Code of Ethics for All Certified Prevention Specialists

The Code of Ethics set forth for Certified Prevention Specialists encompass the following Standards/Principles:

Competence
1. The Certified Prevention Specialist shall provide competent professional service to all in keeping with the IC&RC standards.
2. Competent professional services requires:
   a. Thorough knowledge of ATODA prevention.
   b. Skill in presentation and education techniques.
   c. Willingness to maintain current and relevant knowledge through ongoing professional education.
3. The Certified Prevention Specialist shall assess personal competence, recognize personal and professional boundaries and limitations and not offer services beyond his/her skill or training level.
4. The Certified Prevention Specialist shall maintain the highest professional standards and:
   a. Shall not claim either directly or by implication, professional knowledge, qualifications or affiliations that they do not possess.
   b. Shall neither lend his/her name nor participate in any professional or business relationship, which may knowingly misrepresent or mislead the public in any way.
   c. Shall not misrepresent his/her certification/credential to the public or make false statements regarding his/her qualifications.
5. Must ensure that any materials or products with which he/she is associated in developing or promoting, whether for commercial sale or other use, are presented in a professional and factual way.
6. Must not misrepresent the work of others.
7. Must not represent one's own prevention work for personal or professional recognition, funding or other gain.

Non-discrimination
1. The Certified Prevention Specialist shall not participate in discrimination on the basis of race, religion, age, gender, national ancestry, sexual orientation, socioeconomic status, marital status, political belief, HIV/AIDS status, or physical/mental disability.
2. The Certified Prevention Specialist shall broaden his/her understanding and acceptance of cultural and individual differences, in order to render services and provide information sensitive to those differences.
Confidentiality
1. The Certified Prevention Specialist shall possess knowledge of and compliance with all applicable state and federal guideline, regulations, statutes, and agency policies regarding confidentiality, (42 CFR Part 2) and The Health Insurance Portability and Accountability Act (HIPAA)

Public Advocacy
1. The Certified Prevention Specialist shall advocate for consistent health promotion and awareness messages to the general public.
2. The Certified Prevention Specialist shall provide factual, current, state-of-the-art ATODA prevention information to the consumers.
3. The Certified Prevention Specialist shall advocate public policy that would help strengthen the overall health and well-being of the community.

Integrity
1. The Certified Prevention Specialist shall not misrepresent directly or by implication his/her credential, qualifications or affiliations.
2. The Certified Prevention Specialist shall not knowingly make any false statement to the licensing/credentialing board or disciplinary authority.
3. The Certified Prevention Specialist shall not practice under a false name or a name other than the name under which his/her credential is held.
4. The Certified Prevention Specialist shall not subordinate service and public trust for personal gain and advantage.
5. The Certified Prevention specialist shall promptly alert a colleague to potentially unethical behavior.
6. The Certified Prevention Specialist shall report violations of professional conduct by other prevention professionals to the appropriate licensing/credentialing authority when there is knowledge that the said professional has violated professional standards.
   a. Integrity can accommodate the inadvertent error and honest difference of opinion; it cannot accommodate the deceit or subordination of principle.
7. The Certified Prevention Specialist should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.
8. The Certified Prevention Specialist shall respect the integrity and protect the welfare of the consumer, and shall not engage in any action that violates the civil and legal rights of consumers.
**Nature of Services**

1. Above all, the Certified Prevention Specialist shall DO NO HARM to the consumer.
2. The CPS shall be respectful and non-exploitive.
3. The CPS shall protect consumer for harm and profession from censure.
4. The CPS shall not place an individual in any activity or setting where such participation could cause harm to the individual or to others.
5. The Certified Prevention Specialist shall comply with all laws, codes, rules and regulations, which apply to professional conduct.
6. The Certified Prevention Specialist shall report abuse and or neglect of children or adults to appropriate authorities according to state and federal regulations. (42 CFR Part 2)
7. The Certified Prevention Specialist shall maintain an objective and nonpossessive relationship with those he/she serves, and shall not exploit them sexually, emotionally, financially or otherwise.

**Ethical Obligations for Community and Society**

1. According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual’s right to services and personal wellness should guide the efforts of prevention professionals to educate the general public and policy makers. Prevention professionals should adopt a personal and professional stance that promotes health.

**Ethical Endorsement**

*If you answer “Yes” to any of the questions below, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Include all relevant court documents, if applicable. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a credential issued or renewed pursuant to this application.*

1. Has disciplinary action ever been taken regarding any health license, certificate, credential, registration or permit you hold or ever have held?
   Yes  No

2. Have you ever been denied a health license, certificate, credential, registration or permit to practice in any state (including Indiana) or country?
   Yes  No

3. Are you now being, or have you ever been treated for alcohol or drug abuse/addiction?
   Yes  No

4. Have you ever been convicted of, pled guilty or nolo contender to
a) A violation of any Federal, State, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances?
Yes  No

b) Any offense, misdemeanor or felony in any state?
Yes  No

5. Have you ever been denied any staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, restricted, placed on probation, or other type of discipline or limitations.
Yes  No

6. Have you ever been written up, terminated or asked to resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges.
Yes  No

7. Have you ever had a malpractice judgment against you or settled any malpractice action?
Yes  No

Your Name: __________________________________________________________

Job Title: _______________________________ Agency: __________________________

Address: _____________________________________________________________

(Street) ____________________________ (City) ____________________________ (State)

(Zip)

Home#: ____________________________ Work#: ____________________________ Cell#: ____________________________

Check the Certification from menu that you presently hold:

Certification Date: _____/_____/_______  Renewal Date: _____/_____/_______

Number of years/months in addictions field: ________________

Highest degree (if any): __________________________ Institution: __________________________

Other Certifications/Special Training: ______________________________________________
I hereby certify that all of the information in the application is true and correct to the best of my knowledge.

___________________________________________
Signature

**NOTARY PUBLIC**

Subscribed and sworn to, before me this _____ day of ______________, 20_____.

My Commission expires: _____/_____/________

____________________________________________________________
Print Notary’s Name                              Signature of Public Notary

State of: ___________________________  County of: ___________________________