

**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; 10 USC Part II- Personnel note, Primary Prevention Workforce; DoD Instruction (DoDI) 6400.09, DoD Policy on Integrated Primary Prevention of Self- Directed Harm and Prohibited Abuse and Harm; and DoDI 6400.11, 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). This form must also be used for changes related to: credential level, job title, and Military Department/Service.

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://dpcid.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 Workforce (IPPW) Levels 3-5 and do not complete this form to become credentialed, you may be disqualified from the position.

APPLICATION INSTRUCTIONS

The Department of Defense (DoD) uses a five-level education and training system. All Integrated Primary Prevention (IPP) Personnel Levels 3-5 must be Military, DoD civilian employees, or U.S. Coast Guard personnel and must hold this DoD Credentialing Program for Prevention Personnel (D-CPPP) credential to perform IPP duties. IPP Level 2 support personnel may be eligible to be credentialed, per the discretion of the military Services. Please review the Renewal Application Worksheet below and/or consult with your supervisor and/or HQ POC to identify the D-CPPP level designated for the credential associated with the position. Background check/suitability requirements must be met prior to completing this form. Please email all required information and completed forms (photocopies of training documentation/certificates are acceptable) to the appropriate email address shown at the bottom of this page.

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.
- Copy of final/signed Position Description (PD) (*or equivalent military duty description*). PD # required.
- DoD IPP Initial Training Part 1 & Part 2 Certificates.
 - PREV-001 Violence: A Preventable Public Health Issue
 - PREV-002 Sexual Assault in the Military and the Way Forward
 - DoD IPP Initial Training Part 2: Prevention of Harmful Behaviors in the Military (60-hour Course or Final Exam Certificate)

Return signed application and all required materials listed on page 1 of this application to:

Army:

usarmy.pentagon.hqda-dcs-g-9.list.dpr-integrated-preven-div@army.mil

Marine Corps:

HQMCprevention@usmc.mil

Army National Guard and Air National Guard:

ng.ncr.ngb-arng.mbx.ipp-compliance-and-training@army.mil

Navy TYCOM IPCs/Fleet IPCs/Strategic Level IPP Staff:

OPNAV_IPP.fct@navy.mil

Navy Reserve IPCs and Non-IPPW Personnel (Reserve Commands):

cnrf_ipp@us.navy.mil

Navy Installation IPCs, EIPCs, Region IPCs and Non-IPPW Personnel (Active Duty Commands):

cnic.ipp.hq@us.navy.mil

Department of the Air Force:

afpc.dpazo.preventionops@us.af.mil

Coast Guard:

IPP@uscg.mil

All others: osd.pentagon.ousd-p-r.mbx.ippw-credential@mail.mil

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APPLICATION WORKSHEET (Continued)

1. TRAINING REQUIREMENTS

I am applying for the following D-CPPP Level below. I have attached copies of my training certificates. Note only D-CPPP Levels 3-5 are IPPW.

Level 2 Prevention Support	Initial credential requirement: DoD-approved training (e.g., DoD IPP Initial Training Part 1 & Part 2)*
Level 3 Prevention Specialist	Initial credential requirement: DoD-approved training (e.g., DoD IPP Initial Training Part 1 & Part 2) Biennial renewal requirement: 20 hours of continuing prevention education (CPE) annually (Annual CPE requirements will be verified in renewal application)**
Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)	Initial credential requirement: DoD-approved training (e.g., DoD IPP Initial Training Part 1 & Part 2) Biennial renewal requirement: 30 hours of CPE annually (Annual CPE requirements will be verified in renewal application) ***
Level 5 Prevention Program Manager	Initial credential requirement: DoD-approved training (e.g., DoD IPP Initial Training Part 1 & Part 2) and experience in military setting (as determined by the hiring authority) Biennial renewal requirement: 30 hours of CPE annually (Annual CPE requirements will be verified in renewal application) ***

*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 CPE 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).
- (c) Prevention of Harmful Behaviors. Approved prevention education that does not fit into the category of Service-Specific/Component-Specific, program evaluation, etc.

***IPPW Levels 4 and 5: 30 hours of CPE 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 CPE 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.

Prevention of Harmful Behaviors:

Approved prevention education that does not fit into the category of Service-Specific/Component-Specific, program evaluation, etc.

Limitations:

- (a) Activities that are not educational in nature will not count toward CPE 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 CPE that is updated annually and will be distributed to IPP Personnel. Please refer to this list for approved CPE activities. If CPE activity taken is not on the preapproved list, please plan to provide the CPE activity certificate, sponsoring agency/university, and the published course agenda/syllabus for review.

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APPLICATION WORKSHEET (Continued)

2. APPLICANT IDENTIFICATION INFORMATION

a. LAST NAME	b. FIRST NAME	c. WORK EMAIL	d. DOD ID (EDIPI)

3. AFFILIATION (X one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR FORCE	SPACE FORCE	ARMY	MARINE CORPS	NAVY	DOD AGENCY	COAST GUARD	OSD COMPONENT

4. EMPLOYMENT DATA (X as applicable)

4a. EMPLOYMENT STATUS (X as applicable)						4b. POSITION FUNDING TYPE (X as applicable)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVE DUTY	RESERVIST	ACTIVE-DUTY RESERVIST	AIR NATIONAL GUARD	ARMY NATIONAL GUARD	CIVILIAN	APPROPRIATED FUND (e.g. GS)	NONAPPROPRIATED FUND (e.g. NF)

5a. SUPERVISOR NAME	5b. SUPERVISOR WORK EMAIL

6. APPLICANT GENERAL INFORMATION

6a. APPLICANT RANK (Military Only)¹	6b. APPLICANT GRADE (Civilian Only)¹	6c. APPLICANT MOS/AFSC OR OCC SERIES²
6d. APPLICANT POSITION DESCRIPTION (PD) TITLE³	6e. APPLICANT DUTY TITLE⁴	6f. EFFECTIVE DATE APPOINTED OR ASSIGNED TO POSITION (YYYYMMDD)⁵
6g. APPLICANT INSTALLATION OR SHIP	6h. APPLICANT COMMAND (Unit or Office)	6i. LOCATION OF INSTALLATION OR SHIP (City)⁶
6j. LOCATION OF INSTALLATION OR SHIP (State or Country)⁷	6k. APPLICANT EDUCATIONAL LEVEL(S)⁸	6l. APPLICANT FIELDS OF STUDY⁹

Please use my supervisor's email address shown in Section 5.

Footnotes:

- ¹ Choose the rank (military) or grade (civilian) associated with your IPPW or IPP duties reflected in the position description (or equivalent duty description for military), e.g., O-3 or E-8 for military, or GS-12, NH-03 or NF-04 for civilian.
- ² MOS = Military Occupational Specialty Code, AFSC - Air Force Specialty Code. OCC SERIES = civilian occupational series, e.g., 0101.
- ³ Applicant PD Job Title - official Job title shown on the PD cover page and associated with the Job/Occupational Series.
- ⁴ Applicant Duty Title is usually found in PD sections such as: "Description," "Purpose" or "Position Duties" section of the PD, which outlines duties and responsibilities.
- ⁵ As shown on applicant's SF-50 assigning to this position.
- ⁶ City – e.g., San Antonio or Florence. (Do not enter APO/FPO or related addresses).
- ⁷ State – use 2 letter code (e.g., NC) OR Country - use 3 letter country code (e.g., ITA). See <https://unstats.un.org/unsd/methodology/m49/> for country codes.
- ⁸ Education Levels can include: college/university degree(s), technical certificate(s), high school diploma, GED.
- ⁹ Instructional Program(s) related to Education Level(s).

7. The D-CPPP level for which I am applying is: (X one) (Credential level is determined by applicant's supervisor and reflected on the position description, signed and certified by the supervisor.)

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

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 (YYYYMMDD)

Return signed application and all required materials to the mailboxes listed on page 1.

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VERIFICATION OF CREDENTIAL REQUIREMENTS (To be completed by OUSD(P&R) Office of Force Resiliency Credentialing Associate (CA))

9. DATE (YYYYMMDD):

10. APPLICANT NAME: 10a. LAST NAME: 10b. FIRST NAME:

11. DOD ID NO.:

12. APPLICANT POSITION DESCRIPTION (PD) TITLE:

13. APPLICANT RANK OR GRADE:

14. APPLICANT COMMAND (Unit or Office):

15. Credential Associate Verification:

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:

- Level 2 Prevention Support
Level 3 Prevention Specialist
Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)
Level 5 Prevention Program Manager

16. CREDENTIALING ASSOCIATE NAME

17a. SIGNATURE OF CREDENTIALING ASSOCIATE 17b. DATE SIGNED (YYYYMMDD)

18. To be completed by applicant's immediate supervisor after the application has been reviewed by a credentialing associate and returned to the 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):

- Level 2 Prevention Support
Level 3 Prevention Specialist
Level 4 Prevention Lead or Primary Prevention Research Coordinator (PPRC)
Level 5 Prevention Program Manager

19. I have confirmed the following (Applicant's supervisor to initial each box):

- This individual meets the suitability requirements outlined in DoDI 6400.11, Paragraph 3.7. a.
This individual holds a position that requires a credential at the level specified above.
This individual meets the education and/or experience requirements for this position.
(Applicable only to applicants whose work involves children, youth, and families). This applicant completed an annual review of Federal and State mandated child abuse or neglect reporting requirements, policies, and processes to ensure proper adherence.

20. CONFIRMATION FROM SUPERVISOR:

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.)

21a. SUPERVISOR NAME 21b. SUPERVISOR EMAIL 21c. SUPERVISOR TITLE
21d. SUPERVISOR RANK (Military) 21e. SUPERVISOR GRADE (Civilian) 21f. SUPERVISOR MOS/OCC SERIES
22a. SUPERVISOR SIGNATURE 22b. 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.

DD FORM 3190 INSTRUCTIONS

Page 2

1. Select the credential level you are applying and ensure the correct training certificates are attached. If you are unsure which level you are eligible for, ask your supervisor or Service Prevention Point of Contact for guidance (see page 1, bottom section).

Page 3 – COMPLETE ALL SECTIONS

2. Applicant Name
 - a. Add the applicant's last name.
 - b. Add the applicant's first name.
 - c. Add the applicant's work email.
 - d. Add the applicant's 10-digit DoD ID number.
3. Mark the Service affiliation or agency that is currently associated with your position (choose only one).
 - a. For example, Air National Guard should be marked Air Force in section 2 then in section 4a, mark National Guard.
 - b. If your position is with the National Guard Bureau, mark DoD Agency in Section 3 and then mark National Guard and Civilian in Section 4a.
4. Mark the appropriate employment status associated with your position (can check more than one if applicable), and select your position funding type in 4b.
5. Applicant's immediate supervisor information
 - a. Add the supervisor's name.
 - b. Add the supervisor's work email address.
6. Applicant general information (continued)
 - a. If you are Active Duty, Reservist, or Active-Duty Reservist, add your military rank associated with the position attached to the credential.
 - b. If you are civilian, add your civilian grade (GS-14 or NF-03), associated with the position attached to the credential.
 - c. Applicant MOS/AFSC or Job Series.
 - d. Applicant PD Job Title.
 - e. Applicant Duty Title.
 - f. Effective date appointed or assigned to the position for which you are applying for a credential.
 - g. Applicant installation or shop.
 - h. Applicant Command (Unit or Office).
 - i. Location of Installation or Ship (City) -- e.g., San Antonio or Florence. (Do not enter APO/FPO or related addresses).
 - j. Location of Installation or Ship (State or country). State -- use 2 letter code (e.g., NC) OR Country - use 3 letter country code (e.g., ITA)
 - k. Applicant Education Level(s) - e.g., college/university degree(s), technical certificate(s), high school diploma, GED.
 - l. Applicant Field(s) of Study - i.e., Instructional Program(s) related to Education Level(s).
7. Check the level of D-CPPP credential you are applying for on page 2. Please refer to your PD, supervisor, or Service Prevention Point of Contact for information on the appropriate level. Additional details regarding training requirements for the D-CPPP levels 2-5 are located on page 2.
8. Signature and Date
 - a. Applicant signs the application (digital or hand).
 - b. Applicant adds the date signed to the application.

Page 4 (blocks 9-17 completed by the Credentialing Associate ONLY)

9. Completed by the Credentialing Associate ONLY.
10. Completed by the Credentialing Associate ONLY.
11. Completed by the Credentialing Associate ONLY.
12. Completed by the Credentialing Associate ONLY.
13. Completed by the Credentialing Associate ONLY.
14. Completed by the Credentialing Associate ONLY.
15. Completed by the Credentialing Associate ONLY.
16. Completed by the Credentialing Associate ONLY.
17. Credentialing Associate signature
 - a. Completed by the Credentialing Associate ONLY.
 - b. Completed by the Credentialing Associate ONLY.
18. Completed by the applicant's immediate supervisor. Supervisor will choose the appropriate level (see page 2).
19. Completed by the applicant's immediate supervisor. Supervisor will initial each statement.
20. Supervisor will fill out applicant's name and credential level. The Credentialing Associate will add the expiration date once the supervisor approves and the credential is granted.
21. Supervisor information
 - a. Supervisor will add name.
 - b. Supervisor will add email (.mil or .gov).
 - c. Supervisor will add duty title.
 - d. Supervisor Rank (Military only, e.g., E-8 or O-4).
 - e. Supervisor Grade (Civilian only, e.g., GS-12 or equivalent).
 - f. Supervisor will add their MOS/Specialty Code/Job Series.
22. Supervisor signature and date
 - a. Supervisor signs the form (digital or hand).
 - b. Supervisor will add the date.

Note: Please allow the Credentialing Associate to verify the application prior to seeking the supervisor's signature. The supervisor portion of the form should be filled out after the Credentialing Associate has reviewed and signed. The credential award date will be added by the Credentialing Associate **AFTER** the application is successfully reviewed and signed by the supervisor and returned to the Credentialing Associate .