



HHS Region 10

Certified Prevention Specialist Professional Certification

CERTIFICATION REQUIREMENTS BY STATE (IDAHO, OREGON, WASHINGTON)

The following chart outlines the certification requirements by state for those seeking a Certified Prevention Specialist/Professional certification. Please note, Alaska does not have a certification board and does not require Prevention Specialist certification. Due to the large geographic area, small prevention workforce, and transition within the workforce, they do not require certification.

REQUIREMENTS BY STATE

State	Idaho	Oregon	Washington
Cert Board	Idaho Board of Alcohol/Drug Counselor’s Certification, Inc. (IBADCC) Website: http://ibadcc.org/	Mental Health and Addiction Cert Board of Oregon Website: https://www.mhacbo.org/en/	Prevention Specialist Cert Board of WA Website: https://www.pscbw.com/copy-of-associate-prevention-profes



SAMHSA'S PREVENTION TECHNOLOGY TRANSFER CENTER

State	Idaho	Oregon	Washington
Contact Person	Chris Daniel Executive Director cdaniel@ibadcc.org	Board President: Mark Davis, CADCI, QMHA Executive Co-Director: Michael Razavi, MPH, PRC, CADCI, CPS	Board Co-President: Gunthild Sondhi gsondhi@theofficenet.com Board Co-President: Pam Tindall pamtindall@gmail.com
Degree(s) Required	H.S. Diploma	H.S. Diploma	H.S. Diploma
Prevention Education Hours	<ul style="list-style-type: none"> • Minimum of 120 hours of education specific to the domains (must include the following): • Documentation of 50 hours specific to tobacco and/or other drugs training. • Documentation of education in each of the seven domains to include a minimum ten (10) hours in each of the ICRC six Performance Domains. • The domains include: Planning and Evaluation, 	<ul style="list-style-type: none"> • Minimum of 150 hours of education. Education hours must include the topical areas of: • ATOD Pharmacology • ATOD Prevention Education Curriculum trainings or Training of Trainers (TOT) • Substance Abuse Prevention Specialist Training (SAPST) • Community Mobilization 	<ul style="list-style-type: none"> • Minimum of 120 hours of prevention specific education/training. 50% of the required 120 education hours (60 hours) must be earned within the last ten years, with 40 of those 60 hours earned within the last two years. • 24 hours of Drug Education (e.g., pharmacology, classification of drugs, potential for abuse/addiction, effects of drugs on the brain/body, current drug trends, addiction theory, signs and symptoms of addiction, addiction and the family, etc.) • 6 hours of Prevention-specific Ethics training/education



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	<p>Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility.</p> <ul style="list-style-type: none"> • Documentation of six (6) hours of ethics training. 	<ul style="list-style-type: none"> • General prevention topics • Cultural Competence/ Humility • Facilitation/presentation skills training • Prevention ethics including confidentiality 	<ul style="list-style-type: none"> • 45 hours of ATOD Prevention Education (e.g., training in evidence-based prevention strategies and programs, prevention curriculum training, planning and evaluation of prevention interventions, substance abuse in older adults, substance abuse in veterans, coordinating and/or implementing prevention activities, social marketing, community organizing, coalition development, environmental prevention strategies, etc. if specific to ATOD prevention) • 45 hours of General Prevention Education (e.g., cultural competency, behavioral health promotion, suicide prevention, HIV/AIDS prevention, community mobilization, media messages, social marketing, public policy, communication, professional growth and responsibility, etc. not specific to ATOD prevention)
Work Experience	<ul style="list-style-type: none"> • Verification of at least 2000 hours of documented Alcohol, Tobacco and other 	<ul style="list-style-type: none"> • Verification of 2,000 Supervised Experience 	<ul style="list-style-type: none"> • Verification of at least 2,000 hours (approximately 1 year full time) prevention related experience. A minimum of 50% of these hours must be alcohol, tobacco and



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	<p>drug prevention work experience.</p> <ul style="list-style-type: none"> • One hundred twenty (120) of the 2000 hours must be supervised by a Certified Prevention Specialist or someone who meets the minimum standards of a prevention specialist • Individuals must have a minimum of ten (10) hours in each of the six Performance Domains • Documentation must be completed for each agency where supervision occurred. • A supervisor shall be interpreted to mean, a <i>person who is knowledgeable of alcohol or drug use prevention and treatment and has the ability to judge the capability and competence</i> 	<p>Hours in the Prevention Domains (ICRC/AODA)</p> <ul style="list-style-type: none"> • 120 Hours of Experiential Learning and Evaluation by a Qualified Prevention Supervisor 	<p>other drug prevention-specific experience. The balance may be other types of general behavioral health prevention, such as suicide prevention, HIV prevention and bullying prevention.</p> <ul style="list-style-type: none"> • Supervision: Of those 2000 hours, a minimum of 120-hours of supervised experience must be in the six (6) Prevention Domains (minimum of 10 hours in each). • Prevention experience is defined as paid or volunteer experience working in primary prevention. • <i>Primary prevention</i> is defined as interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.¹ Broad prevention experience across a variety of issues is preferred to single-issue experience. Prevention experience can be distributed between individual, family, school and community foci, among behavioral health promotion and universal, selective and indicated prevention categories.



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	<p><i>of a prevention professional</i></p> <ul style="list-style-type: none"> • <i>Prevention</i> is defined as a proactive, science-based process that focuses on increasing “protective factors” and decreasing “risk factors” predictive of alcohol and substance use in individuals, families, and communities. • The framework that guides this approach requires partnerships at the community level to use science-based tools that mobilize and engage community members; establish a shared vision and collaborative planning process; determine priorities based on assessed community needs; define clear and measureable outcomes; select programs and strategies that have 		



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	demonstrated effectiveness; and verify progress toward outcomes.		
Verification Letter	Not Required	Verifying a minimum of 2 years of sobriety time for those who are recovering from chemical dependence.	Not Required
Background Check	Not Required	Required	Required
Exam	Required	Required	Required
Fees	\$65	\$250	\$275

REFERENCES

National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (O'Connell, M.E., Boat, T., & Warner, K.E., Eds.). Washington, CD: National Academies Press. <http://www.iom.edu/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx>