*The CONTRACTOR shall ensure that each OSAP funded preventionist paid out of the grant shall complete New Mexico Credentialing Board or IC&RC approved Prevention hours commensurate with percentage of OSAP funding.*

*Required annual trainings hours are based on FTE, i.e., 1 FTE need 30 hours, 0.5 FTE to receive 15 hours, etc. The trainings shall include, but not be limited to, Ethics for the Prevention Professional (to be taken every two years) and the Prevention Generalist Training. Trainings and/or education offered through a variety of training venues, including the OSAP Prevention Training System, and the University of Oklahoma.*

*The purpose of the tool is 1) to assess if preventionist staff have meet the contract training requirement and 2) to identify the current competencies of substance abuse preventionist and, based on those competencies, develop a professional development plan.*

*The CONTRACTOR shall ensure that for OSAP funded staff at 0.25 FTE or greater the New Mexico Prevention Workforce Development Professional Development Plan Form A/B is completed annually. A separate Form C documents progress to meeting the contractual requirements**and* ***must be******submitted by July 16, 2022 for each OSAP funded staff person over 0.25 FTE****.*

|  |  |
| --- | --- |
| **Name (and certifications currently held)** |  |
| Percent OSAP Funded |  |
| Date Hired |  |
| Do you have your CPS? |  |
| Are you pursuing your CPS? |  |
| Date CPS expected |  |

\*Recertification requires completing 40 continuing education hours every two years (six of those hours must be in Prevention Ethics and Responsibility) to maintain your Certified Prevention Specialist credential

|  |  |  |  |
| --- | --- | --- | --- |
| **FY21 NM Substance Abuse Prevention Workforce Training System Offered Courses** | **Date** | **A/B Comp** | **Contact****Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total FY21 Credits = |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other CPS Trainings**  **taken to date** | **List the competency this training addresses in Form A/B** | **Date** | **Contact** **Hours** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total FY21 Other Source Credits |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainings you intend to take next quarter** | **List the competency this training addresses in Form A/B** | **Date** | **Contact** **Hours** |
|  |  |  |  |
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| --- |
| **Please list recommendations for next quarters trainings OR recommendations for technical assistance** |
| It would be nice that any trainings offered that the list of competencies from form A/B be provided with the training listed. |
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