

Associate Prevention Professional (APP) Renewal Application

Record of Continuing Education Hours (CEHs) Completion

1. Please photocopy or print this blank form if you need additional pages.
2. Please list a **minimum of 20 hours** of Drug Education and/or Alcohol, Tobacco and Other Drugs (ATOD) Prevention Education AND a **minimum of 20 hours** of General Prevention Education for a **minimum of 40** total hours.
3. Attach proof (s) of attendance (i.e. transcripts with course description, certificates and/or Affidavits of Attendance) for each listed training/event.
4. Keep a copy of this completed form and attachments for your records.

NAME:				DATE SUBMITTED:		
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript A: Affidavit O: Other	Drug and/or ATOD Prevention Education (Minimum of 20 Hours)	General Prevention Education (Minimum of 20 Hours)	TOTAL Hours	
TOTAL: (This page)						

Associate Prevention Professional (APP) Renewal Application:

Record of Continuing Education Hours – Page 2 (If needed)



Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the

Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		DATE SUBMITTED:				
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript A: Affidavit O: Other	Drug and/or ATOD Prevention Education (Minimum of 20 Hours)	General Prevention Education (Minimum of 20 Hours)	TOTAL Hours	
TOTALS: (This page)						



**Associate Prevention Professional (APP) Renewal Application:
Record of Continuing Education Hours – Page 3 (If needed)**



Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the

Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		DATE SUBMITTED:				
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript O: Other A: Affidavit	Drug and/or ATOD Prevention Education (Minimum of 20 Hours)	General Prevention Education (Minimum of 20 Hours)	TOTAL Hours	
TOTALS: (This page)						

Associate Prevention Professional (APP) Renewal Application:



Record of Continuing Education Hours – Summary Page

NAME:		DATE SUBMITTED:	
PAGES	ATOD Prevention Education Hours (Minimum 20Hours)	General Prevention Education Hours (20 Minimum Hours)	TOTAL HOURS
Totals from Page 1			
Totals From Page 2 (If applicable)			
Totals from Page 3 (If applicable)			
GRAND TOTALS (All Pages)			

I attest that I have completed the minimum required APP Renewal Prevention Continuing Education Hours and have attached the attendance verification documents with accurate and up-to-date information. They have been uploaded to my personal folder on the PSCBW Google Drive for submission and review.

Signature: _____ Date: _____