

Indiana Association of Prevention Professionals, Inc.

CPP Credential Application

www.preventionprofessionals.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ Home Phone: () _____

Email: _____

IAPP Membership Number: _____ DSA# if applicable: _____

Requirements:

1. Bachelor's Degree in any field from a college or university accredited by the appropriate regional accrediting body. **Please have an official transcript sent from your college or university.**

Degree: _____ Institution: _____

Graduation Date: _____

2. Completion of approved education, including:

IAPP required courses which are currently offered as a week long package.

☉ Principals of Drug Abuse Prevention Date: _____

☉ Ethics in Prevention Date: _____

☉ Cultural Competency in Prevention Date: _____

3 semester hour (approximately 45 clock hours) approved college-level drug information course. This requirement can be fulfilled with college credit courses, equivalent approved non-credit courses, IAPP approved correspondence course or by successfully completing the DANES Standardized Test on "Drug and Alcohol Abuse". The website and newsletters will periodically site other approved courses.

Describe and provide the documentation to show that this requirement has been met.

Description: _____

3. A minimum of 2000 clock hours of approved, **bona fide** drug abuse prevention experience:
List prevention experience in the past five years (describe position, relationship to prevention, full or part-time status, and percentage of time devoted to prevention).

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

Signature

Date

There is a non-refundable review fee of \$50.00 for each application. Please enclose a check or money order for \$50.00 made payable to the Indiana Association of Prevention Professionals, Inc. For non-members the review fee is \$100.00. **If you wish to pay by credit card, please go to our website and use Paypal.**

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.
Jami Schroeder, Director
1101 S. 13th St.
Terre Haute, IN. 47802
812-232-5190, Ext. 15