

Indiana Association of Prevention Professionals, Inc.

QPP CREDENTIAL APPLICATION

www.preventionprofessionals.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

IAPP Membership Number: _____ DSA# if applicable: _____

Requirements:

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: _____

Completion of approved education, including:

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

- | | |
|--|-------------|
| <input type="checkbox"/> Principals of Drug Abuse Prevention | Date: _____ |
| <input type="checkbox"/> Ethics in Prevention | Date: _____ |
| <input type="checkbox"/> 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:**

A minimum of 600 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 "Qualified Prevention Professional" (QPP) 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 visit our website and use Paypal.**

Please check box if you paid with 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