

Associate Prevention Professional (APP) Application: Prevention Education Prerequisites

Record of Continuing Education Units (CEUs) Completion

1. Please photocopy or print this blank form if you need additional pages.
2. Please list a **minimum of 35 hours** of Drug Education and/or Alcohol, Tobacco and Other Drugs (ATOD) Prevention Education AND a **minimum of 35** hours of General Prevention Education for a **minimum of 70** 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 CEUs 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 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours	
TOTAL: (This page)						

Associate Prevention Professional (APP) Application: Prevention Education Prerequisites



Record of Continuing Education Units – 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 CEUs 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 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours	
TOTALS: (This page)						

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Record of Continuing Education Units – 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 CEUs 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 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours	
TOTALS: (This page)						

Associate Prevention Professional (APP) Application: Prevention Education Prerequisites



Record of Continuing Education Units – Summary Page

NAME:		DATE SUBMITTED:	
PAGES	Drug Education and/or ATOD Prevention Education Hours (Minimum 35 Hours)	General Prevention Education Hours (Minimum 35 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 APP Prevention Education Prerequisites and attached 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: _____