



# PHASE I CHEMICAL DEPENDENCY COUNSELOR ASSISTANT APPLICATION

This application must be returned to the Ohio Chemical Dependency Professionals Board. It will not be considered complete until all related documents, transcripts, and fees have been received by the Board. Applicant answers should be full and complete. Vague and/or incomplete applications will be returned, causing a delay in the application process. **Intentionally false and/or misleading statements may result in denial or revocation of certification.**

**Please type or print legibly.**

**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**

## I. PERSONAL HISTORY INFORMATION

**Have you ever had a professional license/certificate reprimanded, suspended, revoked, surrendered or in any other way sanctioned? If yes, please attach a written explanation.**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

**Have you ever been convicted of a felony? If yes, please complete the felony questionnaire**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**



**III. APPLICANT STATEMENT FOR NOTARIZATION**

I hereby affirm that I am of good moral character and that all information given herein is true and complete to the best of my knowledge and belief. I authorize any necessary investigations and/or release of personal information to the Chemical Dependency Professionals Board and its agents. I understand that falsification of any portion of this application may result in my being denied certification/licensure or in revocation of the same.

I hereby affirm that I have read the Chemical Dependency Code of Ethics, and I agree to abide by this code. (The Chemical Dependency Code of Ethics may be accessed at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or may be sent to an individual upon request.)

I further agree to hold the Chemical Dependency Professionals Board free from any civil liability for damages or complaints related to any action within the scope and/or arising out of the performance of its duties, which it or any of its employees may take in connection with this application and/or failure to issue me said license.

I understand that the \$50 fee submitted herewith represents the non-refundable CDCA Formal Application fee. (A non-refundable \$20 fee will be charged for any check not accepted for deposit by the bank.)

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature \_\_\_\_\_  
Date Commission Expires

**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, including required documentation 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](http://www.ocdp.ohio.gov)**  
**Email: [credentialing@ocdp.state.oh.us](mailto:credentialing@ocdp.state.oh.us)**

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



## 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.**



## CHEMICAL DEPENDENCY COUNSELOR ASSISTANT FORMAL APPLICATION CHECKLIST

To facilitate the review of your CDCA formal application and to avoid unnecessary delays in processing, please use the following checklist when completing the application. All items on this checklist must be included for your formal application to be complete and acceptable to the Board. Incomplete or inappropriately completed applications will be returned and will result in a delay of processing.

### Check each item when completed:

- Application is complete, signed and notarized
- \$50.00 application fee enclosed. All fees must be made payable to Treasurer, State of Ohio.
- Felony question has been answered. If you have been previously convicted of a felony, you will need to complete a felony questionnaire and submit it with your formal application. Felony questionnaires are available at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by contacting the Board office.
- Education Grid is complete and verification of education hours in the form of official sealed transcripts, certificates and/or letters of completion have been submitted with this application.

All forms are available at [www.ocdp.ohio.gov](http://www.ocdp.ohio.gov) or by calling (614) 387-1110.



# Chemical Dependency Counselor Assistant Education Definitions

## **Addiction Knowledge** - (5 hours)

- Definition of addiction and range of substance related problems
- Biopsychosocial, cultural and spiritual factors related to addictions
- Understanding substances and their effects on brain processes and physiology
- Models and theories of addiction
- Epidemiology of substance use disorders
- Social, political, economic and cultural contexts of addiction and abuse
- History of alcohol and drug enforcement and addictions treatment policies in the US
- Prevention strategies

## **Treatment Knowledge** - (9 hours)

- Models of treatment, recovery, relapse prevention, and continuing care for addiction
- Principles of effective treatment
- Recovery management models
- Appropriateness of treatment to client needs, characteristics, goals, and financial resources
- Historic and evidence-based treatment approaches
- Levels of care
- Stages of change
- Research evaluation
- Interdisciplinary approaches to addiction treatment
- Medical and pharmacological resources in the treatment of substance use disorders
- Helping strategies/engagement strategies
- Treatment planning and methods for monitoring and evaluating progress

## **Professionalism** - (6 hours)

- Professional, legal and ethical parameters of addiction practice
- Interdisciplinary approaches to addiction treatment
- Confidentiality
- Understanding diverse cultures
- Professional licensure and scope of practice

## **Evaluation** - (3 hours)

- Evaluation, screening, assessment and diagnosis of substance use disorders
- Understanding the multi-axial framework of the DSM
- Diagnostic criteria for substance-related disorders
- Differential diagnosis of substance-related disorders, including co-occurring disorders
- Systematic data collection
- Comprehensive assessment process

**Service Coordination** - (4 hours)

- Levels of care and discharge planning
- Assessing client needs
- Referral processes and resources
- Screening, assessment, and initial treatment-planning information.
- Admission eligibility and readiness for treatment
- Assessing treatment and recovery progress
- Continuing care, relapse prevention, and discharge planning
- Case management
- Community sober supports and relationship building

**Documentation** - (3 hours)

- Fundamental components of treatment records
- Legal aspects of regulating client treatment

**Individual Counseling** - (5 hours)

- Facilitating client engagement
- Culturally appropriate models.
- Counseling strategies and techniques related to treatment planning
- Adapting counseling strategies to client characteristics
- Client knowledge, skills, and attitudes
- Crisis intervention

**Group Counseling** - (5 hours)

- Group process and techniques working with addiction populations
- Culturally appropriate models
- Facilitating member transitions
- Types of groups (ex. Psycho-educational, therapeutic, etc.)



# 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.**