



CIP APPLICATION

Certified Intervention Professional

298 S. Progress Avenue, Harrisburg, PA 17109
Phone: 717-540-4455 | Fax: 717-540-4458
www.pacertboard.org | info@pacertboard.org

APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"> • Page 8 	
Relevant Experience	<ul style="list-style-type: none"> • Page 9 • Relevant employment documentation (optional) <ul style="list-style-type: none"> ○ Current job description obtained from employer (optional). 	
Supervision	<ul style="list-style-type: none"> • Page 10 	
Education	<ul style="list-style-type: none"> • Official transcripts sent directly to Board (if applicable) • Copy of training certificate(s) 	
Acknowledgement & Release	<ul style="list-style-type: none"> • Page 12, notarized 	
Portfolio	<ul style="list-style-type: none"> • Narrative on Intervention Modality • Statement of Professional Experience • Performance Evaluation • One optional category 	
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 YOUR 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 your application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
4. If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email info@pacertboard.org.
5. A certificate will be mailed to you automatically within 5-10 business days.

APPLICATION INFORMATION

APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn 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.

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.

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 the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential the Board will incur a \$50 application change/review fee.

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.

ROLE OF CERTIFIED INTERVENTION PROFESSIONAL

The Certified Intervention Professional (CIP) credential is for professionals who have the primary role of facilitation 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. The CIP is not a marketer or recruiter for a treatment facility; rather they are a front-line professional who is directly engaging an individual and family to help guide them to treatment and is a part of the recovery team.

CERTIFIED INTERVENTION PROFESSIONAL REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

LEVEL OF EDUCATION

A minimum high school diploma/GED from an accredited school. A copy of the transcript or diploma is acceptable. 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.

If the applicant's High School is no longer open, contact the office. Veterans may provide discharge documentation in lieu of a High School Diploma/GED. **It is recommended you obtain documentation approximately three weeks prior to sending in your application.**

- High School Diploma/GED.

Degree documentation can be sent in lieu of a high school diploma/GED. The degree must be from an accredited college/university that is recognized by the US Department of Education or the Council on Higher Education Accreditation. An official transcript sent directly from college/university is required. 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 are required and must be sent directly from college/university to the Board office. If your college/university uses an e-transcript system, they can be emailed directly to the Board. **It is recommended you request transcripts approximately three weeks prior to sending in your application.**

EXPERIENCE & SUPERVISION

Qualifying experience is defined as professionals who have the primary role of facilitation 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: counselors, marketers, recruiters, case managers, technicians, peer and recovery counselors/specialists, intake, admissions, etc.

The applicant must be currently employed in the qualifying position at the time of application. Only employment within the last seven (7) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates employed with their application.

- **Experience:** two (2) years of full-time employment or 4000 hours of part-time of employment providing direct substance use intervention and related services 50% of the time.
- **Experience:** participation in five (5) interventions and facilitation of five (5) interventions within the last three (3) years for a total of ten (10) interventions.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, it ensures quality of 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.

- **Supervision:** 100 hours with a minimum of 10 hours in each domain. Hours may be included in the total experience requirement. The supervisor must hold a current certification or license in the behavioral health field.

CURRENT JOB DESCRIPTION

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department. The Board does not provide the job description.

- **Current job description:** obtained from employer.

EDUCATION

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

Education review is available prior to application submission with the use of the Education Review Form on the Board website.

- 150 hours of education relevant to the domains. The following hours must be included within the total number of hours required:
 - 20 hours in intervention theory and practice
 - 12 hours in family systems
 - 12 hours in motivational interviewing
 - 12 hours specific to addiction
 - 6 hours in crisis intervention
 - 6 hours in behavioral health ethics

DOMAINS

1. Intervention Competence
2. Pre-Intervention
3. Intervention
4. Post-Intervention
5. Professional & Ethical Responsibility

PORTOFOLIO

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

FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied. If an employer or organization is paying the application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.

- **Application Fee:** \$300 *(fee must accompany application and materials)*

PCB APPLICATION FOR CIP

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

TYPE OR PRINT LEGIBLY

Date: _____ DOB: _____ Male Female Self-identify _____

Name: _____ SSN: (last four) _____
Print your name as it should appear on your certificate. Credentials and degrees will not be printed.

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____
PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.

College/University: _____
IF APPLICABLE

Name on Transcript: _____
IF APPLICABLE

Date Transcript Requested: _____ Delivery Method: _____

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? Yes No
The Code of Ethical Conduct is located at www.pacertboard.org, and click on Ethics.

Military Experience: Not Applicable Active Veteran

Ethnicity: American Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino
 Native Hawaiian or Other Pacific Islander Not specified: _____

Employment plans for the next two years: Increase Hours Decrease Hours No Change Seek Advancement
 Retire Move to a different career Unknown

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

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 APPLICATION: EXPERIENCE & SUPERVISION INFORMATION

CURRENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer City: _____ Zip: _____

Applicant Position/Title: _____

Hire Date in Current Position: _____

How many hours do you work per week? _____

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

If yes, a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.

DO NOT SUBMIT A RESUME WITH YOUR APPLICATION. IT WILL NOT BE REVIEWED AND IT DOES NOT FULFILL THE DOCUMENTATION REQUIREMENT FOR EXPERIENCE.

CURRENT SUPERVISOR INFORMATION

Immediate Supervisor Name: _____

Supervisor Position/Title: _____

Email: _____ Phone: _____

Average Number of Hours of Supervision Received Per Week: _____

Do you have more than one supervisor or need to document supervision from a previous employer? Yes No

If yes, provide copies of the CIP Application: Supervision Documentation Form (page 9) to all supervisors. Multiple supervision forms can be submitted with your application.

INTERVENTIONS DOCUMENTATION

I have participated in the following interventions:

Facilitator Name: _____

Email: _____ Phone: _____

Date: _____ Location: _____

Facilitator Name: _____

Email: _____ Phone: _____

Date: _____ Location: _____

Facilitator Name: _____

Email: _____ Phone: _____

Date: _____ Location: _____

Facilitator Name: _____

Email: _____ Phone: _____

Date: _____ Location: _____

Facilitator Name: _____

Email: _____ Phone: _____

Date: _____ Location: _____

I have facilitated the following interventions:

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

I attest that the above information is correct, and that PCB may contact the facilitator of an intervention to confirm participation.

Applicant Signature

CIP APPLICATION: SUPERVISION DOCUMENTATION FORM

Form to be completed by Applicant's current and/or previous supervisor(s).

This form is not intended to document all experience or supervision hours of the applicant, rather the minimum hours required for the certification. Please note: the standard hours accepted for supervision is two (2) hours per week. If you document more than that for the applicant (your supervisee) you will need to provide documentation to the Board for the hours to be accepted. This will delay the approval of your supervisee's application.

Supervision is a formal or informal process that is evaluative, and supportive. It can be provided by more than one person, 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.

Applicant Name: _____

SUPERVISOR INFORMATION

Name: _____

Position/Title: _____

Licenses, Certifications and/or Degrees: _____

Email: _____ Phone: _____

Employer Name: _____

Employer City: _____ Zip: _____

SUPERVISION DOCUMENTATION

Supervision was provided in the following Domains (check all that apply):

DOMAIN:	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 Responsibility	_____
TOTAL NUMBER OF HOURS OF SUPERVISION:	_____

Supervisor Attestation: I attest that the applicant is working in a position providing direct substance use interventions and related services 50% of the time and professionals who have the primary role of facilitation 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. **Current employers:** I have provided the applicant with their job description, reviewed it with them, signed and dated it. **Previous employers (if applicable):** I have provided the applicant with a letter (on company letterhead) listing and verifying their duties and dates employed.

Supervisor Signature

Date

CIP APPLICATION 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 credential. 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 and employment 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 the Release.

_____ I either live or work in Pennsylvania at least 51% of the time.

_____ 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 prior to the examination, or after an unsuccessful attempt at the examination 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:**