



## CONVERSION APPLICATION CHEMICAL DEPENDENCY COUNSELORS

This application must be returned to the Ohio Chemical Dependency Professionals Board. It will not be considered complete unless accompanied by the appropriate fee. Please give full and complete answers. Vague and/or incomplete applications will be returned, causing a delay in the recertification process. **Intentionally false and/or misleading statements may result in denial or revocation of recertification.**

**Please type or print legibly.**

**For which credential are you applying?** \_\_\_\_\_ LCDC III \_\_\_\_\_ LICDC \_\_\_\_\_ LICDC - CS

**License Number** \_\_\_\_\_

**Applicant Name** (first, middle and last) \_\_\_\_\_

**Maiden Name** (if applicable) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Home Address**

**Current Work Address**

(Please provide street number, street name, city, state and zip.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**County** \_\_\_\_\_

**Preferred Mailing Address**      **Home**

**Work**

**Home Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Work phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**FAX #** \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Would you like to receive correspondences regarding your renewal application via email?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned since obtaining your license? If yes, please attach a written explanation.** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Have you ever been convicted of a misdemeanor or felony since obtaining your license? If yes, please complete the misdemeanor/felony questionnaire.** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Do you currently live or work at least 51% of the time in Ohio?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

## CONVERSION APPLICATION INSTRUCTIONS AND CHECKLIST

Applicants who hold at least an LCDC II may convert their license to a higher level when applicable. Applicants must fulfill all eligibility requirements for the level to which they are applying.

### To Convert to the LCDC III:

- \_\_\_ Applicant must currently hold the LCDC II credential.
- \_\_\_ Applicant must document completion of a Bachelor's degree or higher in a behavioral science. Documentation shall be in the form of an official sealed college transcript.
- \_\_\_ Applicant must submit the conversion application, appropriate forms and the \$35 Non-refundable Conversion application fee.

### To Convert to the LICDC:

- \_\_\_ Applicant must currently hold the LCDC II or LCDC III credential.
- \_\_\_ Applicant must document completion of a Master's degree or higher in a behavioral science. Completion of the Master's Degree Grid is required along with submission of an official sealed transcript of master's or higher coursework.
- \_\_\_ If applicant waived the ADC Exam to obtain prior license, the applicant must document an independent license whose scope allows them to provide AOD services or the applicant must take the ADC exam.
- \_\_\_ Applicant must submit the conversion application, appropriate forms and the \$35 Non-refundable Conversion application fee.

### To Convert to the LICDC - CS:

- \_\_\_ Applicant must hold an LCDC II, LCDC III or LICDC.
- \_\_\_ Applicant must document completion of a Master's degree or higher in a behavioral science. Completion of the Master's Degree Grid is required along with submission of an official sealed transcript of master's or higher coursework.
- \_\_\_ Applicant must document one year (2,000 hours) of chemical dependency counseling work experience. This work experience is in addition to the 2,000 hours previously submitted for licensure. Completion of the Supervisor Reference Form is required along with submission of a job description signed by the applicant's supervisor.
- \_\_\_ Applicant must document one year (2,000 hours) of work experience as a clinical supervisor of chemical dependency counseling services. This work experience must include at least 200 hours of face-to-face clinical supervision with your supervisee(s). Completion of the Clinical Supervisors: Supervisor Reference Form is required along with submission of a job description signed by the applicant's supervisor.
- \_\_\_ Applicant must complete 30 hours of clinical supervision education and document these hours on the Clinical Supervision Education Grid and submit verification of coursework.
- \_\_\_ Applicant must submit the conversion application, appropriate forms and the \$35 Non-refundable Conversion application fee.
- \_\_\_ Applicant must take and pass the CS Examination. This exam can be waived for independently licensed applicants whose current scope allows them to provide and supervise AOD services by completing the Examination Waiver Form with the Conversion Application.

All necessary forms for conversion can be accessed on the Board's website at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling the board office at 614-387-1110.





## Credit Card Payment Authorization Form

Please check one:     Master Card         Visa

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address (for receipt) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2/CID Code # (Three digit number on back of card): \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment for (exam, application, etc): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Credit Card Payments may be mailed, faxed, emailed, or phoned in to the Board office.**

Ohio Chemical Dependency Professionals Board  
77 South High Street, 16<sup>th</sup> Floor Columbus, Ohio 43215  
614/387-1110 (phone)    614/387-1109 (fax)    [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)  
Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)

**This document will be shredded after your payment is processed.**



## Military Request Application Addendum

**Individuals or spouses of individuals who are veterans or members of the armed forces may have their application expedited by completing this form and returning it with documentation of military service.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
SSN

1. Have you served in the U.S. military?       Yes       No
2. Has your spouse served in the U.S. military?       Yes       No

If your spouse has served, please provide their first and last name:

\_\_\_\_\_

4. In which branch of the military did you/your spouse serve? \_\_\_\_\_

5. Please provide the military service dates:

Military Service From: \_\_\_\_\_ Military Service To: \_\_\_\_\_

6. Are you still active in the military or reserves?       Yes       No
7. Were you discharged under honorable conditions?       Yes       No

**Attach this Addendum to the front of your application and include a copy of your/your spouse's DD214 form or proof of current service.**

**Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services ([www.ohiovet.gov](http://www.ohiovet.gov)) if you need assistance in obtaining a copy of the DD214 form.**