



# Initial CPP Application Registration Form

Date: \_\_\_\_\_ Full Legal Name: \_\_\_\_\_

Previous/Maiden/Other Name: \_\_\_\_\_

Preferred Name for Communicating: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State:  Washington  Other State (Please specify) \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home Office Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

To apply for certification through the PSCBW, it is required that you live and/or work at least 51% of the time in Washington State. Do you meet this requirement?  Yes  No

If "Yes", please enclose proof of current residency or employment, such as a copy of your WA State Driver's License, a utility bill, a paycheck stub or an employee picture identification.

Current Employer: \_\_\_\_\_

Office Address: \_\_\_\_\_

Position/Title: \_\_\_\_\_

How do you wish to be contacted regarding your application? Phone Text Email Mail

### Applicant's Statement of Application for Credentialing

I hereby apply for certification in Washington State as a Certified Prevention Professional (CPP). I understand that the application fee is non-refundable. Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give the Prevention Specialist Certification Board of Washington my permission to verify any statements or supplementary documentation given in any part of this application:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date