



Supervised Experiential Learning Documentation Form

Prevention Domains © IC&RC

THIS FORM IS TO BE COMPLETED BY THE APPLICANT'S IMMEDIATE SUPERVISOR.

Directions for Supervisor: Please complete this form indicating the applicant's on-the-job supervision in the performance within the following Six (6) Prevention Core Competencies Domains. A more complete listing of the specific tasks for each Domain is found in the Domains Checklists included in the Initial Certified Prevention Professional (CPP) application. The applicant should forward these checklists to you in addition to this form.

Applicant Name: _____ **Agency:** _____

Dates of Supervision: Beginning Date: _____ **Ending Date:** _____ Still employed

Prevention Core Competencies Domains

Hours of Supervised Prevention Experience

- I. **Planning & Evaluation:** Determining community readiness, identifying existing and needed resources, specifying a target audience, and developing a plan with strategies, evaluation, and a way to sustain your efforts. _____
- II. **Prevention Education and Service Delivery:** Coordinating prevention activities, delivering education, developing culturally appropriate materials, maintaining fidelity to evidence-based practices, adaptation and serving as a resource to your community on prevention. _____
- III. **Communication:** Effectively convey information about the prevention efforts to the target audience, including public awareness campaigns, community engagement, media outreach, and utilizing various communication channels to promote positive behavior changes and raise understanding about the risks involved. _____
- IV. **Community Organizing:** Identify community stakeholders; Establish working relationships; Plan policy initiatives; Consult with community; Establish network; Construct prevention plan; Increase community involvement; Facilitate local leadership. _____
- V. **Public Policy & Environmental Change:** Informing policy makers; Establish working relationships; Plan policy initiatives; Influence funding allocations; Inform policy makers of program effectiveness. _____
- VI. **Professional Growth & Development:** Research prevention trends; Model collaborative behavior; Practice ethical behavior; Recognize community norms; Practice personal wellness. _____

**Total Number of
Hours Accrued**

I hereby attest that supervised practical experience in performing prevention functions has been attained by the applicant as outlined, with a **minimum of 10 hours** in each Domain and **120 hours minimum** total required hours.

Supervisor's Signature

Printed Name and Title