



APP Verification of QUANTITATIVE Prevention Experience Form

Make as many photocopies of this form as needed (i.e. for each supervising agency/organization). Indicate the minimum number of 500 hours of Prevention Experience Hours (documented hours of paid or volunteer experience) completed prior to submitting the Initial APP Application. The following documentation is **QUANTITATIVE** only.

REMINDER: The required number of hours to become a Certified Prevention Professional is 2,000 hours. This form is used to document progress made in obtaining the number of hours needed by the end of your APP renewal period.

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|--|------------------------|------------------------------|
| Applicant Name: | | |
| Position Title: | | |
| Dates of Employment or Volunteer Engagement: | | |
| Beginning Date: | Ending Date: | Current Position |
| Employer/Agency/Organization: | | |
| Print Name of Supervisor/Administrator/Instructor or Other Verifying Individual: | | |
| Supervisor Position/Title: | | |
| Supervisor Phone # : | Email: | |
| Supervisor Verification: | | |
| <p>Please check only one of the boxes below to indicate the estimated total number of experiential hours in prevention accrued by the candidate under your supervision during their renewal period (past two years). If the "Other" box is checked, indicate the total estimated number of hours. Initial on the appropriate line and then sign below to verify all of the information on this form is complete and accurate.</p> | | |
| Time Period | Estimated Total | Supervisor's Initials |
| Working Full-Time | Number of Hours | |
| Full-Time for 3 Months | 500 Hours | _____ |
| Full-Time for 6 Months | 1,000 Hours | _____ |
| Full-Time for a Year | 2,000 Hours | _____ |
| Other: | Hours | _____ |
| Supervisor Signature _____ | | Date _____ |