



# SCAPPA Certification Commission Application to Request Prevention Certification Hours

**Instructions:** Type or print legibly in ink. Complete all parts of this form and submit with the attachments described on the reverse of this form. See guidelines for additional information. Be sure to sign and submit prior to the deadline for the Training Review Committee. **Once reviewed you will be notified only if the application is incomplete.**

### Applicant Information

Name of person sending this application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ C/S/Z \_\_\_\_\_

Phone (day): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Program Information – To be completed by applicant

Title of Course/Training Event: \_\_\_\_\_

Sponsoring Organization/Institution: \_\_\_\_\_

Presenter(s)/Trainer(s): \_\_\_\_\_

Date of Event: \_\_\_\_\_

Requested Amount of Hours: \_\_\_\_\_

### To be completed by SCAPPA Certification Training Review Committee

Event approved or  Event had prior SCAPPA approval for \_\_\_\_\_ hours

Online Course       College/ University       Other Education Training

Request was **not** approved for the following reason(s):

- Needs appropriate Application Form
- Incomplete Application Form
- Needs hour-by-hour agenda showing relevant activity/topic and presenter(s);
- Needs listing of goals and objectives (either separate list or copy of event brochure).
- Needs description of the professional credentials/qualifications of presenter (at minimum must show degree(s), licenses/certification, and current organizational/work affiliation).
- College course: need copy of the college catalog description of course (course title, number, description).
- Does not address core areas of prevention
- Other:

### Comments:

\_\_\_\_\_  
CTRC Committee Reviewer  
for Jeff McAninch, Chair  
Certification Training Review Committee

**Attachments / Program Materials – to be completed by applicant**

A copy of the event announcement/brochure (in which all required information is provided) is preferred. However, the required information can be provided in another format.

***The following must be attached to this application form:***

1. **Hour-by-Hour schedule** showing relevant activity or content and presenter(s). See definition of “Hour-by-Hour” in Guidelines for Requesting SCAPPA Approval for Prevention Hours.
  
2. Brief description of the **professional credentials/qualifications of the presenter(s)**. (Include, at minimum, the presenter’s degree(s), licenses/certifications, and current organizational/work affiliation.) If a published program announcement/brochure does not include this information, please attach that information with this application.
  
3. List of **Goal(s) and Objective(s)** of the course/training event. (These will be considered for their relevance to the core areas of prevention.)

**I hereby certify the information I have provided is accurate.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Completed application form and supporting materials should be sent using one of the following:**

1. Fax to 803.252.0589 Attention: SCAPPA Training Review
2. Email Matthew Hall at [mhall@capconsc.com](mailto:mhall@capconsc.com)
3. Mail to SCAPPA Certification Training Review Committee, PO Box 1763, Columbia, SC 29202