

## APP Recredential Application

[www.preventionprofessionals.org](http://www.preventionprofessionals.org)

Name: \_\_\_\_\_

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

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

Office Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

IAPP Membership Number: \_\_\_\_\_ DSA# if applicable: \_\_\_\_\_

**Associate Prevention Professionals must earn 25 hours of Continuing Education Units during each three year period since becoming certified. These hours may be submitted periodically or with this application. Hours must be submitted on the CEU form and fees paid if applicable. See the CEU form for more information which if available on the IAPP Website.**

Total number of CEUs earned: \_\_\_\_\_

(Office please verify & initial here: \_\_\_\_\_)

**A minimum of 600 clock hours of ATOD prevention work is required for recertification as an APP. During the last three years/since receiving your original credentials, please describe your position(s), relationship to prevention, full or part-time status, and percentage of time devoted to prevention.**

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I hereby certify that I have completed the requirements for certification as a "Associate Prevention Professional" (APP) from the Indiana Association of Prevention Professionals, Inc., as submitted in this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The recertification fee is \$20.00. Please enclose a check or money order for \$20.00 made payable to the Indiana Association of Prevention Professionals, Inc. **If you wish to pay by credit card, you may visit our website and pay by using Paypal.** Recertification certificates will be sent when processing is completed.

**Please check box if you paid by using PayPal**

**When application is complete and all materials are enclosed, please mail to:**

Indiana Association of Prevention Professionals, Inc.

Attn: IAPP Director

1101 S. 13th St.

Terre Haute, IN 47802

812-232-5190, Ext. 15