



New York State Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue, Albany, NY 12203-3526

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## 2005-2006 CREDENTIALLED PREVENTION PROFESSIONAL (CPP)/ CREDENTIALLED PREVENTION SPECIALIST (CPS) OF THE YEAR AWARD PROGRAM

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### NOMINATOR INSTRUCTIONS

- ▶ Nominees for the CPP/CPS Award Program must be CPPs or CPSs in good standing, who have made a significant contribution to the profession through their work and personal efforts.
- ▶ Nominations must be made using the attached Nomination Form.
- ▶ In completing the Nomination Form, please remain mindful of following five Performance Domains which serve as the platform for the services provided by all CPPs and CPSs:

Planning and Evaluation  
Education and Skill Development  
Community Organization  
Public and Organizational Policy  
Professional Growth and Responsibility

- ▶ To demonstrate the nominee's merit for receiving the CPP/CPS of the Year Award, you must cite specific examples of how the nominee **exceeds** one or more of the five Performance Domains. Please avoid global characterizations.
- ▶ Self and co-worker nominations are acceptable.
- ▶ All responses should be **TYPEWRITTEN**.
- ▶ Additional information, including letters of support, may be attached.



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### NOMINATION FORM

Nominee's Name	
Nominee's Employer	Nominee's Phone # (Daytime)
Nominee's Address	County of Residence
<input type="checkbox"/> CPP	<input type="checkbox"/> CPS
<p>What outstanding attributes does the nominee possess that distinguish him/her from other CPPs/CPSs (include specific examples)?</p>	
<p>List any <u>specific</u> contributions that the nominee made to one or more of the Performance Domains (i.e., Planning and Evaluation; Education and Skill Development; Community Organization; Public and Organizational Policy; Professional Growth and Responsibility).</p>	

List the <u>specific</u> ways that the nominee has contributed to the practice of prevention in New York State.	
Additional Comments.	
Your Name	
Home Address	Phone # (Daytime)
Relationship to Nominee	
Signature	

Please complete and submit this form **by May 31, 2006** to:

***\*\*Nomination Forms received after the above deadline will not be considered\*\****

NYS OASAS  
Attn: Credentialing Unit  
1450 Western Avenue  
Albany, New York 12203-3526