

Indiana Association of Prevention Professionals, Inc. CPP RECREDENTIALING APPLICATION

www.preventionprofessionals.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

IAPP Membership Number: _____ DSA# if applicable: _____

Certified Prevention Professionals must earn 50 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 and initial here: _____)

A minimum of 2000 clock hours of ATOD prevention work is required for recertification as a CPP. 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.

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

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, or go on-line to our website and pay by paypal. Recertification certificates will be sent when processing is completed.

Please check box if you paid with Paypal

When application is complete please mail to:
Indiana Association of Prevention Professionals, Inc.
Attn: Jami Schroeder
1101 S. 13th St
Terre Haute, IN 47802
812-232-5190, Ext 15