



CIP APPLICATION

Certified Intervention Professional

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

Do not apply until all requirements are met.

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from PCB regarding your application after 10 business days, email info@pacertboard.org.
5. A certificate will be mailed to you within 10 business days.

CERTIFIED INTERVENTION PROFESSIONAL REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to PCB directly prior to application.

FORMAL EDUCATION

REQUIRED: Minimum high school diploma/GED. If applicant is submitting work experience based upon a relevant degree, that degree must be documented in lieu of a high school diploma/GED.

Veterans may provide discharge documentation in lieu of a high school diploma/GED.

A copy of the high school transcript or diploma is acceptable or GED verification. If the school is from outside the United States, an equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs. Documentation of high school/GED can be included with your application or can be mailed to PCB or emailed to info@pacertboard.org by the educational institution prior to application.

Official transcripts are required for those documenting formal education above the high school diploma/GED level and must be sent directly from college/university to PCB prior to application. The degree must be in a relevant field and from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. If the degree is from outside the United States, a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all costs.

Official transcripts may be mailed to PCB or emailed to info@pacertboard.org.

It is recommended you request transcripts approximately three weeks prior to sending in your application. If you have a sealed official transcript in your possession, you may mail it in the sealed envelope to PCB prior to your application arriving or mail it in with your application.

If you have outstanding debt or other issues which prevent the college/university from releasing your official transcript, you must resolve these issues with the school prior to applying for certification.

WORK EXPERIENCE

REQUIRED: High School/GED: three (3) years of full-time or 6000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Associates: two and a half years of full-time or 5000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Bachelors: two (2) years of full-time or 4000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Masters or higher: 1 year of full-time or 2000 hours of part-time work experience providing direct substance use services at least 50% of the time.

Qualifying work experience is defined as professionals who have a primary role providing direct substance use services that include the facilitation of and participation in substance use interventions. Intervention professionals guide families, friends, and others through an intervention process where the substance user is encouraged to accept help. They are trained and skilled in family systems and successful intervention techniques. The interventionist supports, educates, provides guidance, direction, and training, as well as the facilitation of the intervention and aftercare. Examples of positions that typically are not approved include, marketers, recruiters, case managers, technicians, peer and recovery counselors/specialists, intake, admissions, etc.

Qualifying work experience can be from multiple employers to accumulate the required years/hours.

If the applicant's work experience requirement is not fulfilled from their current employer, they must include **documentation from previous employer(s)** verifying their title, duties and dates employed with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous employers and request detailed documentation of their employment from them.

The applicant **must be currently employed as an intervention professional** at the time of application.

All work experience **must have occurred within the last seven (7) years**. Volunteer work is not acceptable. Time spent participating in or facilitating mutual support groups is not acceptable.

Clinical internships completed as part of a college degree program may be eligible to use toward the required work experience. Internships must be ones in which the student was providing drug and alcohol counseling as described on page 10 of this application under Work Experience; internships must be well documented by the agency in which the internship occurred; internships must have been supervised; internships must appear on the official college transcript.

CURRENT JOB DESCRIPTION

REQUIRED: Copy of current interventionist job description, obtained from current employer, and which must be signed by both the applicant and their immediate supervisor.

All applicants must include a copy of their current interventionist job description. This **document is provided by your employer** and must be signed and dated by the applicant and their immediate supervisor.

Job descriptions determine and verify eligible current work experience. Job description must clearly delineate substance use interventions as a primary function of the position.

In lieu of job description(s), employer may provide an official position description on agency letterhead. This required documentation must include the applicants' dates of employment (to/from) employment status (full-time or part-time), title of position, a detailed description of the duties and responsibilities for the position, and the average number of hours per week the applicant worked.

ON-THE-JOB SUPERVISION

REQUIRED: 100 hours of on-the-job supervision of qualifying work experience with a minimum of 10 hours of supervision in each intervention domain.

Supervision is a formal or informal process that is evaluative, clinical, educative, and supportive. It ensures quality of clinical care and extends over time. Supervision includes observation, mentoring, coaching, evaluating, inspiring, and creating an atmosphere that promotes self-motivation, learning, and professional development. In all aspects of the supervision process, ethical and diversity issues must be in the forefront.

Supervisors must hold a valid and active credential/license in the behavioral health field including the CIP.

Supervision can be provided in an individual, one-on-one setting and/or observation of skills or group supervision setting.

Supervision can be provided by **more than one supervisor**. In this case, provide a copy of page 11 of this application to all the supervisors documenting supervision on your behalf.

EDUCATION/TRAINING

REQUIRED: 150 hours of relevant education/training to include 20 hours in intervention theory and practice, 20 hours in substance use disorders, 20 hours in mental health disorders, 12 hours in family systems, 12 hours in motivational interviewing, 12 hours in process addictions, 12 hours in case management, 12 hours in behavioral health ethics, 6 hours in cultural competency, 9 hours in screening, assessment and level of care selection, 6 hours in crisis intervention, 3 hours in harm reduction, 3 hours in overdose prevention and 3 hours in safety and self-care

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no limit to the amount of online education** that may be submitted.

Most three-credit college/university courses count as 45 hours. One training CE/CEU counts as one hour.

All education/training must be documented. College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

Training must be non-repetitive meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

There is **no time limit** on when the education/training was received.

INTERVENTIONS

REQUIRED: Facilitation or co-facilitation of 10 interventions within the last three (3) years. A minimum of 500 words on each intervention must be submitted that identifies the style of intervention, how the interventionist worked with the family, assessment/referral to treatment and why, and intervention aftercare. Identifying client information should not be included.

Interventions are documented on page 12 of this application.

PORTFOLIO

REQUIRED: Submission of all three mandatory categories and one optional category below.

A portfolio is a collection of personal and professional activities and achievements. This part of the requirement for the CIP is highly personalized and no two applicants will submit the same documentation.

An applicant will fulfill this requirement by submitting documentation and requirements of the first three mandatory categories and at least one (1) optional category for a total of four (4) categories. Multiple submissions in one category will only count as fulfilling one (1) of the four (4) required. Supporting documentation can include reports, letters, PowerPoint presentations, transcripts, etc.

The applicant should submit what they feel best supports and describes their experiences under their chosen categories. When selecting a category and submitting the documentation, the intervention professional should use the opportunity to highlight the value and commitment to the profession.

Mandatory categories (must submit all of three.)

- 1. Narrative on intervention modality:** a variety of intervention modalities are available to interventionists. Applicants must submit an essay of no less than 1000 words describing the primary modality they use. If more than one modality is used, please spend equal time describing them. A reference list must be submitted with the narrative. In text citations are not required.
- 2. Statement of professional experience:** applicants must submit an essay of no less than 1000 words responding to the following questions:
 - A. Describe a success story in your role as an interventionist and what resources (systems, agencies, etc.) Have you helped people connect to? How did you apply training as an interventionist to this experience?
 - B. Describe your areas of expertise related to intervention.
 - C. Describe strengths and opportunities for improvement in your professional life.
 - D. Describe your motivation to work in the field of intervention.
- 3. Performance evaluation:** applicants can choose two or more of the areas listed below. Evaluations should highlight the applicant's abilities as an interventionist and must be completed within two years prior to the application date. Evaluations must be sent directly to PCB via email or mail from the person or organization.
 - A. Copy of an agency evaluation.
 - B. Statement from supervisor or colleague evaluating the interventionists performance.
 - C. Reference letter received from an organization in the behavioral health field that you have worked with. You may not be a current, previous, or contracted employee of said organization. The letter must be on organization letterhead.

Optional categories (must choose one.)

- 1. Mentorship:** applicants must submit three letters from a previous mentor(s) and/or mentee(s). The letters may be from mentors or those you have mentored but may also be a combination of the two.
- 2. College level courses/advanced or specialized training:** applicants that complete coursework relevant to the CIP domains, in addition to the 150 hours, must submit documentation and a summary of the coursework. Coursework in this category must be completed within the last two years prior to the date of application. Acceptable forms of coursework include:
 - A. College course: degree does not need to be completed for the course to count
 - B. Advanced/specialized training: training can be in multiple topics. Must total 30 hours.
- 3. Publications, presentations & projects:** applicants who have completed three or more of the following should submit documentation (i.e.: copy of completed brochure, event announcement, promotion materials) and a summary of their participation.
 - A. Authored/co-authored books
 - B. Newsletters to the community
 - C. Abstracts
 - D. Poster presentations
 - E. Curriculum, training development and facilitating trainings

- F. Resource guide development
- G. Community programming/workshops
- H. Spotlight or participation on intervention specific tv, radio, social media, websites, etc.
- I. Community event organization and participation

CERTIFICATION FEE

REQUIRED: \$300.00 (fee must accompany certification application)

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 8 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to PCB.

Applications received without payment will not be processed. One-half of the fee is refundable if application is denied.

APPLICATION INFORMATION

GENERAL INFORMATION

Email addresses provided to PCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

APPEAL PROCESS

The purpose of appeal is to determine if PCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to PCB within 30 days of the notification of PCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the PCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through PCB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

CIP: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to PCB.

TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): _____

Applicant Name: _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Date of Birth (mm/dd/yyyy): _____ SSN (last four): _____

Have you ever received any disciplinary action from another certification/licensing authority? Yes No
If yes, provide full details on a separate sheet.

Have you read and understood the PCB Code of Ethical Conduct for CIPs? Yes No
The Code of Ethical Conduct is located at www.pacertboard.org/ethics.

CONTACT INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Primary Email: _____
REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

Secondary Email: _____

DEMOGRAPHICS

Data is never released with identifying information. It is used to report workforce data to state and federal agencies.

What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: _____
- Prefer not to disclose

Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: _____
- Prefer not to disclose

Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): _____
- Not listed (please specify): _____
- Prefer not to disclose

What is your yearly income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

Do you have military experience?

- Active duty
- Reserve
- National Guard
- Veteran
- Not Applicable

Language(s) spoken fluently (check all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Indigenous Language <input type="checkbox"/> Italian | <ul style="list-style-type: none"> <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other, please specify: _____ |
|--|--|

Employment plans for the next two years (check all that apply):

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

What is the highest degree or level of school you have completed?

(If you're currently in school, please check the highest degree you have completed.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> High school degree or equivalent (e.g. GED) <input type="checkbox"/> Trade, Technical or Vocational School <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) | <ul style="list-style-type: none"> <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEd) <input type="checkbox"/> Professional degree (e.g. MD, DDS, DVM) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) |
|---|---|

PAYMENT INFORMATION

FEE OF \$300 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

- Check Money Order VISA MasterCard Discover American Express

Checks & Money Orders made payable to PCB

- My employer/organization is mailing payment directly to PCB.

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
(If different than Home Address)

Email for receipt *(if paying by credit card only)*: _____

CIP: FORMAL EDUCATION & TRAINING

REQUIRED: Minimum high school diploma/GED. If applicant is submitting work experience based upon a relevant degree, that degree must be documented in lieu of a high school diploma/GED.

I am documenting my high school diploma/GED. Yes No

I am documenting my college degree. Yes No

Highschool/College/University: _____

Name on Transcript: _____

Date Transcript Requested: _____

Delivery Method: Mailed to PCB Emailed to PCB

REQUIRED: 150 hours of relevant education/training to include 20 hours in intervention theory and practice, 20 hours in substance use disorders, 20 hours in mental health disorders, 12 hours in family systems, 12 hours in motivational interviewing, 12 hours in process addictions, 12 hours in case management, 12 hours in behavioral health ethics, 6 hours in cultural competency, 9 hours in screening, assessment and level of care selection, 6 hours in crisis intervention, 3 hours in harm reduction, 3 hours in overdose prevention and 3 hours in safety and self-care

I have included copies of training certificates. Yes No

I have included a copy of my training tracking system/learning management system report. Yes No

My college transcript provides some or all of the relevant education. Yes No

Education Checklist

CATEGORY	NUMBER OF HOURS	DOCUMENTATION TYPE (certificate of attendance, system report, transcript)
Intervention Theory and Practice (20 hours)		
Substance Use Disorders (20 hours)		
Mental Health Disorders (20 hours)		
Family Systems (12 hours)		
Motivational Interviewing (12 hours)		
Process Addictions (12 hours)		
Case Management (12 hours)		
Behavioral Health Ethics (12 hours)		
Cultural Competency (6 hours)		
Screening, Assessment and Levels of Care (9 hours)		
Crisis Intervention (6 hours)		
Harm Reduction (3 hours)		
Overdose Prevention (3 hours)		
Safety and Self-Care (3 hours)		

CIP: WORK EXPERIENCE & JOB DESCRIPTION

REQUIRED: High School/GED: three (3) years of full-time or 6000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Associates: two and a half years of full-time or 5000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Bachelors: two (2) years of full-time or 4000 hours of part-time work experience providing direct substance use services at least 50% of the time **OR** Masters or higher: 1 year of full-time or 2000 hours of part-time work experience providing direct substance use services at least 50% of the time.

REQUIRED: Copy of current interventionist job description, obtained from current employer, and which must be signed by both the applicant and their immediate supervisor.

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Current Position: _____

How many hours do you work per week? _____

Total hours/years worked in current position? _____

I have attached my current interventionist job description, dated, and signed by both me and my supervisor.

Yes No

Do you need to document previous employment to fulfill the experience requirement? Yes No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

Organization Name: _____

Organization City: _____ Zip: _____

Applicant Position/Title: _____

Start Date in Position: _____ End Date in Position: _____

How many hours did you work per week? _____

Total hours/years worked in previous position? _____

CIP: ON-THE-JOB SUPERVISION

REQUIRED: 100 hours of on-the-job supervision of qualifying work experience with a minimum of 10 hours of supervision in each intervention domain.

Information below is to be completed by applicant's current and/or previous supervisor(s).

This page is to document the supervision hours provided to the applicant, not their total work hours.

The total hours of supervision should be 100 hours but could be more depending on the applicants' length of employment or could be less if the applicant was provided supervision from a previous employer.

Applicants may copy this page and provide it to previous supervisors.

Applicant Name: _____

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Employer Name: _____

Employer City: _____ Zip: _____

SUPERVISION DOCUMENTATION

Supervision was provided to the above-named applicant in the following Domains:

DOMAIN	EXACT NUMBER OF HOURS
<input type="checkbox"/> Intervention Competence	_____
<input type="checkbox"/> Pre-Intervention	_____
<input type="checkbox"/> Intervention	_____
<input type="checkbox"/> Post-Intervention	_____
<input type="checkbox"/> Professional & Ethical Responsibilities	_____
TOTAL NUMBER OF HOURS OF SUPERVISION:	_____

Supervisor Attestation:

I attest that the above-named applicant has been provided with supervision as documented above.

Supervisor Signature

Date

CIP: INTERVENTION DOCUMENTATION

I have facilitated or co-facilitated the following interventions:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

I attest that the above information is correct, and I have included a 500-word summary on each intervention that identifies the style of intervention, how I worked with the family, assessment/referral to treatment and why, and intervention aftercare. Identifying client information is not included.

Signature

Date

CIP: PORTFOLIO DOCUMENTATION

MANDATORY CATEGORIES	DOCUMENTATION TYPE (letter, certificate of attendance, system report, transcript, etc.)	INCLUDED IN APPLICATION SUBMISSION (✓)
Narrative on Intervention Modality		
Statement of Professional Experience		
Performance Evaluation		

OPTIONAL CATEGORIES (choose one)	DOCUMENTATION TYPE (letter, certificate of attendance, system report, transcript, etc.)	INCLUDED IN APPLICATION SUBMISSION (✓)
Mentorship		
College Level Courses/Advanced or Specialized Training		
Publications, Presentation & Projects		

CIP: ACKNOWLEDGEMENTS & RELEASE

This page must be completed by the applicant. It must be notarized and submitted with the application.

RELEASE

I request that the Pennsylvania Certification Board (PCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the PCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.

INITIAL EACH STATEMENT

_____ I have read and understood this Acknowledgements and Release.

_____ I understand one-half of the application fee is refundable if application is denied.

_____ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

_____ I understand that if I request to have my application re-reviewed for another credential PCB offers, I will incur a \$50 change/review fee.

Applicant: _____ Signature: _____ Date: _____
PRINT NAME LEGIBLY

NOTARY PUBLIC ONLY

Name: _____ Date: _____

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

Notary Public Signature **SEAL:**

CIP: CHECKLIST

Applicant Name: _____

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"> Page 7 & 8 	
Formal Education page	<ul style="list-style-type: none"> Page 9 	
Education	<ul style="list-style-type: none"> High School Diploma/GED transcripts or diploma or official transcripts Copies of training certificates 	
Work Experience	<ul style="list-style-type: none"> Page 10 Previous relevant employment documentation (if needed) 	
Current job description	<ul style="list-style-type: none"> Obtain from employer 	
Supervision page	<ul style="list-style-type: none"> Page 11 	
Intervention documentation	<ul style="list-style-type: none"> Page 12 	
Intervention Summaries	<ul style="list-style-type: none"> Include with application 	
Portfolio documentation	<ul style="list-style-type: none"> Page 13 	
Notarized Acknowledgement & Release page	<ul style="list-style-type: none"> Page 14 	
Checklist page	<ul style="list-style-type: none"> Page 15 	
Disciplinary Actions?	<ul style="list-style-type: none"> Include letter of explanation with application 	
Convicted of a felony?	<ul style="list-style-type: none"> Include letter of explanation with application 	
Company paying fee?	<ul style="list-style-type: none"> Include applicant name on payment 	
Copy entire application for records		

TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@pacertboard.org.*

I acknowledge, that to the best of my ability, I have submitted a completed application.

Signature: _____ Date: _____