

**Department of Defense Credentialing Program for Prevention Personnel (D-CPPP)
APPLICATION PACKET FOR NEW APPLICANTS**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; Section 549B of Public Law 117-81, Primary Prevention Workforce (Codified at 10 U.S.C Part II note); and DoD Instruction (DoDI) 6400.11 (as amended), DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders.

PRINCIPAL PURPOSE(S): The information provided on this form will be used to review and process applications for the Department of Defense Credentialing Program for Prevention Personnel (D-CPPP).

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. To contractors responsible for performing or working on contracts for the DoD when necessary to accomplish an agency function related to this system of records. Individuals provided information under this routine use are subject to the same Privacy Act requirements and limitations on disclosure that apply to DoD officers and employees. Additional routine uses are listed in the applicable System of Records Notice, DHRA 10 DoD at: <https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-10-DoD.pdf>

DISCLOSURE: Voluntary. However, if you are a member of the Integrated Primary Prevention Personnel Levels 2-5 and do not complete this form to become credentialed, you may be disqualified from the position.

APPLICATION INSTRUCTIONS

All Integrated Primary Prevention (IPP) Personnel Levels 2-5 must be Military or Department of Defense (DoD) or U.S. Coast Guard civilian employees and must hold this DoD Credentialing Program for Prevention Personnel (D-CPPP) credential to perform IPP duties. There are four (4) Certification levels for D-CPPP. Please review the Application Worksheet (below) to determine the Level for which you qualify and which documents you must complete. Please email all required information and completed forms (photocopies of training documentation/certificates are acceptable) to osd.pentagon.ousd-p-r.mbx.ippw-credential@mail.mil.

If you currently hold a D-CPPP credential and are renewing your credential, do not complete this form. Please use the Application Packet for Renewal Applicants (DD3191).

APPLICATION WORKSHEET

All Applicants must submit:

Signed Application. All information must be completed, and the application must be signed and dated (*hand or digital*).

Current Resume or Curriculum Vitae (*Please do not include personal address, email, phone, or SSN in your resume/CV*).

Position Description (*e.g., civilian position description or military duty description*).

DoD SPARX Knowledge Training Part 1 & Part 2 Certificates.

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APPLICATION WORKSHEET *(Continued)*

1. APPLICANT NAME

a. LAST NAME	b. FIRST NAME	c. MIDDLE NAME	d. DOD ID NO.
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2. AFFILIATION *(X one)*

<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> SPACE FORCE	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input type="checkbox"/> DOD AGENCY	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> OSD COMPONENT
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3. STATUS *(X as applicable)*

<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RESERVIST	<input type="checkbox"/> ACTIVE-DUTY RESERVIST	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> CIVILIAN
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4a. SUPERVISOR NAME	4b. SUPERVISOR TITLE	4c. SUPERVISOR EMAIL
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5. PLEASE SEND TO MY OFFICIAL MILITARY ADDRESS:

5a. ATTN:	<i>(Rank and Name of Applicant)</i>
5b.	<i>(Command or Unit)</i>
5c.	<i>(Address of Command*)</i>
5d.	<i>(Installation, City, FPO, or APO) (State) (ZIP Code)</i>

**Remember to include a building or suite number if required in the official address.*

6a. RANK <i>(Military only)</i>	6b. GRADE <i>(Civilian only)</i>
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6c. COMMAND <i>(Unit or Office)</i>	6d. INSTALLATION, LOCATION, OR SHIP
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6e. WORK TELEPHONE NUMBER *(Include area code/DSN/extensions)*

6f. WORK EMAIL ADDRESS *(.mil or .gov email addresses only)*

I do not have .mil or .gov email address currently. Please use my supervisor's email address, which is given above.

7. The D-CPPP level for which I am applying is: *(X one) (Credential level is determined by applicant's hiring manager and/or position description.)*

<input type="checkbox"/> Level 2-Prevention Support	<input type="checkbox"/> Level 3-Prevention Specialist	<input type="checkbox"/> Level 4-Prevention Lead or Primary Prevention Research Coordinator (PPRC)	<input type="checkbox"/> Level 5-Prevention Program Manager
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8. APPLICANT CERTIFICATION.

I, the undersigned Applicant, hereby certify the information submitted on this application is true and accurate. I further certify the information reported on any enclosures is true and accurate. I further certify that I completed this application myself.

8a. SIGNATURE OF APPLICANT	8b. DATE SIGNED <i>(YYYYMMDD)</i>
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APPLICATION WORKSHEET (Continued)

9. TRAINING REQUIREMENTS

I am applying for the following D-CPPP Level below. I have attached copies of my training certificates.

Level 2 Prevention Support	<u>Initial credential requirement:</u> DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2) ^{1*}
Level 3 Prevention Specialist	<u>Initial credential requirement:</u> DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2) ¹ <u>Annual renewal requirement:</u> 20 hours of continuing education annually (continuing education requirements will be verified in subsequent annual renewal application)**
Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)	<u>Initial credential requirement:</u> DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2) ¹ <u>Annual renewal requirement:</u> 30 hours of continuing education annually (continuing education requirements will be verified in subsequent annual renewal application)***
Level 5 Prevention Program Manager	<u>Initial credential requirement:</u> DoD-approved training (e.g., DoD SPARX Knowledge Training Parts 1 and 2) ¹ and experience in military setting (as determined by the hiring authority) <u>Annual renewal requirement:</u> 30 hours of continuing education annually (continuing education requirements will be verified in subsequent annual renewal application)***

¹As of October 2022, DoD-approved trainings consist of the DoD SPARX Knowledge Training Part 1 and Part 2.

***IPP Level 2: No continuing education requirement. Eligible to renew their credential every 2 years as long as they continue to meet the suitability requirements outlined in DoDI 6400.11, Paragraph 3.7. a.**

****IPPW Level 3: 20 hours of continuing prevention education annually.**

- (a) Maximum of 10 hours of approved Service-specific or component-specific training may be counted towards the 20-hour training requirement.
- (b) Minimum of 5 hours must be dedicated towards program evaluation or social science research methods. Example topics include:
 1. Program evaluation design and methods, including logic model development and implementation.
 2. Experimental or quasi-experimental design (e.g., randomized controlled trials, pre- and post-designs, retrospective pre- and post-designs).
 3. Quantitative, qualitative, and mixed method data collection strategies (e.g., using surveys, focus groups, interviews, participant observations).
 4. Translational sciences and development of public health interventions.
 5. Data management and analysis (e.g., longitudinal design and analysis).

*****IPPW Levels 4 and 5: 30 hours of continuing prevention education annually.**

- (a) Maximum of 15 hours of approved Service-specific or component-specific training may be counted towards the 30-hour training requirement.
- (b) Maximum of 10 hours of prevention research (including public health, health equity, and community health research) and report writing may be counted towards the annual continuing education requirements.
- (c) Minimum of 5 hours must be dedicated to training or coursework in leadership development (e.g., leading a diverse team, ethics, decision-making, strategic communication, mentorship, coaching skills, or team building).

Professional development topics for personnel whose work involves children, youth, and families include:

- (a) A minimum of 5 hours of initial education dedicated to effects of trauma, including exposure to adult harmful behaviors, in children, youth and adults, and current risk and protective factors associated with family maltreatment.
- (b) An annual review of Federal and State mandated child abuse or neglect reporting requirements, policies, and processes to ensure proper adherence.

Limitations:

- (a) Activities that are not educational in nature will not count toward continuing education requirements (e.g., participating in a run or walk event, volunteering at an awareness table or booth).
- (b) Instructing or administering prevention training courses will not qualify for continuing education.
- (c) Virtual education, training, and courses must be delivered by an accredited institution of higher learning, Federal or State government, or a professional organization in a social science, criminal justice, criminology, public health, community health, or related field.

The DoD OUSD(P&R) Office of Force Resiliency maintains a non-exhaustive list of approved continuing prevention education that is updated annually and will be distributed to IPP Personnel. Please refer to this list for approved continuing education activities. If training taken is not on the preapproved list, please plan to provide the training certificate, sponsoring agency/university, and the published course agenda/syllabus for review.

Return signed application and all required materials listed on page 1 of this application to:
osd.pentagon.osud-p-r.mbx.ippw-credential@mail.mil

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VERIFICATION OF CREDENTIAL REQUIREMENTS

1. DATE (YYYYMMDD):

2. APPLICANT NAME
(Last, First, Middle):

3. DOD ID NO.:

4. APPLICANT AFFILIATION:

5. APPLICANT RANK/GRADE:

6. APPLICANT COMMAND (Unit):

7. To be completed by OUSD(P&R) Office of Force Resiliency Credentialing Associate:

On behalf of the DoD Prevention Collaboration Forum and the Executive Director of the Office of Force Resiliency, I have verified that the applicant has met the initial training requirements specified in DoDI 6400.11, Paragraph 3.7.c., for the following credential level:

<input type="checkbox"/>	Level 2 Prevention Support
<input type="checkbox"/>	Level 3 Prevention Specialist
<input type="checkbox"/>	Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)
<input type="checkbox"/>	Level 5 Prevention Program Manager

8. CREDENTIALING ASSOCIATE NAME

9a. SIGNATURE

9b. DATE SIGNED (YYYYMMDD)

10. To be completed by applicant's immediate supervisor:

I verify that the applicant has met all of the requirements to obtain the Department of Defense Primary Prevention Credential pursuant to Department of Defense Instruction 6400.11 and should be granted a credential at the following level (*check one*):

<input type="checkbox"/>	Level 2 Prevention Support
<input type="checkbox"/>	Level 3 Prevention Specialist
<input type="checkbox"/>	Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)
<input type="checkbox"/>	Level 5 Prevention Program Manager

11. I have confirmed the following (initial each box):

<input type="checkbox"/>	This individual meets the suitability requirements outlined in DoDI 6400.11, Paragraph 3.7. a.
<input type="checkbox"/>	This individual holds a position that requires a credential at the level specified above.
<input type="checkbox"/>	This individual meets the education and experience requirements for this position.

12. CONFIRMATION:

I affirm the information on this form is complete and accurate, and hereby grant _____

an Integrated Primary Prevention Credential Level _____ .

The credential will expire on _____

(To renew the credential, applicant must complete the professional development or continuing education standards outlined in DoDI 6400.11, Paragraph 3.7. d, and continue to meet the suitability requirements outlined in DoDI 6400.11, Paragraph 3.7. a.)

13. SUPERVISOR NAME

14. RANK/GRADE

15. TITLE

16a. SIGNATURE

16b. DATE SIGNED (YYYYMMDD)

RETURN SIGNED FORM TO: osd.pentagon.ousd-p-r.mbx.ippw-credential@mail.mil

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VERIFICATION OF CREDENTIAL REQUIREMENTS *(Continued)*

DoDI 6400.11, December 20, 2022, DOD INTEGRATED PRIMARY PREVENTION POLICY FOR PREVENTION WORKFORCE AND LEADERS

3.7. IPP PERSONNEL CAREER CYCLE.

a. Suitability for Performing IPP Personnel Roles.

- (1) Service members are subject to the background check requirements of DoDI 5200.02 and Enclosure 3 of DoDI 1402.05.
- (2) Suitability and fitness determinations for civilian employees subject to this issuance will follow the guidance of:
 - (a) Volume 731 of DoDI 1400.25 for appropriated fund employees.
 - (b) Volume 1403 of DoDI 1400.25 for non-appropriated fund employees.
- (3) All IPPW applicants must verify they do not have any of the following automatic disqualifying conditions:
 - (a) A conviction of a crime of sexual assault or other sex-related offenses listed in Chapter 47 of Title 10, United States Code, also known and referred to in this issuance as the "Uniform Code of Military Justice" (UCMJ).
 - (b) A disqualifying conviction of:
 1. Domestic violence as defined in DoDI 6400.06;
 2. Child abuse; or
 3. Any violent crime listed under the UCMJ.
 - (c) A conviction of a State or Federal crime, of sexual assault or other sex-related offenses, or equivalent convictions as described in Paragraph 3.7.a.
 - (d) A conviction of a State or Federal law equivalent to the disqualifying conditions in Paragraph 3.7.a.(4).
 - (e) A conviction of any attempts to commit acts referenced in Paragraph 3.7.a.(3)(b) punishable under the law.
 - (f) A requirement to be registered as a sex offender.
 - (g) Any violent criminal behavior determined by the commander, supervisor, or other appointing authority to be inconsistent with IPP roles and responsibilities.
- (4) Before conducting prevention activities with children, youth, and families, IPP personnel must:
 - (a) Obtain favorable completion of a Child Care National Agency Check with Inquiries background check pursuant to DoDI 1402.05. If roles and responsibilities change after initial certification to include children, youth, or families, personnel must notify the relevant credentialing organization and ensure a Child Care National Agency Check with Inquiries background check is completed.
 - (b) Understand and follow State and Federal mandated reporter requirements for incidents of abuse or neglect involving children.
 - (c) Verify they do not have any of the following presumptive disqualifying conditions in accordance with DoDI 1402.05:
 1. A Family Advocacy Program (FAP) record indicating that the individual met criteria for child abuse or neglect or civil adjudication that the individual committed child abuse or neglect.
 2. Evidence of an act or acts by the individual that tend to indicate poor judgment, unreliability, or untrustworthiness in providing childcare services.
- (5) Officials charged with making determinations pursuant to this instruction must include in the record a written justification for any favorable determination made where background check findings or evidence of conditions outlined in Paragraph 3.7.a.(4)(b) are identified.