



**STATE OF OHIO
CHEMICAL DEPENDENCY COUNSELOR
RENEWAL APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY.

Credential held: _____ CDCA _____ LCDC II _____ LCDC III _____ LICDC _____ LICDC-CS

License/Certification Number _____ **Expiration Date** _____

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**

I. DEMOGRAPHICS

The questions in this section are collected on a voluntary basis and used to establish statistical data on professionals in this field. If you do not wish to answer these questions, simply proceed to Section II of the application.

Do you hold any of the following licenses? **Yes** **No**

SWA, LSW, LISW, LISW-S **or** LPC, LPCC, LPCC-S **or** MFT, IMFT **or** MD, RN, LPN **or** Psychologist or Psychiatrist

Salary Range: _____ \$50,000 or above _____ \$40,000 to \$49,999 _____ \$30,000 to \$39,999 _____ \$20,000 to \$29,999 _____ \$19,999 or below

Race/Ethnic Background: _____ Caucasian _____ Hispanic/Spanish _____ African American/Black
_____ Asian _____ Other _____

II. EDUCATION

Please read the following information carefully before answering questions regarding completed education:

- Forty (40) continuing education hours are required for each two year renewal period. Transcripts and/or certificates of completion must be retained to verify completion of these hours should the Board select you for a random audit.
- You may only count continuing education completed within your two year renewal period. The start and end dates of your renewal period are listed on your renewal notification.
- If you are using college courses to meet renewal requirements one quarter hour is equal to ten clock hours and one semester hour is equal to fifteen clock hours.
- Submitting a false or fraudulent statement regarding completion of continuing education hours shall be grounds for disciplinary action up to a revocation of your certificate/license.
- If you do not have your continuing education hours met or if you do not wish to renew at this time you can place your certificate/license on inactive status by completing an Inactive Status Request Form.

1. Have you completed the required forty (40) hours of field related education within your two year renewal period? Yes No
2. Of the 40 hours of continuing education completed for this renewal period, a minimum of six (6) hours must be in chemical dependency specific education. Have you completed the required six (6) hours of chemical dependency specific education within your two year renewal period? Yes No
3. Of the 40 hours of continuing education completed for this renewal period, a minimum of three (3) hours must be in ethics education. Have you completed the required three (3) hours of ethics education within your two year renewal period? Yes No
4. Of the 40 hours of continuing education completed for this renewal period, a minimum of six (6) hours must be in clinical supervisory specific education if you hold an LICDC-CS license. Have you completed the required six (6) hours of clinical supervisory specific education within your two year renewal period?
 Yes No
 I am not an LICDC-CS

III. ETHICS

Individuals are required to report any criminal convictions or ethical discipline to the Board. Individuals are additionally required to read their code of ethics at the time of each two year renewal. Codes of Ethics can be viewed or downloaded on the Board's website at www.ocdp.ohio.gov by clicking on the "Ethics/Enforcement" link.

1. Have you been convicted of or pleaded guilty to a misdemeanor or felony since your last renewal? _____ Yes _____ No

If yes, please complete misdemeanor/felony questionnaire.

2. Have you had a certificate or license disciplined by another certifying/licensing body since your last renewal? _____ Yes _____ No

If yes, provide a written statement with your renewal.

3. I hereby affirm that I have read the Chemical Dependency Counselor Code of Ethics (OAC 4758-8-01) and I agree to abide by this code. _____ Yes _____ No

4. I hereby affirm that I have read the Clinical Supervisor Code of Ethics (OAC 4758-8-02) and I agree to abide by this code. (For _____ Yes _____ No
LICDC-CS only) _____ I am not an LICDC-CS

IV. APPLICANT AFFIRMATION

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining certificate/licensure may be grounds for disciplinary action against my certificate/licensure. Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying for renewal.

I understand that the fee submitted herewith represents the non-refundable application fee appropriate to the type of renewal requested. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

Applicant Signature

Date

V. PAYMENT

Your certificate/license is not considered renewed until your application and fee are received and processed by the Board. If your payment is returned for insufficient funds or any other reason, your renewal approval will be delayed and your certificate/license may lapse until all fees are paid.

TYPE OF RENEWAL & FEE

Please check the fee appropriate to your application. A fee for this amount must be submitted with your application. **All fees are non-refundable.**

For which type of renewal are you applying?

- _____ **Renewal** (two-year)
- _____ **\$150** – Standard Renewal Fee
- _____ **\$175** – Late Renewal Fee (*if submitting after expiration date*)
- _____ **\$100** – Dual Renewal Fee (*if also certified in Prevention*)
- _____ **\$125** – Late Dual Renewal Fee (*if submitting after expiration date*)
- _____ **Senior Citizen** (retired counselors 60 years or older AND working less than 20 hours per week)
- _____ **\$55** – Senior Citizen Renewal Fee
- _____ **\$80** – Late Senior Renewal Fee (*if submitting after expiration date*)

To apply for **short-term or long-term inactive status**, please complete an INACTIVE STATUS REQUEST form and submit with the \$15 filing fee.

If paying via check or money order: make payable to “**Treasurer, State of Ohio.**”

If paying via credit card: complete the CREDIT CARD AUTHORIZATION form.

Please return completed application and fee, to:
Ohio Chemical Dependency Professionals Board
Vern Riffe Center ♦ 77 South High Street, 16th Floor ♦ Columbus, OH 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

FOR OFFICE USE ONLY:	
Date Postmarked:	Date Received:
Fee Paid:	Check/M.O./C.C #:

Last Updated 05/11



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, 16th Floor, Columbus, Ohio 43215
614/387-1110 (phone) 614/387-1109 (fax) www.ocdp.ohio.gov
Email: credentialing@ocdp.state.oh.us

This document will be shredded after your payment is processed.



Ohio Chemical Dependency Professionals Board

77 South High Street, 16th Floor

Columbus, OH 43215

614-387-1110 phone 614-387-1109 fax

www.ocdp.ohio.gov credentialing@ocdp.state.oh.us

INACTIVE STATUS REQUEST FORM

Individuals who hold a credential with the Board may place that credential on Inactive Status by completing the following form and submitting it to the Board along with the original certificate/license and the \$15 inactive status fee.

Applicant Name: _____

SSN: _____ **Credential #:** _____

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

Phone Number: _____

Email Address: _____

Please indicate the certificate/license to be placed on inactive status:

_____ CDCA _____ LCDC III _____ LICDC - CS _____ OCPS I
_____ LCDC II _____ LICDC _____ OCPSA _____ OCPS II

Please indicate the requested type of inactive status:

_____ Short-Term (up to 6 months) _____ Long-Term (up to 5 years)

The following items must be submitted with this request form:

- Original credential - do not send a copy of the credential. If the credential has been lost or destroyed, a signed and notarized statement stating such must be submitted for the credential.
- \$15 Inactive Status Request Fee in the form of a check or money order made payable to "Treasurer: State of Ohio". Visa and Mastercard payments are also accepted and require the completion of the Credit Card Authorization Form which can be obtained on the Board's website or by calling the Board office.

While on Inactive Status individuals **MAY NOT** use their credential in any capacity. To reactivate the credential, individuals must complete a renewal application and submit it to the Board with the appropriate renewal fee.



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) if you need assistance in obtaining a copy of the DD214 form.