

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

REQUESTOR CONTACT INFORMATION	
Date: August 7, 2013	Effective term of request (Semester-Year): FALL 2013
Name: Guy Kimura	Title: Interim Dean of Liberal Art and Public Services
Campus: Hawaii Community College	Office/Department: Social Sciences
Phone: (808)934-2519	Email: gkimura@hawaii.edu

1. PROGRAM CODE, MAJOR CODE, CONCENTRATION CODE		Banner forms: SMAPRLE, SOACURR, STVMAJR
Institution: Hawaii CC (HAW)	College:	Department: Social Sciences
<input checked="" type="checkbox"/> New program code <input type="checkbox"/> Change/replace existing program code: <del>SUBS-PS</del> <b>PVS</b>		
Level: <input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> First-Professional <input type="checkbox"/> Post-Baccalaureate <input type="checkbox"/> Other:		
Degree:	Certificate: CO Certificate of Competence	
If requesting an existing Major code and/or Concentration code in Banner:		
Existing Major: <b>SUBS</b> Substance Abuse Counseling	Existing Concentration:	Code                      Description
If requesting a new <input type="checkbox"/> Major code or <input checked="" type="checkbox"/> Concentration code that does not exist in Banner:		
New Code [4 char/space limit]: <del>PS</del> <b>PVS</b> Description [30 char/space limit]: Prevention Specialist		
If a similar major/concentration code exists in Banner, please list the code: None		
Is this major/concentration code being used the same way at other UH campuses? No but maybe in the future course are in development		
Is 50% or greater of the classes in this program offered at a location other than the Home Campus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Please consult your Financial Aid Officer on Program Participation Agreement impact)		
Is this program/major/certificate financial aid eligible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    (Financial Aid Officer consultation required for all new program codes)		
Should this program be available for applicants to select as their planned course of study on the online application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, students may select the code as their <u>only</u> program of study.)		

see email attached.

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**Replacing or eliminating an existing program code:**

If replacing an existing program code, are current students "grandfathered" under the old code?  Yes  No

Should the old program code be available for use in Banner?  Yes  No

Will the old program code be available for:	Banner Module	Yes	No	Ending Term (Semester-Year)
	Online Application	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Admissions	<input type="checkbox"/>	<input type="checkbox"/>	_____
	General Student	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Academic History	<input type="checkbox"/>	<input type="checkbox"/>	_____

**2. CERTIFICATES ONLY:**

Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)?  Yes  No  
(Please consult your Financial Aid Officer or see: <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>)

For new certificates approved by the Chancellor, the related BOR authorized academic program is: HSERV

<b>3. NEW CAMPUS, COLLEGE, DIVISION, OR DEPARTMENT CODE</b>		Banner forms: STVCAMP, STV_COLL, STVDIVS, STVDEPT
Campus code [3 char]:	Campus description [30 char/space limit]:	
College code [2 char]:	College description [30 char/space limit]:	
Division code [4 char/space limit]:	Division description [30 char/space limit]:	
Department code [4 char/space limit]:	Department description [30 char/space limit]:	

UNIVERSITY OF HAWAI'I  
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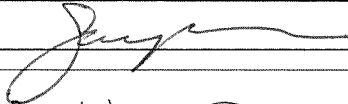
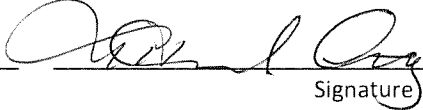
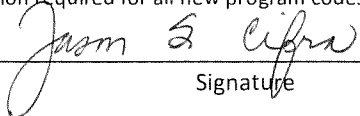
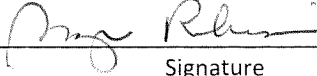
<b>4. NEW COURSE SUBJECT CODE (Subject Alpha)</b>		Banner form: STVSUBJ
College:	Department:	
Subject code [4 char/space limit]:	Subject description [30 char/space limit]:	

<b>5. NEW MINOR</b> (Minor codes are listed on the Major code table)		Banner form: STVMAJR
Minor Code [4 char/space limit]:	Minor Description [30 char/space limit]:	

Please briefly describe your request and explain why you are requesting the code(s):  
See supporting Document: Proposal to Modify a Program

<b>SUPPORTING DOCUMENTATION</b>
<p>Please see the <b>Code Request Guide</b> for the required supporting documents to be submitted. Documents submitted with this form:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Board of Regents meeting minutes and supporting documents provided to the BOR</li> <li><input type="checkbox"/> Memo from UH President</li> <li><input type="checkbox"/> Memo from Chancellor</li> <li><input type="checkbox"/> Curriculum (required for requests for new programs/majors/minors/certificates)</li> <li><input type="checkbox"/> Gainful Employment Program notification to the US Department of Education</li> <li><input checked="" type="checkbox"/> Other: <u>Proposal to Modify a Program</u></li> </ul>

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

CAMPUS VERIFICATION		
Requestor Signature <u></u>	Date <u>8/26/13</u>	
<b>Registrar</b> (If different from Requestor)		
Print name <u>Dorinda Manuel-Cortez</u>	Signature <u></u>	Date <u>8/29/13</u>
Email/memo in lieu of Registrar's signature may be attached		
<b>Financial Aid Officer</b> (Financial Aid Officer consultation required for all new program codes)		
Print name <u>Jason S. Cifra, vosa</u>	Signature <u></u>	Date <u>9-19-2013</u>
Email/memo in lieu of Financial Aid Officer's signature may be attached		
<b>For Community Colleges, verification of consultation with OVPCC Academic Affairs:</b>		
Print name <u>Suzette Robinson</u>	Signature <u></u>	Date <u>10/22/13</u>
Email/memo in lieu of signature may be attached		

**Send completed form and supporting documentation to:**

Institutional Research and Analysis Office (IRAO)  
1633 Bachman Place  
Sinclair Annex 2, Room 4  
Honolulu, HI 96822

Email: iro-mail@lists.hawaii.edu  
Fax: 808-956-9870  
Phone: 808-956-7532

**After all required forms and supporting documents have been submitted, please allow at least two weeks for processing by IRAO and Banner Central.**

<b>FOR INTERNAL USE ONLY</b>	Date form/docs received: <u>10/02/13 pp</u> <u>11/6/13 pp</u>
Program code [12]:	Program Description [30]:
CIP code [6]: <u>511501</u>	CIP description [30]: <u>SUBSTANCE ABUSE</u>



**University of Hawai'i – Hawai'i Community College  
Proposal to Modify a Program**

1. Program Title: Substance Abuse Counseling

2. Type of Action (check appropriate box or boxes):

- |                                              |                                                                                                                       |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Course Deletion     | <input type="checkbox"/> Change in Program Requirement                                                                |
| <input type="checkbox"/> Course Addition     | <input type="checkbox"/> Change in Program Prerequisites                                                              |
| <input type="checkbox"/> Increase in Credits | <input checked="" type="checkbox"/> Other: Add Certificate of Competence                                              |
| <input type="checkbox"/> Decrease in Credits | <input type="checkbox"/> Certificate or Degree Affected                                                               |
|                                              | <input checked="" type="checkbox"/> Certificate of Competence                                                         |
|                                              | <input type="checkbox"/> Certificate of Completion                                                                    |
|                                              | <input type="checkbox"/> Certificate of Achievement                                                                   |
|                                              | <input type="checkbox"/> Degree: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS |
|                                              | <input type="checkbox"/> Academic Subject Certificate                                                                 |

*2014/10  
5-14-2013  
DWC*

2012 DEC 13 PM 4:06

HAW/CC

3. This modification changes the total number of credits required from

0 credits to  7 credits  no change

4. Similar modification(s) made elsewhere:

<b>College(s):</b> None

5. Briefly explain the modification(s) and attach a current and proposed program description containing the listing of required courses.

1. Add 7-Credit Certificate of Competence for Prevention Specialist.  
(SUBS 131[1], SUBS 268[3], SUBS 230[3])

2. COC Description: The 7-Credit Certificate of Competency in Prevention Specialist provides education and training for students interested careers in community-based prevention that addresses juvenile delinquency, anti-social behaviors and alcohol and drug abuse.

6. What is/are the reason(s) for initiating the program modification(s)?

In 2011, the Hawaii State Department of Health Alcohol and Drug Abuse Division (ADAD) established the Certified Prevention Specialist (CSP) certification. The CPS is an emerging career option within the fields of juvenile justice, human services and substance abuse counseling. ADAD requires 100 hours of education that includes courses in community-based prevention, substance abuse and ethics for the CPS. The 7 Credit COC-Prevention Specialist curriculum is equivalent to 105 ADAD contact hours toward Certified Prevention Specialist (See Attachment C)

*5-14-2013 XC: FULL SET*

**SIGNATURE PAGE**

- Div/Dept Chair
- Div/Dept Secretary
- Financial Aid (for programs)

- Proposer
- Records ( + Attachments)
- Counseling
- Financial Aid ( for courses)
- WH ( if proposed)

- Curriculum Chair
- Faculty Senate
- Writing Intensive Chair

*4/12/13  
S 4-12-20*

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Proposed By: Donnalyn Kalei *Don Kalei* Date: 9/28/12

Requested By: *Y Nakamoto* Date: 9/28/12  
(Division/Department Chairperson)

Approved By: *Alicia* Date: 11/30/12  
(Curriculum Review Committee Chairperson)

*H. Kishimoto* Date: 12/13/12  
(Academic Senate Chairperson)

*Joni Y. Onishi* Date: 5/3/13  
(Vice Chancellor for Academic Affairs)

*Don* Date: MAY 9 2013  
(Chancellor)

**ATTACHMENT A – PROPOSED CERTIFICATE OF COMPETENCE  
PREVENTION SPECIALIST**

**HAWAI‘I COMMUNITY COLLEGE  
PREVENTION SPECIALIST**

Program Requirements (Overall [ 7 credits, cumulative GPA 2.0 required from all courses])

Course	Course Name	Semester, Year & Grade	CC Subs Counseling  Credits
<b>FALL:</b>			
SUBS 131	Ethics for Public Services		1
SUBS 268	Survey of Substance Abuse Problems		3
SUBS 230	Prevention Specialist		3

Subs 131 and 230 are new courses

*Total Credits:*

Z

**Courses completed that do not apply to major**

Course	Sem., Yr. & Grade	Course	Sem., Yr. & Grade

**Program Pre-requisites:**

<u>Subject Area</u>	<u>Course Completion</u>	or	<u>Placement into course</u>
Reading	ENG 21		ENG 102
Writing	ENG 22 or ESL 15		ENG 100

"For more information on Gainful Employment on all of our programs, please go to the following link:  
[http://www.hawaii.hawaii.edu/financialaid/docs/gainful\\_employment.pdf](http://www.hawaii.hawaii.edu/financialaid/docs/gainful_employment.pdf) "

## GENERAL INFORMATION & INSTRUCTIONS FOR APPLICANTS CERTIFIED PREVENTION SPECIALIST

1. The credential of Certified Prevention Specialist (CPS) fulfills two purposes. First, and most important, the public has a means by which to identify individuals who have met the minimum requirements as set forth in Hawaii Administrative Rules 11-177.1. Second, individuals are recognized for the time, education, and experience they have accumulated in the profession of drug and alcohol prevention. Certification is meant to recognize a prevention specialist's accomplishments and competence in providing prevention interventions, and not as an entry-level credential.
2. Criteria for Certified Prevention Specialist (CPS):
  - High school diploma or its equivalent.
  - 100 hours of prevention specific education. Fifty hours of this education must be alcohol, tobacco, and other drug specific. Six hours must be specific to prevention ethics.
  - 2000 hours of preceptor-supervised alcohol, tobacco and other drug prevention work experience.
  - Preceptor feedback on two examples of the applicant's work.
  - Included in the 2000 hours of work experience, 120 hours of preceptor supervision specific to the International Certification & Reciprocity Consortium (IC&RC) prevention domains with a minimum of 10 hours of preceptor supervision in each domain:
    - Planning and Evaluation
    - Education and Skill Development
    - Community Organization
    - Public Policy and Environmental Change
    - Professional Growth and Responsibility
  - Agree to abide by the Certified Prevention Specialist Code of Ethics included in the General Application Packet and found in HAR 11-177.1, Subchapter 3.
  - Successful completion of the International Certification & Reciprocity Consortium (IC&RC) International Written Prevention Specialist Examination.
3. The following information must be received by ADAD **before** an applicant is eligible to apply for the written examination:
  - A completed application for certification.
  - Documentation (official transcripts or copies of certificates of completion) of 100 hours of ADAD-approved prevention specific education, 50 hours of which must be alcohol or other drug education.
  - Documentation on the "Work Experience Verification Record" of 2000 hours of preceptor-supervised prevention work experience, including 120 hours of preceptor supervision in the 5 prevention domains, and feedback from a preceptor on two examples of the applicant's work.
  - A signed Code of Ethics statement agreeing to abide by the Prevention Code of Ethics.
4. All signatures must be originals. Faxed signatures will not be accepted. The originating preceptor must send the "Work Experience Verification Record" and the college or university send official transcripts. Preceptor forms or transcripts received from the applicant will not be accepted. The applicant may send copies of continuing education certificates of completion.
5. All fees must be paid by money order only to "State Director of Finance." Personal checks will not be accepted.
6. Deadlines will not be extended.



General Information  
Page 2

7. Fees:   General Application     \$25.00  
          Written Examination    \$100.00  
          CPS Renewal            \$25.00
  
8.    Recertification: Submit application for renewal along with 40 hours of continuing education earned during the current two-year period of certification, including 6 hours in prevention ethics.
  
9.    Refer to Chapter 11-177.1 HAR, entitled "Certification Standards for Substance Abuse Counselors, Program Administrators, Prevention Specialists, Clinical Supervisors, Criminal Justice Addictions Professionals, and Co-Occurring Disorders Professionals-Diplomate" for more specifics regarding certification criteria. These rules can be found at <http://gen.doh.hawaii.gov/sites/har/AdmRules111-177-1.pdf>
  
10.   Application materials may be found at:  
      <http://hawaii.gov/health/substance-abuse/prevention-treatment/adcert.htm>
  
11.   Mail completed applications to:  
      Alcohol & Drug Abuse Division (ADAD)  
      Attn: Certification  
      601 Kamokila Boulevard, Room 360  
      Kapolei, Hawaii 96707

**\*NOTE: You may complete and forward your application before you have completed your preceptor and/or education requirements. ADAD will establish a file and notify you whenever documents that substantiate your education and experience are received.** Once ADAD receives the application information a review of the applicant's file will be conducted and a status letter sent to the applicant. Only those applicants who have completed and documented the required education requirement and preceptor supervision will be eligible to register for the written examination. Although general applications are accepted at any time, the applicant is strongly advised to plan ahead and submit the general application requirements well ahead of the published deadlines to register for an upcoming examination so an eligibility determination can be made. General applications received less than 2 weeks prior to the registration deadline for an examination may not be reviewed in time to determine the applicant's eligibility for the upcoming examination. When the applicant qualifies for the written examination by virtue of documenting the education and preceptor supervision requirements, an examination application packet will be sent with instructions to submit the application by the established deadline for the upcoming examination cycle. If the applicant does not pass the examination, the applicant will have the opportunity to apply to re-take the examination and pay the examination fee.

If the applicant passes the written examination, a certificate of certification will be issued, signed by the Director of Health.

For questions regarding the certification process, please contact Christopher Brown in the Certification Office at 692-7518.



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**program code requests**

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**Pearl Iboshi** <iboshi@hawaii.edu>  
To: Princess Soares <pfrederi@hawaii.edu>

Fri, Nov 8, 2013 at 1:05 PM

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**From:** Guy Kimura [mailto:gkimura@hawaii.edu]  
**Sent:** Friday, November 08, 2013 1:05 PM  
**To:** Pearl Iboshi  
**Subject:** Re: program code requests

Hi Pearl

I forgot to include the response to the CO in Prevention Specialist. Since PS is already used "PVS" is fine.

Thank,  
guy

On Thu, Nov 7, 2013 at 1:34 PM, Pearl Iboshi <iboshi@hawaii.edu> wrote:

Hi Guy,

It was good to see you in Hilo. We had a lot of fun.

We are trying to implement your program code requests and have several questions.

Regarding the code for the CO in Homeland Security. There already is a program code "HS". Do you want to go with "HL" or "HLS"

Regarding the code for the CO in Prevention specialist, there is already a code "PS". Not sure what you want. Maybe "PVS"

Regarding your request for CJAP, is the program a gainful employment program?

Thanks.

Pearl Imada Iboshi, Ph.D.

Director

Institutional Research and Analysis

University of Hawaii System

1633 Bachman Place, Sinclair Annex 2, Room 4

Honolulu, HI 96822

Phone: (808)956-5442

Email: [iboshi@hawaii.edu](mailto:iboshi@hawaii.edu)

Website: [www.hawaii.edu/irao](http://www.hawaii.edu/irao)