification or recertification. If these trainings are not included in the “Approved Trainings” list, the MPCB reserves the right to ask for additional information to determine the applicability of training/education for Prevention Specialist certification. All workshops, in-service education, online training, or college course certificates of completion that are not pre-approved by the MPCB must be submitted with a syllabus, agenda, or description from the training as proof of meeting requirements.

Calculating Hours of Education: The following will help to calculate hours of education: 1 Credit Hour/Contact Hour = 1 CEU = 1 hour of education.

Documenting Education: Education hours by discipline must be documented on the *Maine Certified Prevention Specialist Education Documentation* form in the application packet and accompanied with certificates of completion for each documented training/workshop. Any education event listed that does not have the required documentation will not be considered. **It is the responsibility of the applicant to provide the required documentation.**

Undocumented Events: If you do not have certificates of completion for one or more workshops, you must fill out the form titled *Education Form for Undocumented Events* included in the application materials. Your supervisor or program director must sign this form to verify that you have attended the listed workshops. Listing education on this form should be the exception in your documentation. Only 15% (18 hours for initial certification or 6 hours for recertification) of total education can be applied with 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-service trainings.

3. IC&RC EXAMINATION REQUIREMENT

To become a Certified Prevention Specialist, an applicant must pass a Prevention Specialist Examination administered by IC&RC. [Detailed information on the IC&RC begins on page 12.](#) This section describes both reciprocity and the IC&RC examination requirement (in the yellow shaded box on pages 12-13).

4. AGREEMENT TO ABIDE BY THE CODE OF PREVENTION ETHICS

To become a Certified Prevention Specialist, an applicant must sign an *Agreement to Abide by the Code of Ethical Standards Form* (in the application packet).

5. CERTIFIED PREVENTION SPECIALIST APPLICATION FORM AND REFERENCES

The *Application Form for Certified Prevention Specialist Certification* can be found in the application packet along with the forms for documenting experience and education/training. A *References Form* with instructions is also included.

CERTIFICATION REQUIREMENTS for PROVISIONAL PREVENTION SPECIALIST (PPS)

A Provisional Prevention Specialist receives a provisional certification in order to acquire the experience and education necessary to apply for certification as a Certified Prevention Specialist. This entry-level certification is not reciprocal with any other state or nation and does not require an examination. This certificate is valid for two years. Holders of a PPS certificate will have the **OPTION TO RENEW** this status **ONE TIME** if PPS recertification requirements are met. PPS recertification requirements are listed below, in item #4.

1. EXPERIENCE REQUIREMENTS

There is no experience requirement for an applicant to become a Provisional Prevention Specialist.

The only requirement is that the Provisional Prevention Specialist (PPS) applicant signs an agreement to work toward obtaining the experience needed to become a Certified Prevention Specialist (PS-C). It entails a commitment to seek the experience and education/training required for the Certified Prevention Specialist certification. Detail on the experience that the applicant will commit to acquire can be found in the description of PS-C experience requirements [in the blue shaded box on page 7](#).

2. EDUCATION/TRAINING REQUIREMENTS

There is no minimum education/training requirement for an applicant to become a Provisional Prevention Specialist.

The only requirements are that the Provisional Prevention Specialist (PPS) applicant signs an agreement to work toward obtaining the education/training needed to become a Certified Prevention Specialist (PS-C) and a commitment to the Code of Ethical Standards. Details on the education/training that the applicant will commit to acquire can be found in the description of PS-C education/training requirements [in the green shaded box on pages 8 and 9](#).

3. PROVISIONAL PREVENTION SPECIALIST (PPS) APPLICATION FORM

The application form for Provisional Prevention Specialist certification can be found in the Provisional Prevention Specialist Application Packet.

4. PROVISIONAL PREVENTION SPECIALIST (PPS) RECERTIFICATION REQUIREMENTS

A Provisional Prevention Specialist must have completed the following requirements in order to apply for an additional two years of Provisional Prevention Specialist status. The recertification fee for the Provisional Prevention Specialist is \$50.00 for the one renewal that is allowed. Please keep these requirements in mind as you begin to acquire the education/training and the experience needed to become a Certified Prevention Specialist.

- 31 hours (26 in-person and five (5) online) must be obtained through the Substance Abuse Prevention Specialist Training (SAPST) or MPCB-approved SAPST equivalent and six (6) hours of Prevention Ethics must be taken *within the first year of PPS certification*.
- An additional 12 hours of training in Alcohol, Tobacco and Other Drugs (ATOD) must be completed *within the first two years of PPS certification*

CERTIFICATION REQUIREMENTS for CERTIFIED ADVANCED PREVENTION SPECIALIST (PS-A)

Purpose: To provide experienced substance use prevention specialists in Maine with an advanced credential to align with their extended years of experience and training that includes some management relevant training.

1. EXPERIENCE REQUIREMENTS

Complete 8,000 hours of paid or volunteer prevention work as a Certified Prevention Specialist. Employment must have been gained within the last ten years. Volunteer and in-service experience such as internships or practicums are acceptable for experience hours as long as implemented under direct supervision.

2. EDUCATION REQUIREMENTS*

- 24 hours of ATOD specific training within the last 24 months.
- 6 hours of **Advanced** Prevention Ethics within the last 24 months.
- 18 hours of IC&RC Prevention Domain and Task relevant management training (includes but not limited to fiscal, program, grant, and staff management topics) within the last 10 years.
- 6 hours of training related to Cultural Equity and Inclusion (within the last 24 months).

**Education is defined as formal, structured instruction in the form of workshops, webinars, seminars, institutes, in-services, college/university credit courses and MPCB-approved training.*

3. AGREEMENT TO ABIDE BY THE CODE OF PREVENTION ETHICS

A commitment to the Code of Ethical Standards is required. Applicants are required to submit a signed copy of the current *MPCB Code of Ethical Standards*.

4. ADVANCED PREVENTION SPECIALIST (PS-A) RECERTIFICATION REQUIREMENTS

- The Maine PS-A certification period is two years from the date of approval.
- Forty (40) hours of documented continuing education is required every two years for recertification.
 - Three (3) hours must come from an approved Prevention Ethics Training.
 - Six (6) hours must be IC&RC Prevention Domain and Task relevant management training hours.
 - A recommitment to the Code of Ethical Standards is required.

INTERNATIONAL CERTIFICATION & RECIPROCITY CONSORTIUM (IC&RC)

The International Certification and Reciprocity Consortium (IC&RC) is a leader in the development of credentialed professionals. Its mission is to establish, monitor, and advance reciprocal competency standards for credentialing of professionals engaged in prevention and treatment of substance use disorders and related problems.

MEMBERSHIP Maine is a member of the International Certification and Reciprocity Consortium (IC&RC). Membership in IC&RC allows Maine Certified Prevention Specialists to receive reciprocal certification in other IC&RC member states and countries. A list of reciprocal locations can be found at <http://www.maine prevention certification.org/states-offering-reciprocity/>

1. RECIPROCITY

- A. **Definition** Each certifying body (including the Maine Prevention Certification Board) that belongs to the IC&RC agrees to use the IC&RC's minimum standards for reciprocity-eligible certifications. Each IC&RC member board agrees to accept the reciprocity-eligible certification(s) of other IC&RC member boards. IC&RC member boards can offer certifications that are not reciprocity-eligible as well. In Maine, the Provisional Prevention Specialist certification is *not* reciprocal with other IC&RC member boards.
- B. **To Apply for Reciprocity** Contact the Maine Prevention Certification Board for an IC&RC reciprocity application for the Certified Prevention Specialist certification. Before mailing the reciprocity application and fee to IC&RC, verify that the certification board to which you are applying offers a reciprocity-eligible Prevention Specialist certification by contacting the Maine Prevention Certification Board.

2. IC&RC ON-LINE EXAMINATION

A. Examination Content

The exam consists of **150 multiple-choice questions**. The IC&RC Prevention Performance Domains addressed in the exam are as follows:

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

A complete description of each of the six IC&RC Prevention Performance Domains and its weight on the exam can be found [on pages 14-17 of this manual](#).

B. References for the IC&RC Exam

1. A complete list of references for studying for the IC&RC exam can be downloaded from the Maine Prevention Certification Board website at: <http://www.maine prevention certification.org/icrc-exam-info/>
2. The **CANDIDATE GUIDE for the IC&RC Prevention Specialists Examination**, a publication available at no cost through the Maine Prevention Certification Board website, provides a great deal of information about the exam, including information on contents, scheduling, and sample questions.
3. The **Rhode Island Prevention Specialist Certification: Study Guide for the Certification Exam** is also available for download on the MPCB website. Although this guide was specifically developed for use by those seeking certification in Rhode Island, this guide is applicable to anyone preparing for IC&RC's Prevention Specialist Exam.
4. A **Practice Exam** is available for a fee. The practice exam was developed by the IC&RC to assist candidates with examination prep and mimic the testing platform used by IC&RC.

C. Examination Dates

All examinations are administered on-line at approved testing centers. They are available any time the centers are open, but must be scheduled in advance. Maine has three testing centers, in South Portland, Auburn and Bangor. As of 2022, there is also a virtual testing option.

D. Examination Registration and Fees

After the state board has provided approval to IC&RC, applicants are given access to an online site to register for the exam. The fee for the IC&RC Prevention Specialist Examination is \$125.00. An additional charge of \$125.00 will be assessed if you are re-taking the exam.

E. Special Circumstances

Individuals with disabilities who require modifications in test administration may request specific procedural changes through submission of a *Special Accommodations* form. This form can be downloaded from the Maine Prevention Board website at <http://www.maine prevention certification.org/icrc-exam-info/>.

IC&RC PREVENTION PERFORMANCE DOMAINS

(Updated 10/2022)

Domain 1: **Planning and Evaluation**

Weight on Exam: 25%

- A. Conduct a community-level needs assessment
 - a. Community Characteristics
 - b. Problem identification
 - c. Community readiness assessment
 - d. Community resource and resource gaps
 - e. Basic terms in epidemiology
- B. Determine priorities based on comprehensive community assessment
 - a. Focus population
 - b. Problem prioritization strategies
 - c. Shared risk and protective factors among physical health, substance use/misuse and other behavioral health disorders
- C. Conduct information gathering and data review/interpretation
 - a. Information gathering techniques
 - b. Data literacy
- D. Utilize prevention theory
 - a. Health disparities
 - b. Social determinants of health and mental health
 - c. Continuum of care
 - d. Risk and Protective Factors Theory
 - e. Public health approach
 - f. Theory of Change
 - g. Human developmental theories
- E. Develop a comprehensive prevention plan
 - a. Logic models as a planning and evaluation tool
 - b. Evidence-based prevention interventions
 - c. Work plans
 - d. Sustainability strategies
- F. Identify prevention program evaluation strategies
 - a. Evaluation instruments/models
 - b. Validity and reliability of evaluation instruments/models
 - c. Interpretation and application
- G. Conduct evaluation activities and identify opportunities to improve outcomes
 - a. Program fidelity assessment
 - b. Adaptation evaluation
 - c. Process and outcomes
- H. Utilize strategies to enhance sustainability of prevention program outcomes
 - a. Community capacity building
 - b. Grant research and writing
 - c. Data reporting
 - d. Community ownership
 - e. Resource assessment and development

Domain 2: Prevention Education and Service Delivery

Weight on Exam: 15%

- A. Coordinate prevention activities
 - a. Group processes
 - b. Training techniques
 - c. Interagency dynamics/power relationships/reciprocity
 - d. Sustainable relationships and alliances
 - e. Engagement strategies
 - f. Engagement strategies
 - g. Existing Community structures and norms
- B. Implement prevention education and skill development activities
 - a. Learning styles, instructional strategies, and presentation methods
 - b. Curriculum training
- C. Utilize strategies for maintaining program fidelity
 - a. Principles of and guidelines for fidelity and adaptation
 - b. Instructional materials modification
 - c. Core component maintenance

Domain 3: Communication

Weight on Exam: 15%

- A. Demonstrate methods for promoting the science of prevention
 - a. Interactions and strategies with the media and public
 - b. Media literacy, media advocacy, and social marketing
- B. Utilize marketing techniques for prevention programs
 - a. Effective marketing strategies and impact
 - b. communication models
- C. Apply principles of effective listening
 - a. Active listening
 - b. Interviewing techniques
- D. Apply principles of public speaking
 - a. Logical presentation, organization, and key points
 - b. Storytelling, use of examples, and building rapport
 - c. Strategies to promote discussion
 - d. Visual aids and other presentation resources
- E. Employ effective facilitation skills
 - a. Audience characteristics
 - b. Meeting agenda and action items
 - c. Professional behaviors and communication skills
 - d. Safe/inclusive spaces and conflict management
 - e. Time management
- F. Demonstrate interpersonal communication competency
 - a. Written and interpersonal communication skills
 - b. Networking and community outreach

Domain 4: Community Organization

Weight on Exam: 15%

- A. Identify community demographics and norms
- B. Utilize strategies to recruit and engage a diverse group of stakeholders
 - A. Community sector representation and perspectives
 - B. Current and emerging community leaders/influencers
- C. Utilize strategies to build community ownership and provide technical assistance
 - A. Community engagement strategies
 - B. Capacity-building strategies
 - C. Roles in community ownership
 - D. Shared leadership
 - E. Patterns of group and organizational communication
 - F. Strategies for empowering community members
 - G. Advocacy strategies
 - H. Training and mentoring community members
 - I. Coalition development and sustainability
 - J. Strategic planning activities
 - K. Education resource for community members
- D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers
 - A. Formal agreements
 - B. Referrals
- E. Integrate prevention strategies into physical and behavioral health planning and activities
 - A. Global behavioral health systems and their strategic goals
 - B. Prevention participation in related health initiatives
 - C. Behavioral health epidemiology
 - D. Spectrum of behavioral health services

Domain 5: Public Policy and Environmental Change

Weight on Exam: 11%

- A. Utilize strategies and resource to promote environmental change
 - a. Evidence-based environmental strategies and policies
 - b. Education of decision makers
- B. Demonstrate advocacy skills in public health promotion and prevention
 - a. Political processes
 - b. Difference between lobbying and advocacy
 - c. Public policy development and advocacy for healthy and safe communities
 - d. Change agents and policy makers
 - e. Negotiations
 - f. Social justice

Domain 6: Professional Growth and Responsibility

Weight on Exam: 19%

- A. Demonstrate adherence to legal, professional, and ethical principles
 - a. Prevention Code of Ethics
 - b. Ethical use of funds
 - c. Conflicts of interest
 - d. Confidentiality
 - e. Mandated abuse and neglect reporting
 - f. Recipient rights and informed consent
 - g. Copyright laws and reference procedures
 - h. Strategies to ensure the safety of program participants
 - i. Prevention professional scope of practice
 - j. Ethical fundraising
 - k. Ethical use of social media and technology
- B. Incorporate cultural responsiveness and health equity into prevention processes
 - a. Culturally responsive organizational structures
 - b. Focus population inclusion
- C. Demonstrate healthy behaviors and self-care
 - a. Community resource that supports health and well-being
 - b. Healthy living strategies and wellness promotion
 - c. Conflict resolution and stress management strategies
 - d. Seeking and utilizing support from peers
 - e. Recognition of personal limitations
- D. Recognize importance of participation in professional associations
 - a. Professional associations and organizations related to behavioral health
 - b. Networking and relationship building
- E. Demonstrate knowledge of the science of substance use/misuse disorders
 - a. Biases, beliefs, and cultural assumptions related to substance use/misuse
 - b. Signs, symptoms, and progressive stages of substance use/misuse disorders
 - c. Family dynamics
 - d. Effects of drugs on the brain and the body
 - e. Prevention within a recovery-oriented system of care
 - f. Co-occurring disorders
 - g. Brief intervention and referral
 - h. Harm reduction
- F. Demonstrate knowledge of mental, emotional, and behavioral health issues
 - a. Effects of mental, emotional and behavioral health on the family
 - b. Biases, beliefs, and cultural assumptions related to mental health
 - c. Signs and symptoms of behavioral health conditions/disorders
 - d. Trauma-informed lens
- G. Prepare and maintain reports, records and documents
 - a. Fiscal responsibility
 - b. Grant compliance
 - c. Best practices in documentation

PROFESSIONALS

Code of Ethical Standards (*Revised 2017*)

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 specialty's 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 misuse, 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. 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.

The required *Agreement to Abide by the Code of Prevention Ethics Form* can be found in the application packet.

RECERTIFICATION REQUIREMENTS

A. General Information

1. 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.
2. Forty (40) hours of documented continuing education is required every two years for recertification. Three (3) hours must come from an approved Ethics Training.
3. The *Maine Prevention Certification Board Recertification Application* should be used when applying for recertification. This form can be found on the Maine Prevention Certification Board website at <http://www.maine prevention certification.org/downloads/>.
4. Documentation requirements for education/training are the same as those required for initial certification and can be found in the **Documenting Education** section on page 9 of this manual, as well as in the recertification section of the website. The forms are included in the PS-C or PS-A Application Packet.
5. A recommitment to the Code of Ethical Standards is required. Applicants are required to resubmit a signed copy of the *Code of Ethical Standards* form.
6. A non-refundable \$75.00 recertification fee is required at the time of each recertification.
7. Recertification applications may be submitted and the fee paid electronically. If desired, the application may be submitted in the form of a hard copy that also includes the signed Code of Ethical Standards, along with a check.
8. The Provisional Prevention Specialist credential can only be renewed once. Please see section on Recertification for the Provisional Prevention Specialist credential [on page 10](#).

B. Additional Continuing Education Alternatives

1. Up to 30% (12 hours) of the continuing education hours for recertification every two years may be met through teaching and/or training experience as detailed below:
 - Up to twelve (12) hours spent in teaching and/or training at educational events related to the Performance Domains may be applied to CEUs. If you claim hours based on time spent teaching/training others, you may claim time spent delivering a specific educational event or session only once.
 - The number of contact hours applicable is equal to the number of contact hours for the educational event.

EXPIRATION OF CERTIFICATION

- A. **Notification** It is the responsibility of Prevention Specialists to recertify in a timely manner. It is the responsibility of the applicant to notify the Maine Prevention Certification Board of any contact information changes such as name, address, email address, and phone number during the two years of certification. A lack of communication from the applicant about such changes could delay the recertification process. Failure to recertify will result in the loss of the Prevention Certificate.
- B. **Exceptions** Recertification can be applied for up to 180 days after the expiration date by:

- Meeting recertification requirements
- Completing the recertification application
- Paying the appropriate recertification fee
- Paying a late fee of \$25.00

If the Certified Prevention Specialist or Provisional Prevention Specialist is successfully recertified, the new recertification date will be the same as if the recertification had occurred in a timely manner. If the Certified Prevention Specialist or Provisional Prevention Specialist fails to re-apply within 180 days after the expiration date, the Prevention Specialist must go through the original certification process. These rules are strictly enforced.

C. **Recertification Extensions** The expiration date of a prevention certification may be extended for up to 90 days under the following conditions. Applications for extensions must be made in writing on or before the certification expiration date:

- 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.
- Unemployment for a period of at least 90 days within the year prior to the expiration date.
- Time off from work due to a relative's home care needs (e.g. spouse/ partner, parent, child, grandparent, or live-in companion) for at least 30 days within the last 180 days prior to the expiration date.

MISSING / LOST / DUPLICATE CERTIFICATES

- It is the responsibility of the applicant to keep their certificates when issued.
- Missing, lost, or requests for certificates originating from AdCare Educational Institute of Maine can be requested using this link for a fee: <https://adcareme.org/replacement-certificate-request/> This can be documented with a training flier or other form of promotional material that includes the training date/time, title, presenter name and credentials, short training description, and objectives, plus the sponsoring/hosting organization. If no promotional materials are available, please include the training date/time, title, presenter bio, short training description, and objectives, plus the sponsoring/hosting organization and their contact information where they can be reached for verification if needed.

VOLUNTARY INACTIVE STATUS

A. **How to Qualify for Voluntary Inactive Status** The Maine Prevention Certification Board will grant inactive certification status to a Certified Prevention Specialist under the following circumstances:

- Behavior-Medical problems
- Maternity, paternity or family leave
- Education
- Military service
- Other valid reasons

Inactive certification status is intended for the Certified Prevention Specialist who is currently not working as a prevention specialist, yet plans to someday return to the prevention field.

B. Instructions Individuals desiring inactive certification status shall send a letter of request to the Maine Prevention Certification Board with:

- Current home address and telephone number
- Reason for request
- Final date of employment in the prevention field
- Anticipated date of return to employment in the prevention field
- Applicable fees.

C. Fees The following fees must be remitted in order to obtain inactive certification status and reactivation of certification:

- An enrollment fee of \$20.00 (for the first year of inactive status).
- The fee for inactive certification status is \$20.00 annually.

To maintain certification status, the fee shall be due annually on the inactive certification status expiration date. The reactivation of certification fee is the same fee as for recertification.

D. Rights, Limitations and Responsibilities

- While on inactive certification status, an individual shall continue to receive all bulletins, newsletters and other communications from the Maine Prevention Certification Board.
- Inactive individuals are expected to subscribe to any of the aspects of the Code of Ethics that are applicable during the period of inactive certification status.
- The individual may not represent as a Certified Prevention Specialist during the period of inactive status.
- Individuals on inactive status are not eligible for reciprocity.

The inactive individual must notify the Maine Prevention Certification Board immediately upon returning to work in the prevention field. Failure to notify the Board within thirty (30) days of returning to prevention employment will constitute a violation of the Code of Ethics and will result in referral to the Board's Ethics and Appeals Committee for investigation, in accordance with the procedures outlined in the Code of Ethics.

E. Reactivation To restore to active certification, the application for recertification must be submitted with the applicable recertification fee.

REVOCAION OF CERTIFIED PREVENTION SPECIALIST, PROVISIONAL PREVENTION SPECIALIST OR ADVANCED PREVENTION SPECIALIST

A. Violation of Board Provisions

1. The practice of fraud or deceit in procuring or attempting to obtain Prevention Certification under the Maine Prevention Certification Board
2. Violation of the Code of Ethical Standards
3. Violating any provision of the Maine Prevention Certification Board or any substantive rule adopted by this Board

B. Revocation Hearing Procedure

1. Specific allegations are to be made in writing to the Chairperson of the Maine

Prevention Certification Board (MPCB), who will forward all information to the Revocation Hearing Committee. The allegation received shall be recorded by the MPCB and shall contain the following information:

- a. Certified Prevention Specialist (PS-C) or Provisional Prevention Specialist (PPS) name
 - b. Name of the complaining party
 - c. Date of complaint
 - d. Brief statement of complaint
2. The MPCB will appoint a three-person Revocation Hearing Committee, consisting of certified prevention professionals. No member shall be appointed to the Revocation Hearing Committee who has a potential conflict of interest with either side. All potential conflicts of interest will be discussed prior to the appointment.
 3. The PS-C or PPS will be informed in writing of any MPCB review and will be asked to provide documentation. This may include, but not be limited to:
 - a. Records pertaining to specific course offerings
 - b. Records of course offerings
 - c. Financial records pertaining to a specific course offering(s)
 - d. Documentation of faculty and their credentials
 4. The PS-C or PPS has thirty (30) days to forward all requested documentation to the MPCB. A Revocation Hearing Committee meeting will be held within three (3) months. Failure to comply with said request will place the PS-C or PPS on inactive status, and the MPCB will not accept any training credits during this time.
 5. The PS-C or PPS can appeal the Revocation Hearing Committee decision, in writing, to the MPCB. A final determination will be made at that time, and the PS-C or PPS may be represented at the meeting. The MPCB will hear the appeal within three (3) months of the appeal request.

C. Applicant Appeals

1. When an applicant is denied certification, questions the results of the portfolio review, questions examination results, or is subject to an action by the MPCB that the applicant deems unjustified, the applicant has the right to an inquiry and appeal.
2. If an applicant deems that an action taken by the MPCB is unjustified, the applicant is entitled to a written summary from the MPCB that explains the reasons for the action. All correspondence will be sent certified return receipt mail, with a postmark date being the date from which the thirty (30) days shall be counted. If the applicant does not agree with the MPCB's decision, the applicant may request an Appeals Hearing.
3. The applicant may appeal the decision to the MPCB within thirty (30) days of receipt of the summary, notice of denial, or any other action deemed unjustified by sending a certified letter to the Chairperson of the MPCB at the Board mailing address.

D. Appeals Hearing Procedure

1. If a request for an Appeals Hearing is submitted to the MPCB within the specified timeframe, the MPCB will appoint a three-person Appeals Hearing Committee, consisting of prevention certified professionals. No member shall be appointed to the Appeals Hearing Committee who has a potential conflict of interest with either side. All potential conflicts of interest will be discussed prior to the appointment.

2. Within twenty-one (21) days after the MPCB receives a request for an appeal, an Appeals Hearing into the facts contained in the Certification Board's decision shall be scheduled, and the Chairperson of the MPCB shall send by certified mail a notice of the Appeals Hearing to the complainant. The Appeals Hearing shall be scheduled no less than twenty-one (21) days and no more than ninety (90) days from the date of the Appeals Hearing notice.
3. The notice of the Appeals Hearing shall advise the complainant of the following:
 - a. The date, time, and the location of the Appeals Hearing and the identity of the Appeals Hearing Committee members.
 - b. At the complainant's own expense, the complainant may be represented by Counsel at the Appeals Hearing.
 - c. The MPCB's representatives shall present evidence in support of its recommendation at the Appeals Hearing. Such evidence shall be limited to the issues contained in the summary issued to the complainant prior to the appeals process.
 - d. The complainant may present and rebut evidence and present and cross-examine witnesses.
 - e. The Appeals Hearing Committee shall not be bound by common law or statutory rules of evidence, and the Appeals Hearing Committee may consider all evidence having reasonable probative value. The Appeals Hearing Committee will base its decision upon the evidence presented at the Hearing.
 - f. Any request by the complainant for postponement of the Appeals Hearing must be immediately served in writing to the Chairperson of the MPCB. The decision to grant or deny such a request is discretionary with the MPCB.
 - g. There shall be no contact prior to the Appeals Hearing between the complainant and any MPCB members for the purpose of discussing in any way the Certification Board's decision, or the appeal. The Appeals Hearing shall be closed to the public.
4. Failure of the complainant to attend the Appeals Hearing shall be deemed a waiver of the appeal. In such cases, the Appeals Hearing will be dismissed and the decision of the MPCB shall take immediate effect. A one-time option to reschedule the Appeals Hearing is available to the complainant if unable to attend originally scheduled Appeals Hearing.
5. Within twenty-one (21) days after the completion of the Appeals Hearing, the Appeals Hearing Committee shall prepare a written decision containing Findings of Fact and a Conclusion. The Board of Directors shall mail a copy of the decision to the complainant by certified mail. The decision of the Appeals Hearing Committee shall be deemed that of the MPCB, shall be effective upon issuance or at such date as the Appeals Hearing Committee shall specify, and shall be final, without further action by the MPCB.
6. At any time prior to the issuance of the Appeals Hearing Committee's written decision, the complainant and the MPCB, acting through its representative, may enter into a consent order. Such consent order shall state the nature of the complaint and the details of the agreement and shall supersede any prior decision in the case.

GLOSSARY OF TERMS

Alcohol and Drug Specific: The history, uses, trends and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco and various other substances as well as the psychological, biological and social aspects of substance abuse. Also includes appropriate intervention for preventing/treating substance abuse in special populations.

ATOD: Alcohol, Tobacco and Other Drugs

CEU: A “continuing education unit;” is synonymous with “clock hour.”

Clock Hour: Sixty minutes of participation in an organized learning experience.

Continuing Education: The variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

PTTC: Prevention Technology Transfer Center Network

Distance Learning: Education that is obtained via internet, home study programs, videos, or other means in which the Certified Prevention Specialist/Provisional Prevention Specialist works independently from an instructor and classroom.

Education: Formal, structured instruction in the form of workshops, seminars, institutes, in- service training, college/university credit courses, and Prevention Certification Board approved distance education.

Employment Experience: The actual work involving performance of the five Prevention Performance Domains of the Certified Prevention Specialist/Provisional Prevention Specialist. In addition to full-time employment, this may include a practicum, internship, or part-time prevention.

Maine Prevention Certification Board Approved: When a sponsor submits workshop materials to the (Maine board) demonstrating that a workshop has relevant content and requesting CEUs for all participants.

In-Service Training: The education and training which occurs within the applicant’s agency, only for agency staff and conducted only by agency staff.

Performance Domain: These domains outline the knowledge and skills a Certified Prevention Specialist/Provisional Prevention Specialist needs to perform their job successfully.

Prevention Ethics: Moral and ethical conduct as described in the (Maine board) Code of Ethics. Ethics courses are offered specifically for Certified Prevention Specialists/Provisional Prevention Specialists and must be (Maine board)-approved.

Professional Responsibility: Participation in appropriate training, educational opportunities and current literature review that allows one to provide effective prevention services.

Racial/Ethnic: Covers training including, but not limited to, the following categories: American Indian/Alaskan Native, Asian, African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

Recipient: Any person who seeks or receives the services of a Certified Prevention Specialist/Provisional Prevention Specialist.

Reciprocity: A mutual or cooperative interchange of certification standards among IC&RC member boards.

Research/Science Based: A program that has met identified criteria and has been subject to rigorous evaluation that has proven its effectiveness.

Special Populations: Substance abuse training in working with recipients from various populations who are unique in their needs. The groups that are protected from discrimination (such as age, race, creed, gender, economic status) as well as sexual orientation and the criminal justice population will be considered Special Populations.

Substance Misuse: An addiction or dependency, either physical or psychological, to a chemical substance.

Maine Prevention Certification Board

APPLICATION CHECKLIST

(Included here as a summary of what is in the Application Packet)

Applicant's Name: _____

	Applicant	Certification Use Only
APPLICATION Cover Sheet Completed/Signed		
Documentation of Name Change (if required)		
EDUCATION Documentation		
Total Number of Hours		
ATOD Hours		
Ethics Hours		
SAPST Hours		
Other Hours in Prevention Domains		
Documentation of Education Hours Attached		
NARRATIVE of Experience in Domains		
EXPERIENCE Documentation		
Total Number of Hours		
Position Description(s) Attached – to accompany the Experience Documentation Form(s)		
SUPERVISED EXPERIENCE Documentation		
Total Number of Hours		
CODE OF ETHICAL STANDARDS Signed		
THREE REFERENCES (forms should be sent directly to the MPCB from the reference)	Not sent in by applicant	
IC&RC SPECIALIST EXAM PASSED	Not sent in by applicant	
	Applicant	Certification Use Only

This checklist should be the second document in your application packet. This checklist provides a location for you to record compliance with certification criteria, and a location for Maine Prevention Certification Board staff to record the outcome for their review of the documents you have submitted.

FEE SCHEDULE

Type of Fee	Amount*	Timing
Initial Application Fee for Certified Prevention Specialist (PS-C) or Advanced Prevention Specialist (PS-A) (for 2 years)	\$150.00	Pay at time of initial application
IC&RC Examination Fee	\$125.00	Pay when you have signed up for the exam. Applicants who do not pass the exam on the initial attempt will pay an additional \$125.00 to retake the exam within 6 months of the initial exam date.
Incomplete Application Fee for PS-C	\$25.00	Pay at time of submission of missing information
Recertification Fee for PS-C or PS-A (for 2 years)	\$75.00	Pay every 2 years, with submission of recertification application
Late fee for Recertification	\$25.00	Pay at time of recertification application
Voluntary Inactive Status Fee for PS-C or PS-A	\$20.00 per year	Pay at time of application for inactive status and each year thereafter – as long as inactive status is maintained
Reinstatement from Inactive Status Fee for PS-C or PS-A	\$20.00	This fee “resumes the clock,” allowing you to pick up your prior certification with the same number of months left before recertification as you had before becoming inactive.
Initial Application Fee for Provisional Prevention Specialist (PPS)	\$50.00	Pay at time of initial application
Recertification Fee for PPS (for 2 years)	\$50.00	Pay at time of recertification application; you can reapply only once.

*NOTE: Fees subject to change with MPCB or IC&RC approval; be sure to check the website (<https://mainepreventioncertification.org/payment/>) for most current fees.