

Vermont Associate Prevention Specialist (APS) Application Documentation for Supervision and Experience

PLEASE MAKE YOUR OWN COPY BEFORE COMPLETING: In cases where an applicant has had supervision by multiple supervisors (due to multiple employers/programs), each supervisor should fill out a separate form. All information must be typed or printed.

Section A: Applicant Information

Name: _____

Section B: Employment Information

Employer's Name: _____

Employer's Address: _____

City/State/Zip: _____

Daytime Phone Number: _____

Section C.: Documentation of Experience

Applicants must document 6 months or 1000 hours of full or part-time work experience as an alcohol, tobacco, and other drug use prevention specialist.

Total number of ATOD prevention hours worked: _____

Indicate the total number of hours of Supervision for each of the Prevention Performance Domains listed:

DOMAIN NUMBER OF HOURS: 60 hours of on-the-job supervision of qualifying work experience with a minimum of 5 hours of supervision in each prevention domain.
--

1. Planning and Evaluation ___ hours

2. Prevention Education and Service Delivery ____ hours

3. Communication ____ hours

4. Community Organization _____ hours

5. Public Policy and Environmental Change ____ hours

6. Professional Growth and Responsibility _____ hours

TOTAL NUMBER OF HOURS OF SUPERVISION: ___ hours

Section D: Signature Requirement

By signing below, I attest that the applicant received supervision in the Performance Domains as listed above, and I endorse this candidate for credentialing.

Signature of Supervisor or Program Director

Date